



COVER PAGE

1. NAME OF COMMITTEE			2. TYPE OF COMMITTEE		
Friends of Travis Simms			<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee		
3. TREASURER NAME					
First Linda	MI	Last Harrison	Suffix		
4. TREASURER ADDRESS					
Street Address 15 Ryan Ave	City Norwalk	State CT	Zip Code 06854		
5. ELECTION DATE	6. OFFICE SOUGHT (Complete only if Candidate Committee)		7. DISTRICT NUMBER (if applicable)		
11/06/2018	State Representative		R140		
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)					
First Travis	MI L	Last Simms	Suffix		
9. TYPE OF REPORT					
Third Additional Itemized Statement in further support of application for Public Grant - Amendment					
10. PERIOD COVERED					
Beginning Date		Ending Date			
07/25/2018		thru		07/31/2018	
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	Linda Harrison	08/08/2018 1:21:25PM			
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	
Friends of Travis Simms	Third Additional Itemized Statement in further support of 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	\$4,341.74	
14. Contributions received from Individuals (Section A and B)	\$0.00	\$6,387.00
15. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00
16. Other Monetary Receipts (Section D through I)	\$28,150.03	\$28,150.03
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)	\$28,150.03	\$34,537.03
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$32,491.77	\$34,537.03
20. Expenses Paid by Committee (Section N)	\$5,961.42	\$8,006.68
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col)	\$26,530.35	\$26,530.35
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$0.00	\$0.00
23. In-Kind Donations not Considered Contributions - House Party (Section J4)	\$0.00	\$0.00
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)	\$296.13	\$676.48
28. Expenses Incurred on Committee Credit Card (Section P)	\$559.00	\$559.00
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)	\$190.96	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Friends of Travis Simms		Third Additional Itemized Statement in further support of application for Public Grant - Amendment	
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? If yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	
Yes No 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 No If yes, list Event #	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	
Friends of Travis Simms		Third Additional Itemized Statement in further support of 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 If yes, list Event #		Amount of Contribution	
City	State	Zip Code	Aggregate Contributions
Date Received			
Total of Section C1			

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
Friends of Travis Simms				Third Additional Itemized Statement in further support of 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	
Friends of Travis Simms				Third Additional Itemized Statement in further support of application for Public Grant - Amendment	
D. Loans Received this Period					
Name of Lender		Source of Loan: Bank Candidate Individual Other			Date of Receipt
Street Address		City	State	Zip Code	Is there a cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)					Amount Received
Street Address		City	State	Zip Code	
Total of Section D					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE		TYPE OF REPORT	
Friends of Travis Simms		Third Additional Itemized Statement in further support of 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	
Friends of Travis Simms		Third Additional Itemized Statement in further support of 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	
Friends of Travis Simms		Third Additional Itemized Statement in further support of application for Public Grant - Amendment	
H. Public Grant Funds Received from the Citizens' Election Fund			
Purpose of Grant:		Grant Cycle:	Date Received
<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Grant Adjustment <input type="checkbox"/> Supplemental/Post Election Deficit		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Election <input type="checkbox"/> Special Election	07/30/2018
			Amount
			\$28,150.03
Total of Section H			\$28,150.03

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
Friends of Travis Simms				Third Additional Itemized Statement in further support of 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	
Friends of Travis Simms				Third Additional Itemized Statement in further support of application for Public Grant - Amendment	
J1. Event Information					
Event # Date of Event	Letter	Description	Was this a fundraising event? Yes No		
Location: Street Address			City	State	Zip Code
Was this event hosted at a personal residence?		Yes	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.		
		No			
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		Yes	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.		
		No			
Subpart 1:					
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			
Total of Section J1					

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Friends of Travis Simms	Third Additional Itemized Statement in further support of 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: Individual Business Entity Sole Proprietorship	Description of Donation		Fair Market Value of Donation
	Date Received	Event #	
Total of Section J3			

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Friends of Travis Simms	Third Additional Itemized Statement in further support of 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? Yes No If yes, complete Itemization in Addendum J4	
Street Address		City	State Zip Code
Description of Donation			Fair Market Value of Donation
Event #	Aggregate value of this Event - all hosts	Aggregate value of all Events - this host/candidate	

Total of Section J4	
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III. NONMONETARY RECEIPTS (Sections K - L)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Friends of Travis Simms	Third Additional Itemized Statement in further support of 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:	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
Friends of Travis Simms	Third Additional Itemized Statement in further support of 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

Total of Section L

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Friends of Travis Simms	Third Additional Itemized Statement in further support of application for Public Grant -
N. Expenses Paid By Committee	

Name of Payee A to Z Signs, Inc.		Date of Payment 07/27/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1004</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 607 Main Ave		City Norwalk	State CT	Zip Code 06851
Purpose of Expend A-SIGN	Description 100 Full Color Campaign Yard Signs w/ Step Stakes, Invoice #2537			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$1,595.25

Name of Payee Day Campaign		Date of Payment 07/27/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 112 Bloomfield Ave		City Windsor	State CT	Zip Code 06095
Purpose of Expend WEB	Description Donation Setup and Filing Fees, Invoice #125			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 Day Campaign		Date of Payment 07/28/2018	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 112 Bloomfield Ave		City Windsor	State CT	Zip Code 06095
Purpose of Expend WEB	Description Domain Transfer and Website Creation, Invoice #141			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 #
				\$359.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Friends of Travis Simms	Third Additional Itemized Statement in further support of application for Public Grant -
N. Expenses Paid By Committee	

Name of Payee Austin McGuire Company		Date of Payment 07/30/2018	Method of Payment <input checked="" type="checkbox"/> Check # 1005 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 29 N Main St		City Norwalk	State CT	Zip Code 06854
Purpose of Expend Misc *	Description Security, July & August Rent for Campaign Office - 29 North Main Street, Norwalk, CT			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 #	\$3,661.00

Name of Payee Austin McGuire Company		Date of Payment 07/30/2018	Method of Payment <input checked="" type="checkbox"/> Check # 1005 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 29 N Main St		City Norwalk	State CT	Zip Code 06854
Purpose of Expend OVHD	Description Security, July & August Rent for Campaign Office - 29 North Main Street, Norwalk, CT			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 #	\$3,661.00

Name of Payee Linda Harrison		Date of Payment 07/31/2018	Method of Payment <input checked="" type="checkbox"/> Check # 1006 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 15 Ryan Ave		City Norwalk	State CT	Zip Code 06854
Purpose of Expend PRNT	Description Staples Receipt #97223 - Cost of photocopying completed CEP 15 form for CEF (2 copies)			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 #	\$6.13

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Friends of Travis Simms	Third Additional Itemized Statement in further support of application for Public Grant -
N. Expenses Paid By Committee	

Name of Payee Linda Harrison		Date of Payment 07/31/2018	Method of Payment <input checked="" type="checkbox"/> Check # 1006 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 15 Ryan Ave		City Norwalk	State CT	Zip Code 06854
Purpose of Expend PRNT	Description Staples Receipt #97223 - Cost of photocopying completed CEP 15 form for CEF (2 copies)			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$6.13

Name of Payee Linda Harrison		Date of Payment 07/31/2018	Method of Payment <input checked="" type="checkbox"/> Check # 1006 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 15 Ryan Ave		City Norwalk	State CT	Zip Code 06854
Purpose of Expend TRVL	Description Mileage Reimbursement roundtrip to 20 Trinity Street, Hartford from 15 Ryan Avenue, Norwalk (146 miles @ .54 per mile)			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 #	\$78.00

Name of Payee Linda Harrison		Date of Payment 07/31/2018	Method of Payment <input checked="" type="checkbox"/> Check # 1006 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 15 Ryan Ave		City Norwalk	State CT	Zip Code 06854
Purpose of Expend PRNT	Description Staples Receipt #97218 - Cost of photocopying completed contribution forms for CEF (2 copies)			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 #	\$36.03

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Friends of Travis Simms	Third Additional Itemized Statement in further support of application for Public Grant -
N. Expenses Paid By Committee	

Name of Payee Linda Harrison		Date of Payment 07/31/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1006</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 15 Ryan Ave		City Norwalk	State CT	Zip Code 06854
Purpose of Expend PRNT	Description Staples Receipt #97219 - Cost of photocopying completed contribution forms for CEF (2 copies)			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 #
				\$26.01
Total of Section N				\$5,961.42

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Friends of Travis Simms	Third Additional Itemized Statement in further support of 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?	
Outback Steakhouse		07/27/2018		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		City	State	Zip Code	
14 Danbury Rd		Wilton	CT	06897	
Purpose of Expenditure (by code)	Description		Event #		
FOOD	Campaign HQ Dinner Meeting with Volunteers				
					Amount
					\$98.36
Name of Payee (Name of vendor who candidate paid directly)		Date of Payment		Is Reimbursement Claimed?	
Walmart		07/30/2018		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		City	State	Zip Code	
650 Main Ave		Norwalk	CT	06851	
Purpose of Expenditure (by code)	Description		Event #		
OFFICE	Office supplies for campaign office				
					Amount
					\$67.73
Name of Payee (Name of vendor who candidate paid directly)		Date of Payment		Is Reimbursement Claimed?	
Norwalk Dollar House		07/30/2018		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		City	State	Zip Code	
20 N Main St		Norwalk	CT	06854	
Purpose of Expenditure (by code)	Description		Event #		
OFFICE	Office supplies for campaign office				
					Amount
					\$42.54
Name of Payee (Name of vendor who candidate paid directly)		Date of Payment		Is Reimbursement Claimed?	
Norwalk Dollar House		07/30/2018		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		City	State	Zip Code	
20 N Main St		Norwalk	CT	06854	
Purpose of Expenditure (by code)	Description		Event #		
Misc *	Office supplies for campaign office				
					Amount
					\$23.93

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Friends of Travis Simms	Third Additional Itemized Statement in further support of 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?	
Sono Harbor Deli			07/31/2018		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		City		State	Zip Code	
50 Water St		Norwalk		CT	06854	
Purpose of Expenditure (by code)	Description			Event #		Amount \$44.79
FOOD	Campaign HQ Breakfast Meeting with Volunteers					
Name of Payee (Name of vendor who candidate paid directly)			Date of Payment		Is Reimbursement Claimed?	
New Mainport Fish N Chip			07/31/2018		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		City		State	Zip Code	
42 N Main St		Norwalk		CT	06854	
Purpose of Expenditure (by code)	Description			Event #		Amount \$18.78
FOOD	Lunch for volunteers working at campaign headquarters					
Total of Section O						\$296.13

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Friends of Travis Simms	Third Additional Itemized Statement in further support of application for Public Grant - Amendment

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 (bv code)	Description		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	Yes No	Expenditure # (if applicable)	Event #

Total of Section Q

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Friends of Travis Simms	Third Additional Itemized Statement in further support of application for Public Grant - Amendment

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Harrison	First Linda	MI	Date of Payment to Vendor 07/19/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 1006 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant Staples
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Street Address of Vendor 1201 Kings Hwy	City Fairfield	State CT	Zip Code 06824
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Purpose of Expenditure (by code) PRNT	Description Staples Receipt #97218 - Cost of photocopying completed contribution forms for CEF (2 copies)
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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 \$36.03
If yes, assign an Expenditure # and completes Itemization in Addendum R			

Last Name of Worker/Consultant Harrison	First Linda	MI	Date of Payment to Vendor 07/19/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 1006 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant Staples
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Street Address of Vendor 1201 Kings Hwy	City Fairfield	State CT	Zip Code 06824
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Purpose of Expenditure (by code) PRNT	Description Staples Receipt #97219 - Cost of photocopying completed contribution forms for CEF (2 copies)
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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 \$26.01
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
Friends of Travis Simms	Third Additional Itemized Statement in further support of application for Public Grant - Amendment

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Harrison	First Linda	MI	Date of Payment to Vendor 07/19/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 1006 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant Staples
--

Street Address of Vendor 1201 Kings Hwy	City Fairfield	State CT	Zip Code 06824
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Purpose of Expenditure (by code) PRNT	Description Staples Receipt #97223 - Cost of photocopying completed CEP 15 form for CEF (2 copies)
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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 \$6.13
If yes, assign an Expenditure # and completes Itemization in Addendum R			

Last Name of Worker/Consultant Harrison	First Linda	MI	Date of Payment to Vendor 07/19/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 1006 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant
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Street Address of Vendor	City	State	Zip Code
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Purpose of Expenditure (by code) TRVL	Description Mileage Reimbursement roundtrip to 20 Trinity Street, Hartford from 15 Ryan Avenue, Norwalk (146 miles @ .54 per mile)
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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 \$78.00
If yes, assign an Expenditure # and completes Itemization in Addendum R			

Total of Section R	\$146.17
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IV. EXPENDITURES (Sectuibs N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT
Friends of Travis Simms		Third Additional Itemized Statement in further support of 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