



**COVER PAGE**

1. NAME OF COMMITTEE			2. TYPE OF COMMITTEE		
<b>Friends of Travis Simms</b>			<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee		
3. TREASURER NAME					
First <b>Linda</b>	MI	Last <b>Harrison</b>		Suffix	
4. TREASURER ADDRESS					
Street Address <b>15 Ryan Ave</b>	City <b>Norwalk</b>	State <b>CT</b>	Zip Code <b>06854</b>		
5. ELECTION DATE <b>11/06/2018</b>	6. OFFICE SOUGHT (Complete only if Candidate Committee) <b>State Representative</b>			7. DISTRICT NUMBER (if applicable) <b>R140</b>	
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)					
First <b>Travis</b>	MI <b>L</b>	Last <b>Simms</b>		Suffix	
9. TYPE OF REPORT					
<b>Third Additional Itemized Statement in further support of application for Public Grant - Amendment</b>					
10. PERIOD COVERED					
Beginning Date		Ending Date			
<b>07/25/2018</b>		thru		<b>07/31/2018</b>	
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.					
<b>Electronic Filing</b>	<b>Linda Harrison</b>	<b>08/08/2018 11:04:30PM</b>			
SIGNATURE	PRINT NAME OF THE SIGNER	DATE CERTIFIED			
<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>					

**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>Friends of Travis Simms</b>	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		<b>\$0.00</b>
13. Balance on hand at the beginning of Reporting Period	<b>\$4,341.74</b>	
14. Contributions received from Individuals (Section A and B)	<b>\$0.00</b>	<b>\$6,387.00</b>
15. Receipts from Other Committees (Sections C1 and C2)	<b>\$0.00</b>	<b>\$0.00</b>
16. Other Monetary Receipts (Section D through I)	<b>\$28,150.03</b>	<b>\$28,150.03</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>\$28,150.03</b>	<b>\$34,537.03</b>
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	<b>\$32,491.77</b>	<b>\$34,537.03</b>
20. Expenses Paid by Committee (Section N)	<b>\$5,961.42</b>	<b>\$8,006.68</b>
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col)	<b>\$26,530.35</b>	<b>\$26,530.35</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>\$0.00</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>\$0.00</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>\$0.00</b>
26d. Total Outstanding Loan Amount	<b>\$0.00</b>	
27. Campaign Expenses Paid By Candidate (Section O)	<b>\$296.13</b>	<b>\$676.48</b>
28. Expenses Incurred on Committee Credit Card (Section P)	<b>\$559.00</b>	<b>\$559.00</b>
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	<b>\$0.00</b>	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	<b>\$0.00</b>	

**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	
<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? 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		
<b>Total of Section B</b>			
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS</b>			(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	
<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?	
Yes No If yes, list Event #		Amount of Contribution	
City	State	Zip Code	Aggregate Contributions
Date Received			
<b>Total of Section C1</b>			

**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	
<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	
Friends of Travis Simms				Third Additional Itemized Statement in further support of application for Public Grant - 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	
Friends of Travis Simms		Third Additional Itemized Statement in further support of application for Public Grant - Amendment	
<b>E. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)</b>			
Date of Receipt	Method of Payment		Amount
	Cash	Personal Check	Credit/Debit Card
<b>Total of Section E</b>			

**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	
<b>G. Interest from Deposits in Authorized Accounts</b>			
Name of Institution		Date Received	Amount
Street Address	City	State	Zip Code
<b>Total of Section G</b>			

**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	
<b>H. Public Grant Funds Received from the Citizens' Election Fund</b>			
Purpose of Grant:	Grant Cycle:	Date Received	Amount
<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	\$28,150.03
<b>Total of Section H</b>			<b>\$28,150.03</b>

**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	
<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	
Friends of Travis Simms				Third Additional Itemized Statement in further support of application for Public Grant - 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	
Friends of Travis Simms		Third Additional Itemized Statement in further support of application for Public Grant - 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 Business Entity Sole Proprietorship	Date Received	Event #	
<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	
Friends of Travis Simms		Third Additional Itemized Statement in further support of application for Public Grant - 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>	
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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? If yes, list Event#	Yes No	Description of In-Kind Contribution	
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive   Legislative	Fair Market Value of this Contribution
Type of Contributor:	Date Received	Aggregate contributions	
Individual   Committee   Sole Proprietorship			

**Total of Section K**

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

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

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 -
<b>N. Expenses Paid By Committee</b>	

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

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

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

### 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 -
<b>N. Expenses Paid By Committee</b>	

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

Name of Payee <b>Linda Harrison</b>		Date of Payment <b>07/31/2018</b>	Method of Payment <input checked="" type="checkbox"/> Check # <b>1006</b> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address <b>15 Ryan Ave</b>		City <b>Norwalk</b>	State <b>CT</b>	Zip Code <b>06854</b>
Purpose of Expend <b>TRVL</b>	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 <b>Linda Harrison</b>		Date of Payment <b>07/31/2018</b>	Method of Payment <input checked="" type="checkbox"/> Check # <b>1006</b> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address <b>15 Ryan Ave</b>		City <b>Norwalk</b>	State <b>CT</b>	Zip Code <b>06854</b>
Purpose of Expend <b>PRNT</b>	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 -
<b>N. Expenses Paid By Committee</b>	

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
<b>Total of Section N</b>				<b>\$5,961.42</b>

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

### 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	
<b>O. Expenses Paid By Candidate</b>					
Name of Payee (Name of vendor who candidate paid directly)			Date of Payment		Is Reimbursement Claimed?
<b>Sono Harbor Deli</b>			<b>07/31/2018</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City	State	Zip Code	
<b>50 Water St</b>		<b>Norwalk</b>	<b>CT</b>	<b>06854</b>	
Purpose of Expenditure (by code)	Description			Event #	
<b>FOOD</b>	<b>Campaign HQ Breakfast Meeting with Volunteers</b>				
					<b>Amount</b>
					<b>\$44.79</b>
Name of Payee (Name of vendor who candidate paid directly)			Date of Payment		Is Reimbursement Claimed?
<b>New Mainport Fish N Chip</b>			<b>07/31/2018</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City	State	Zip Code	
<b>42 N Main St</b>		<b>Norwalk</b>	<b>CT</b>	<b>06854</b>	
Purpose of Expenditure (by code)	Description			Event #	
<b>FOOD</b>	<b>Lunch for volunteers working at campaign headquarters</b>				
					<b>Amount</b>
					<b>\$18.78</b>
<b>Total of Section O</b>					<b>\$296.13</b>

#### 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	
P. Expenses Incurred on Committee Credit Card					
Name of Issuing Institution Peoples United Bank			Type of Credit Card: <input type="checkbox"/> Visa <input checked="" type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other		
Name of Vendor Day Campaign				Date of Transaction 07/27/2018	
Street Address 112 Bloomfield Ave			City Windsor		State    Zip Code CT    06095
Purpose of Expenditure (by code) WEB	Description Donation Setup and Filing Fees, Invoice #125				Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No			Expenditure # (if applicable)	Event #	\$200.00
If yes, assign an Expenditure # and complete Itemization in Addendum					
Name of Issuing Institution Peoples United Bank			Type of Credit Card: <input type="checkbox"/> Visa <input checked="" type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other		
Name of Vendor Day Campaign				Date of Transaction 07/27/2018	
Street Address 112 Bloomfield Ave			City Windsor		State    Zip Code CT    06095
Purpose of Expenditure (by code) WEB	Description Domain Transfer and Website Creation, Invoice #141				Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No			Expenditure # (if applicable)	Event #	\$359.00
If yes, assign an Expenditure # and complete Itemization in Addendum					
<b>Total of Section P</b>					<b>\$559.00</b>

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

Last Name of Worker/Consultant <b>Harrison</b>	First <b>Linda</b>	MI	Date of Payment to Vendor <b>07/19/2018</b>	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # <b>1006</b> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant <b>Staples</b>
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Street Address of Vendor <b>1201 Kings Hwy</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06824</b>
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Purpose of Expenditure (by code) <b>PRNT</b>	Description <b>Staples Receipt #97219 - Cost of photocopying completed contribution forms for CEF (2 copies)</b>
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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 <b>\$26.01</b>
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 <b>Harrison</b>	First <b>Linda</b>	MI	Date of Payment to Vendor <b>07/19/2018</b>	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # <b>1006</b> <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 <b>1201 Kings Hwy</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06824</b>
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Purpose of Expenditure (by code) <b>PRNT</b>	Description <b>Staples Receipt #97223 - Cost of photocopying completed CEP 15 form for CEF (2 copies)</b>
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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 <b>\$6.13</b>
If yes, assign an Expenditure # and completes Itemization in Addendum R			

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

Street Address of Vendor	City	State	Zip Code
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Purpose of Expenditure (by code) <b>TRVL</b>	Description <b>Mileage Reimbursement roundtrip to 20 Trinity Street, Hartford from 15 Ryan Avenue, Norwalk (146 miles @ .54 per mile)</b>
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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 <b>\$78.00</b>
If yes, assign an Expenditure # and completes Itemization in Addendum R			

Total of Section R

**\$146.17**

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

<b>NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)</b>		<b>TYPE OF REPORT</b>
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				
<b>Total of Section S</b>				

**Section J4. ADDENDUM**

<b>NAME OF COMMITTEE</b>	<b>TYPE OF REPORT</b>

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

<b>Event #</b>	
Name of Candidate	

**Section N. ADDENDUM**

<b>NAME OF COMMITTEE</b>	<b>TYPE OF REPORT</b>

**N. Expenses Paid By Committee - Addendum**

<b>Expenditure #</b>	<b>Amount of Expenditure</b>
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