

# SEEC FORM 20

Itemized Campaign Finance Disclosure Statement  
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION  
Revised January 2015



TOWN & CITY CLERK  
Do Not Mark in This Space for Office Use Only

## COVER PAGE

### 1. NAME OF COMMITTEE

Bermudez for City Council 2019

### 2. TREASURER NAME

First Haben	MI	Last Abraham	Suffix
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### 3. TREASURER ADDRESS

Street Address 330 Laurel Street Unit 205	City Hartford	State CT	Zip Code 06105
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### 4. ELECTION/REFERENDUM DATE

(mm/dd/yyyy) 11/05/2019

### 5. OFFICE SOUGHT (Complete only if Candidate Committee)

Court of Common Council

### 6. DISTRICT NUMBER

(if applicable)

### 7. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)

First Wildaliz	MI	Last Bermudez	Suffix
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### 8. TYPE OF REPORT (Check One Box)

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> January 10 filing   | <input type="checkbox"/> 7th day preceding primary                                   | <input type="checkbox"/> 7th day preceding referendum | <input type="checkbox"/> Initial Contribution or Disbursement (PACs ONLY) |
| <input type="checkbox"/> April 10 filing   | <input type="checkbox"/> 30 days following primary                                   | <input type="checkbox"/> 45 days following referendum | <input type="checkbox"/> Amendment to                                     |
| <input type="checkbox"/> July 10 filing  | <input type="checkbox"/> 7th day preceding election                                  | <input type="checkbox"/> Deficit                      | Type of Report: _____   |
| <input checked="" type="checkbox"/> October 10 filing  | <input type="checkbox"/> 12th day preceding election (State Central Committees Only) | <input type="checkbox"/> Termination                  |   |
| <input type="checkbox"/> 24 Hour Independent Expenditure<br><input type="radio"/> Primary <input type="radio"/> Election | <input type="checkbox"/> 45 days following election not held in November             |   |   |

### 9. PERIOD COVERED

Beginning Date	Ending Date
07/01/2019	09/30/2019

### 10. CERTIFICATION

I hereby certify and state, under penalties of false statement, that all of the information set forth on this **Itemized Campaign Finance Disclosure Statement** for the period covered is true, accurate and complete.

Haben Abraham  
TREASURER OR DEPUTY TREASURER (SIGNATURE)

HABEN ABRAHAM  
PRINT NAME OF SIGNER

10/08/2019  
DATE (mm/dd/yyyy)

*A person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.*

**SEEC FORM 20**

**Itemized Campaign Finance Disclosure Statement**  
**CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION**  
 Revised January 2015

**SUMMARY PAGE TOTALS**

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT	
Bermudez for City Council 2019	October 10 Filing	
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		
12. Balance on hand at the beginning of Reporting Period	0.00	
13. Contributions Received from Individuals (Sections A and B)	\$3,409.00	
14. Receipts from Other Committees (Sections C1 and C2)	\$250.00	
15. Other Monetary Receipts (Sections D through K)	\$100.00	
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	0.00	
16b. <i>Per Public Act 11-48, effective January 1, 2012 Section L2. removed</i>		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	\$ 0.00	
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	\$ 3,759.00	
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	\$ 3,759.00	\$3,759.00
19. Expenses Paid by Committee (Section P)	\$62.10	
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	\$3,696.90	\$3,696.90
21. In-Kind Donations not Considered Contributions Received (Section L4)	0.00	
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	\$175.00	
23. In-Kind Contributions Received (Section M)	0.00	
24. Refundable Deposit to Telephone Company (Section N)	0.00	
25. Loan Balance	0.00	
25a. + Loans Received (Section D)	0.00	
25b. + Interest and Penalties on Loan	0.00	
25c. - Payments on Loan	0.00	
25d. Total Outstanding Loan Amount	0.00	
26. Campaign Expenses Paid by Candidate (Section Q)	\$129.43	
27. Expenses Incurred on Committee Credit Card (Section R)	0.00	
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	0.00	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	0.00	

# I. MONETARY RECEIPTS (Sections A—K)

<b>NAME OF COMMITTEE</b> <i>(Provide Complete Name as Registered with Filing Repository)</i>	<b>TYPE OF REPORT</b>
Bermudez for City Council 2019	October 10 filing
<b>A. Total Contributions from Small Contributors—Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>	<b>SUBTOTAL SECTION A</b>
	\$ 1,369.00

## B. Itemized Contributions from Individuals

Last Name Varaas	First Edwin	MI
Residential Street Address 141 Douglas Street	City Hartford	State CT
	Zip Code 06114	
Principal Occupation Legislator	Name of Employer State of Connecticut	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution  \$100.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> 08292019A	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Date Received 8/29/2019	

Last Name Shortell	First William	MI P
Residential Street Address 947 W Main Street	City New Britain	State CT
	Zip Code 06053	
Principal Occupation Machinist	Name of Employer Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution  \$100.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> _____	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Date Received 9/29/2019	

Last Name Gale	First Tracy	MI
Residential Street Address 6 Cone Street	City Hartford	State CT
	Zip Code 06105	
Principal Occupation School Nurse	Name of Employer Hartford Board of Education	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution  \$100.00
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> 08292019A	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Date Received 8/29/2019	

<b>SUBTOTAL Section B — This Page</b>	\$ 300.00
<b>TOTAL of additional Section B Pages</b>	\$ 1,740.00
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	\$ 3,409.00

# I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)						TYPE OF REPORT	
Bermudez for City Council 2019						October 10 Filing	
<b>C1. Contributions from Other Committees</b>							
Name of Committee				Name of Treasurer			
Matt Ritter PAC				Russell Jarem			
Address			Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>			Amount of Contribution	
83 Oxford Street			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____			\$250.00	
City	State	Zip Code	Date Received	Aggregate Contributions			
Hartford	CT	06105	9/17/2019				
Name of Committee				Name of Treasurer			
Address			Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>			Amount of Contribution	
			<input type="checkbox"/> Yes <input type="checkbox"/> No _____				
City	State	Zip Code	Date Received	Aggregate Contributions			
Name of Committee				Name of Treasurer			
Address			Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>			Amount of Contribution	
			<input type="checkbox"/> Yes <input type="checkbox"/> No _____				
City	State	Zip Code	Date Received	Aggregate Contributions			
<b>C2. Reimbursements or Surplus Distributions from other Committees</b>							
Name of Committee				Name of Treasurer			
Address			City		State	Zip Code	
Date Received	Expenditure # <i>(if applicable)</i>	Payment Type				Amount of Receipt	
		<input type="checkbox"/> Reimbursement for shared expense <input type="checkbox"/> Surplus Distribution					
Description							
Name of Committee				Name of Treasurer			
Address			City		State	Zip Code	
Date Received	Expenditure # <i>(if applicable)</i>	Payment Type				Amount of Receipt	
		<input type="checkbox"/> Reimbursement for shared expense <input type="checkbox"/> Surplus Distribution					
Description							
<b>SUBTOTAL Section C — This Page</b>						\$ 250.00	
<b>TOTAL of additional Section C Pages</b>						0.00	
<b>TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS</b> <i>(Sections C1 + C2) (Enter total on Line 14, Column A of Summary Page Totals)</i>						\$ 250.00	

# Matt Ritter PAC

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Russell Jarem, Treasurer | 83 Oxford Street, Hartford, CT 06105 | 860-729-1950

Bermudez for City Council 2019  
% Wildaliz Bermudez  
PO Box 331091  
West Hartford, CT 06133

September 17, 2019

Dear Wildaliz,

Please find enclosed check number 197, in the amount of \$250.00, in support of the Bermudez for City Council 2019 campaign.

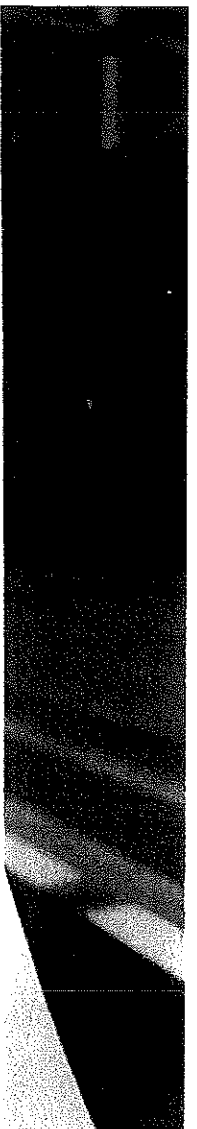
If you have any questions, please do not hesitate to contact me.

Regards,



Russell Jarem

Encl.



MAIT RIJTER PAC  
63 OXFORD ST  
HARTFORD, CT 06105

1977  
MAY 11 1977  
Date

Pay to the Order of Bremen for City Council 2019 \$ 250.00

Two hundred fifty

Dollars

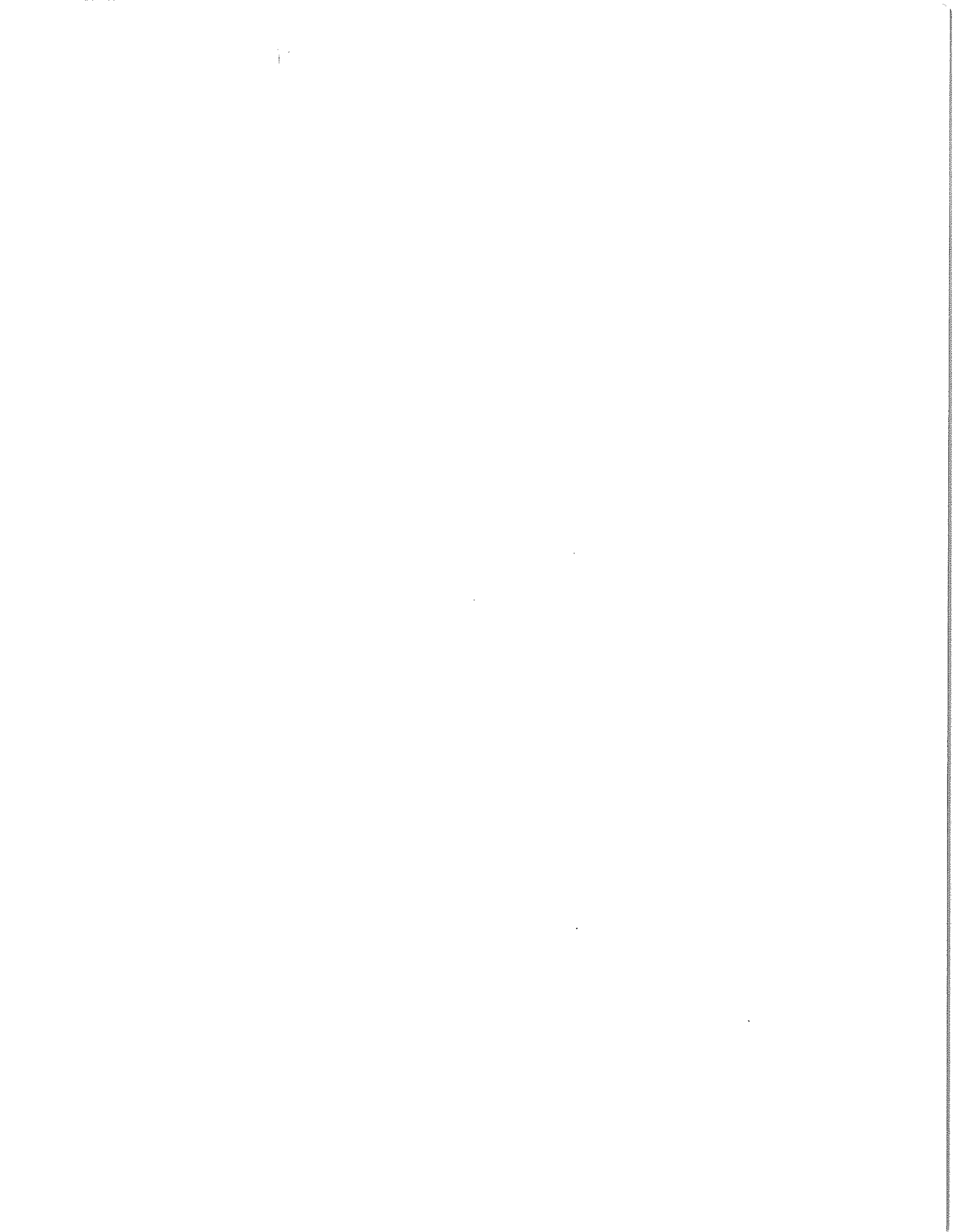
**TD Bank**  
America's Most Convenient Bank<sup>SM</sup>

For \_\_\_\_\_  
Signature: *[Handwritten Signature]*

⑆011203093⑆ 4345019552⑈ 0197

Section B ADDITIONAL PAGE 1 of 6

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bermudez for City Council 2019				October 10 Filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A	
				\$ 1,369.00	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		MI	
Barber		Joseph		C	
Residential Street Address		City		State	Zip Code
14 Park Terrace		Hartford		CT	06106
Principal Occupation		Name of Employer			
Director of Community Service/Civic Engagement		Trinity College			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$ 250.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		9/13/2019			
Last Name		First		MI	
Gale		Carol			
Residential Street Address		City		State	Zip Code
105 Girard Avenue		Hartford		CT	06105
Principal Occupation		Name of Employer			
Teacher		Hartford Board of Education			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$ 60.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		8/29/2019			
Last Name		First		MI	
Velez-Herrera		Lydia			
Residential Street Address		City		State	Zip Code
106 Tuttle Street		Bristol		CT	06010
Principal Occupation		Name of Employer			
Chief Executive Officer		Lilly Sin Barreras			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$ 100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		08/29/2019			
SUBTOTAL Section B — This Page				\$ 410.00	
TOTAL of additional Section B Pages				\$ 1,630.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				\$ 3,409.00	





Section B ADDITIONAL PAGE 2 c. 6

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Bermudez for City Council 2019	October 10 Filing
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>	<b>SUBTOTAL SECTION A</b>
	\$ 1,369.00

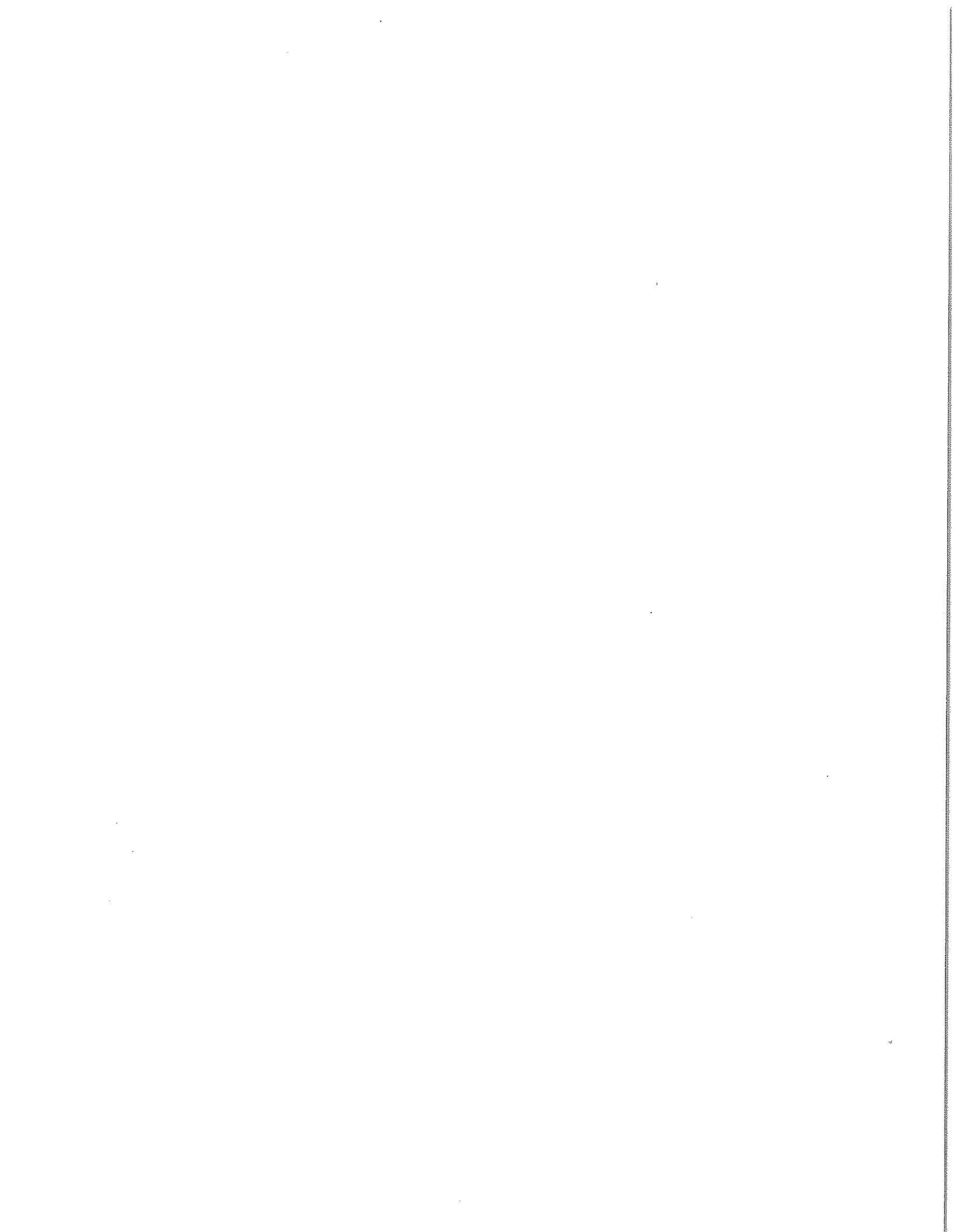
**B. Itemized Contributions from Individuals**

Last Name Escalera		First Yasha		MI M	
Residential Street Address 39 Cobb Hill Road		City Manchester		State CT	Zip Code 06040
Principal Occupation Retired		Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		\$100.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/8/2019	Aggregate Contributions		

Last Name Mantilla		First Evelyn		MI	
Residential Street Address 25 Hamlin Drive		City West Hartford		State CT	Zip Code 06117
Principal Occupation Consultant		Name of Employer Self-employed			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		\$100.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 9/12/2019	Aggregate Contributions		

Last Name Taubes		First Alexander		MI T.	
Residential Street Address 109 Church Street		City New Haven		State CT	Zip Code 06510
Principal Occupation Thomas Emerson		Name of Employer David Rosen & Associates P.C.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		\$100.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received	Aggregate Contributions		

<b>SUBTOTAL Section B — This Page</b>	\$300.00
<b>TOTAL of additional Section B Pages</b>	\$1,740.00
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	\$3,409.00



NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Bermudez for City Council 2019	October 10 Filing
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)	SUBTOTAL SECTION A
	\$ 1,369.00

**B. Itemized Contributions from Individuals**

Last Name	First	MI
Sarwar	Aaron	
Residential Street Address	City	State Zip Code
19 High Gate Lane	West Hartford	CT 06107
Principal Occupation	Name of Employer	
Self	Self	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution  \$100.00
Is this contribution associated with an event reported in Section L1? If yes, list Event #	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution:		Date Received	Aggregate Contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		9/16/2019		

Last Name	First	MI
Fitzgerald	Ruth	
Residential Street Address	City	State Zip Code
157 Oxford Street	Hartford	CT 06105
Principal Occupation	Name of Employer	
Retired	Retired	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution  \$100.00
Is this contribution associated with an event reported in Section L1? If yes, list Event #	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution:		Date Received	Aggregate Contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		9/21/2019		

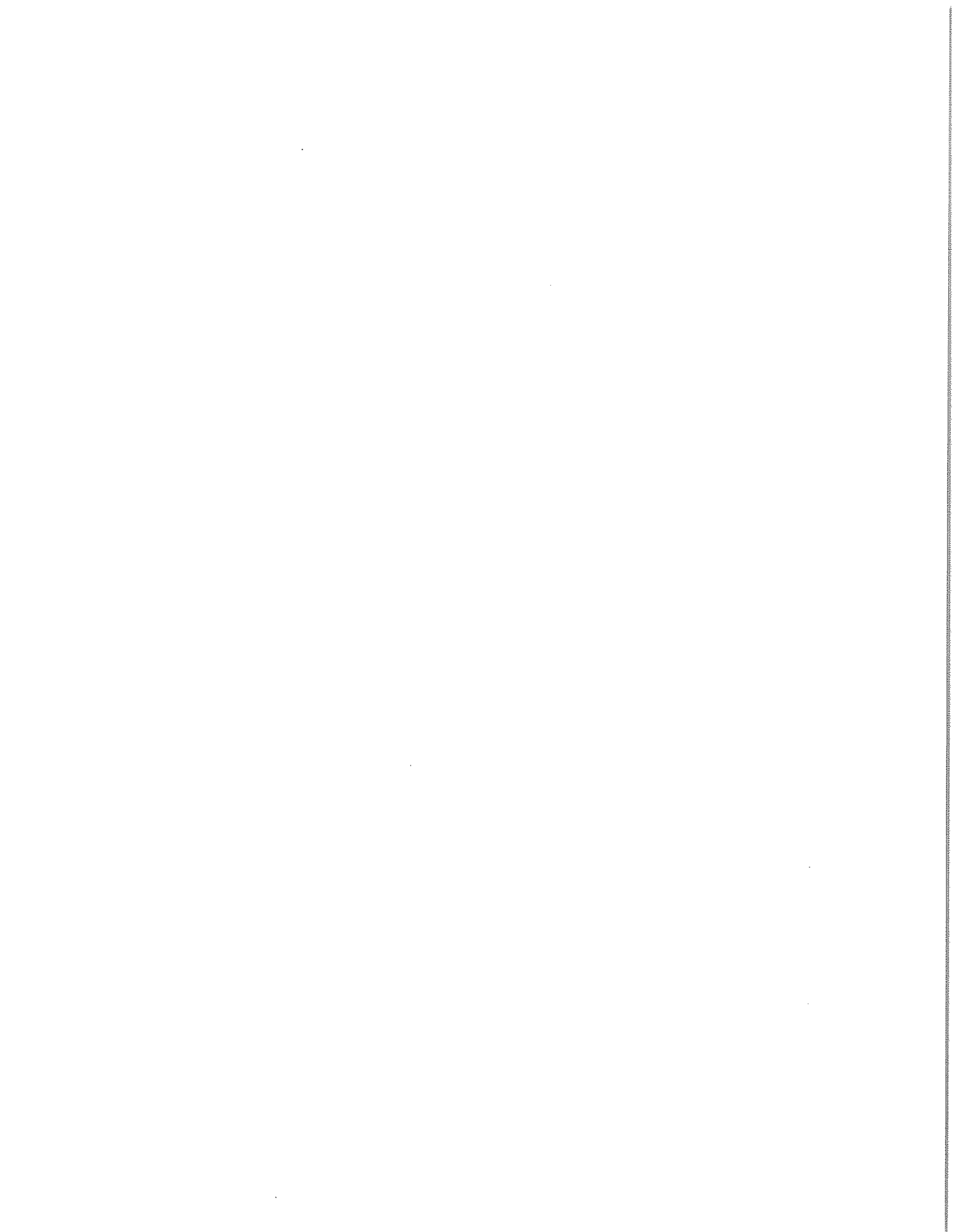
Last Name	First	MI
Bernhard	S.K.	
Residential Street Address	City	State Zip Code
11 Woods Grove Road	Westport	CT 06880
Principal Occupation	Name of Employer	
Attorney	Cohen and Wolf	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution  \$65.00
Is this contribution associated with an event reported in Section L1? If yes, list Event #	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution:		Date Received	Aggregate Contributions	
<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		9/23/2019		

SUBTOTAL Section B — This Page \$ 265.00

TOTAL of additional Section B Pages \$ 1,775.00

TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  
(Enter total on Line 13, Column A of Summary Page Totals) \$ 3,409.00



Section B ADDITIONAL PAGE 4 of 6

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Bermudez for City Council 2019	October 10 Filing
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>	<b>SUBTOTAL SECTION A</b>
	\$ 1,369.00

**B. Itemized Contributions from Individuals**

Last Name Richmond		First Erica		MI F	
Residential Street Address 36 Aron Street		City Somerville		State MA	Zip Code 02143
Principal Occupation Minister		Name of Employer North Parish			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$ 65.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/23/2019	Aggregate Contributions	

Last Name Raffa		First Gretchen		MI	
Residential Street Address 775 Orange Street #3		City New Haven		State CT	Zip Code 06511
Principal Occupation Director of Public Policy & Advocacy		Name of Employer Planned Parenthood of Southern New England			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/24/2019	Aggregate Contributions	

Last Name Devereux		First Jeffrey		MI	
Residential Street Address 1429 Park Street Unit 401		City Hartford		State CT	Zip Code 06106
Principal Occupation Partner		Name of Employer Breakfast Lunch and Dinner			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 9/30/2019	Aggregate Contributions	

**SUBTOTAL Section B -- This Page**

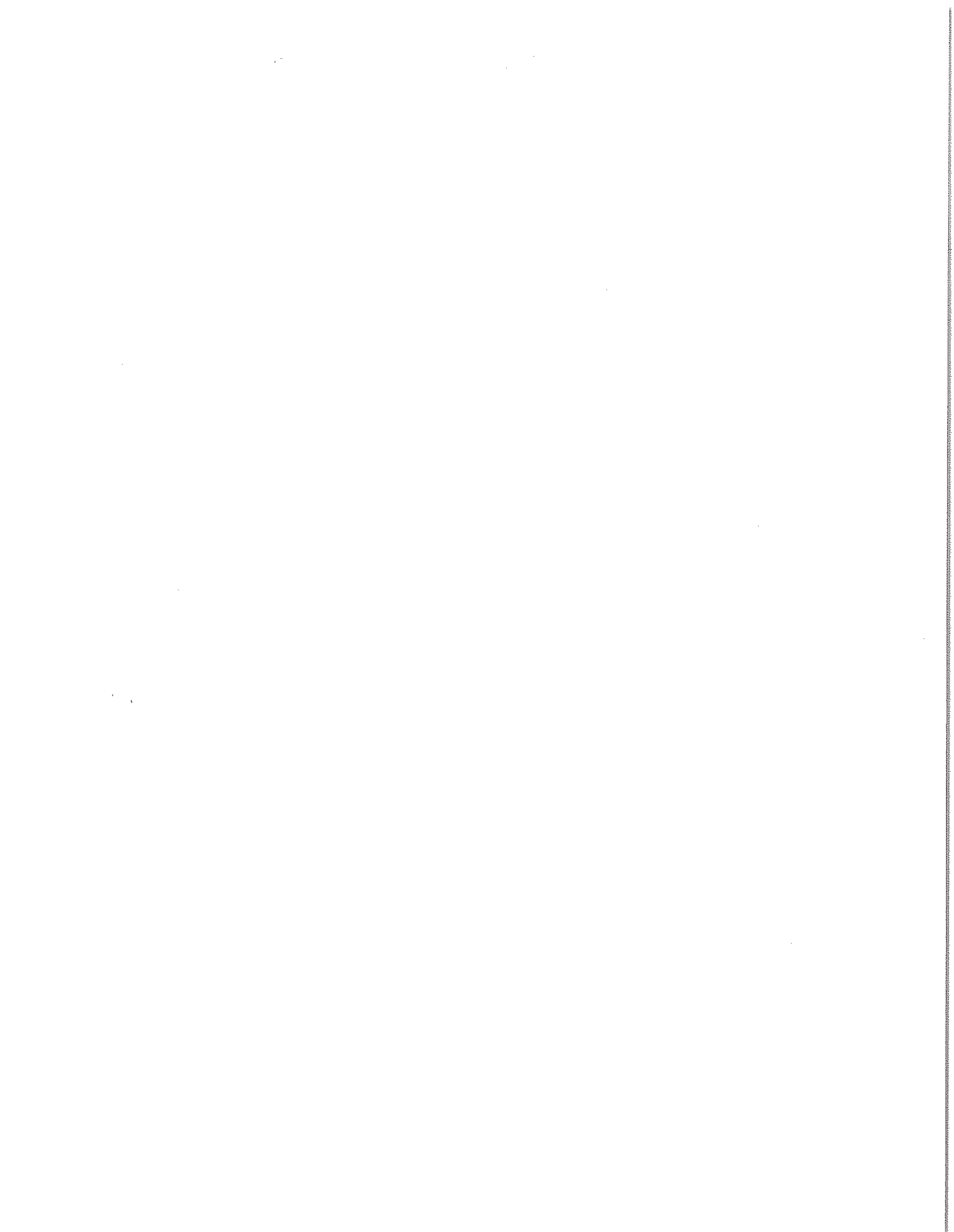
\$265.00

**TOTAL of additional Section B Pages**

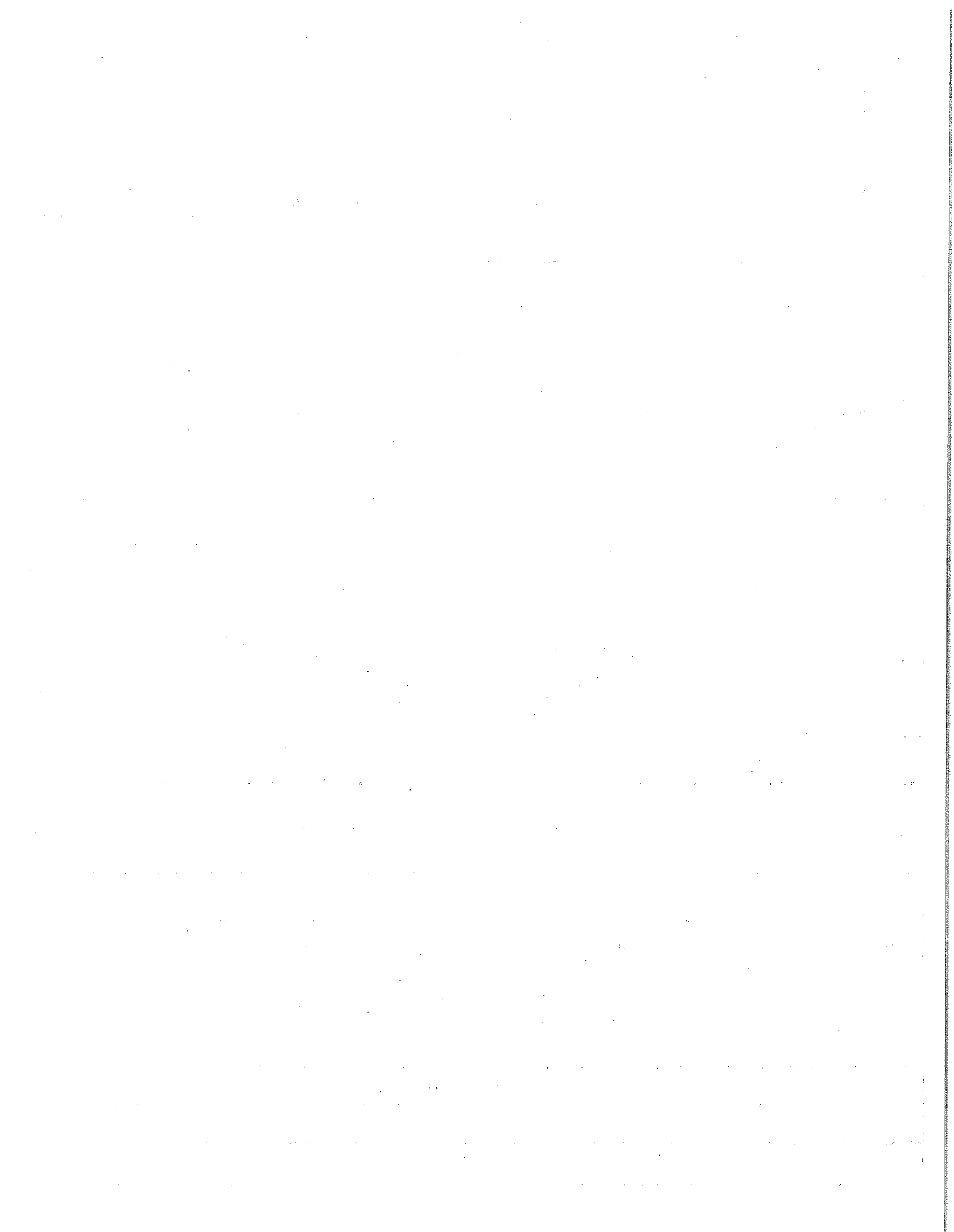
\$1,775.00

**TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)**  
*(Enter total on Line 13, Column A of Summary Page Totals)*

\$3,409.00



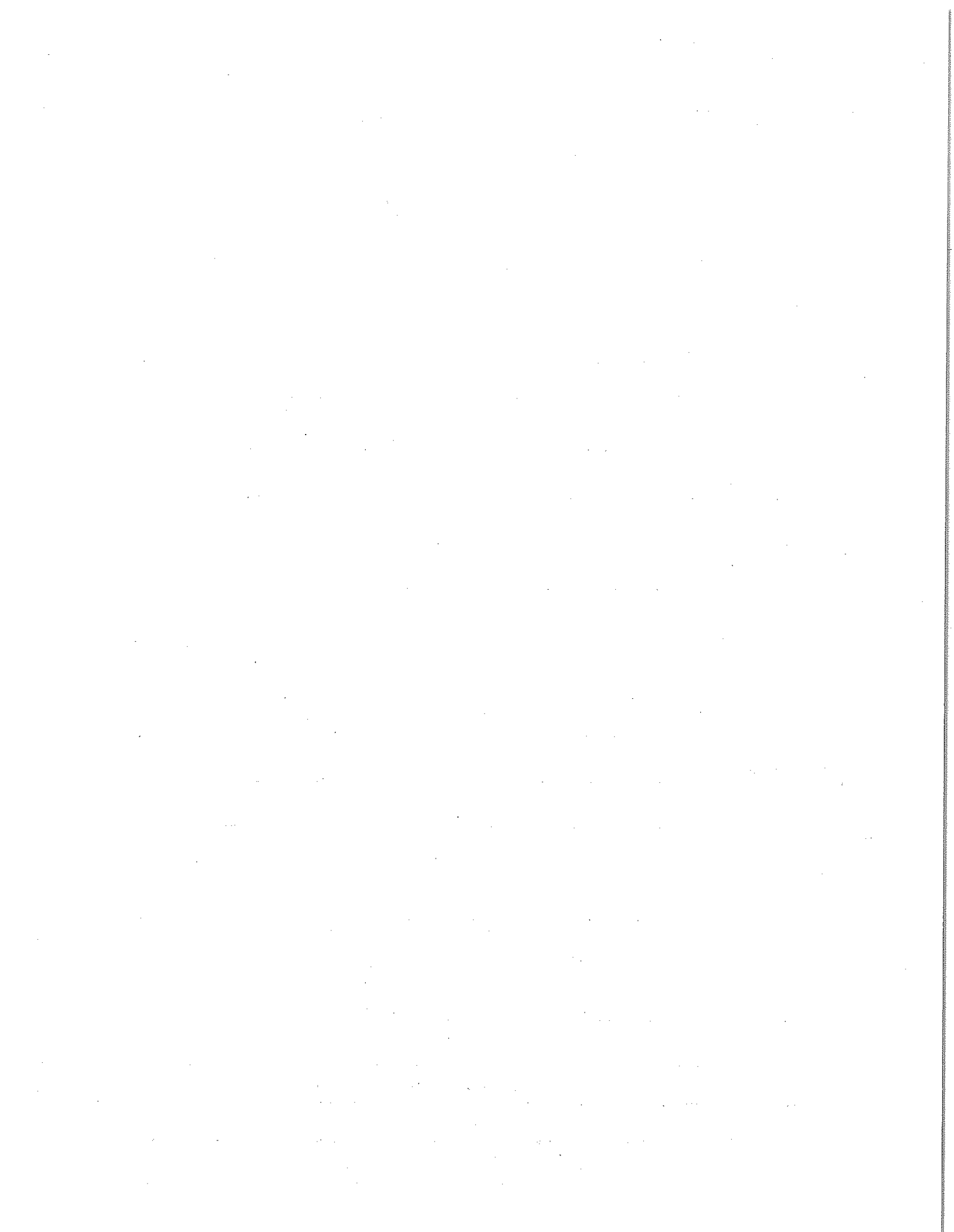
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bermudez for City Council 2019				October 10 Filing	
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>				SUBTOTAL SECTION A	
				\$ 1,369.00	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		MI	
Connolly		Thomas		P.	
Residential Street Address		City		State	Zip Code
16 Greenhurst Road		West Hartford		CT	06107
Principal Occupation			Name of Employer		
Social Work			Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		\$100.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Executive <input checked="" type="radio"/> Legislative			
Method of Contribution:			Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			9/26/2019		
Last Name		First		MI	
Ward		DeVaughn		L.	
Residential Street Address		City		State	Zip Code
400 Cold Spring Road		Rocky Hill		CT	06067
Principal Occupation			Name of Employer		
Attorney			Ward Law LLC		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		\$100.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Executive <input checked="" type="radio"/> Legislative			
Method of Contribution:			Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			9/30/2019		
Last Name		First		MI	
Bringham		David			
Residential Street Address		City		State	Zip Code
50 White Birch Road		Salem		CT	06420
Principal Occupation			Name of Employer		
Retired			Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		\$100.00	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Executive <input checked="" type="radio"/> Legislative			
Method of Contribution:			Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			9/20/2019		
<b>SUBTOTAL Section B — This Page</b>				\$ 300.00	
<b>TOTAL of additional Section B Pages</b>				\$ 1,740.00	
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>				\$ 3,409.00	





Section B ADDITIONAL PAGE 6 of 6

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Bermudez for City Council 2019		October 10 Filing	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A	
		\$ 1,309.00	
<b>B. Itemized Contributions from Individuals</b>			
Last Name		First	MI
Breakstone		Amy	
Residential Street Address		City	State Zip Code
100 Oakland Street		Bristol	CT 06010
Principal Occupation		Name of Employer	
Physician		CCOB Women's Health Group	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No 12/12/2019	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:	\$100.00
Method of Contribution:		Date Received	Aggregate Contributions
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		9/21/2019	
Last Name		First	MI
Griffin		Marion	D.
Residential Street Address		City	State Zip Code
24 Vernon Street		Hartford	CT 06106
Principal Occupation		Name of Employer	
N/A		Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	<input checked="" type="radio"/> Yes <input checked="" type="radio"/> 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:	\$100.00
Method of Contribution:		Date Received	Aggregate Contributions
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		9/23/2019	
Last Name		First	MI
Residential Street Address		City	State Zip Code
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	<input type="radio"/> Yes <input checked="" type="radio"/> 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:	
Method of Contribution:		Date Received	Aggregate Contributions
<input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			
<b>SUBTOTAL Section B — This Page</b>		\$200.00	
<b>TOTAL of additional Section B Pages</b>		\$1,840.00	
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)		\$3,409.00	



**I. MONETARY RECEIPTS (Sections A—K)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bermudez for City Council 2019				October 10 Filing	
<b>D. Loans Received this Period</b>					
Name of Lender		Source of Loan: <input type="checkbox"/> Bank <input type="checkbox"/> Candidate <input type="checkbox"/> Individual <input type="checkbox"/> Other Committee			Date of Receipt
Street Address		City	State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Cosigner/Guarantor (if applicable)					Amount Received
Street Address		City	State	Zip Code	
Name of Lender		Source of Loan: <input type="checkbox"/> Bank <input type="checkbox"/> Candidate <input type="checkbox"/> Individual <input type="checkbox"/> Other Committee			Date of Receipt
Street Address		City	State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Cosigner/Guarantor (if applicable)					Amount Received
Street Address		City	State	Zip Code	
Name of Lender		Source of Loan: <input type="checkbox"/> Bank <input type="checkbox"/> Candidate <input type="checkbox"/> Individual <input type="checkbox"/> Other Committee			Date of Receipt
Street Address		City	State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Cosigner/Guarantor (if applicable)					Amount Received
Street Address		City	State	Zip Code	
<b>TOTAL SECTION D</b>				0.00	

<b>E. Receipts from Entities other than Individuals or Other Committees (Referendum Committees ONLY)</b>					
Name of Entity					
Street Address			Date Received		Amount Received
City	State	Zip Code	Aggregate Contributions		
Name of Entity					
Street Address			Date Received		Amount Received
City	State	Zip Code	Aggregate Contributions		
Name of Entity					
Street Address			Date Received		Amount Received
City	State	Zip Code	Aggregate Contributions		
<b>TOTAL SECTION E</b>				0.00	

# I. MONETARY RECEIPTS (Sections A—K)

<b>NAME OF COMMITTEE</b> <i>(Provide Complete Name as Registered with Filing Repository)</i> <span style="font-size: 1.2em; font-family: cursive;">Bermudez for City Council 2019</span>	<b>TYPE OF REPORT</b> <span style="font-size: 1.2em; font-family: cursive;">October 10 Filing</span>
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### F. Amount Transferred from Affiliated Business Treasury *(Business Entity Committees ONLY)*

Date of Receipt	Is this transaction associated with an event reported in Section L1? <input type="checkbox"/> Yes <i>If yes, list Event #</i> <input type="checkbox"/> No	Amount
<b>TOTAL SECTION F</b>		0.00

### G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury *(Organization Committees ONLY)*

Date of Receipt	Date of Receipt	Date of Receipt
Amount	Amount	Amount
<b>TOTAL SECTION G</b>		0.00

### H. Personal Funds of the Candidate Received this Period *(Candidate Committees ONLY)*

Date of Receipt	Method of payment:	Amount
8/20/2019	<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	\$100.00
	<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Amount
	<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Amount
	<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Amount
<b>TOTAL SECTION H</b>		\$100.00

### I. Anonymous Contributions

Per Public Act 11-48, Anonymous Contributions may no longer be deposited in *any* amount. If a committee receives an anonymous contribution, the campaign treasurer shall immediately remit the contribution to the State Elections Enforcement Commission for deposit in the General Fund.

CENCAP Federal Credit Union  
**SALES RECEIPT** [Section H]

Date: 8/20/19

Qty.	Description	Price	Amount
1	Open check account		\$100.00

Subtotal: \_\_\_\_\_  
Tax: \_\_\_\_\_  
Total: \$100.00

Sale Made with :  
 Cash  
 Credit Card  
 Check, No. \_\_\_\_\_  
 Other paid by Wildaliz Bermudez (H.A.)

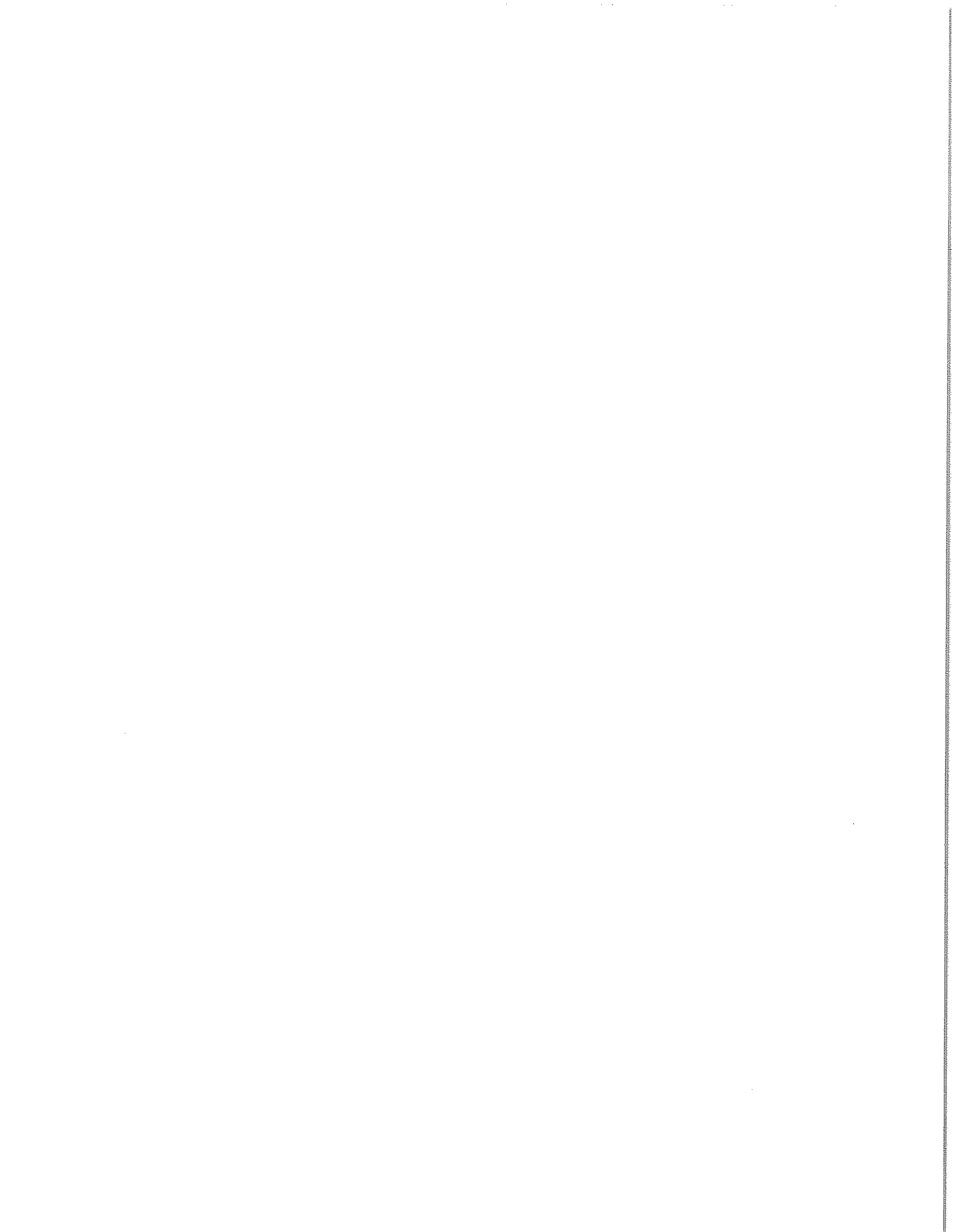
**SALES RECEIPT**

Date: \_\_\_\_\_

Qty.	Description	Price	Amount

Subtotal: \_\_\_\_\_  
Tax: \_\_\_\_\_  
Total: \_\_\_\_\_

Sale Made with :  
 Cash  
 Credit Card  
 Check, No. \_\_\_\_\_  
 Other \_\_\_\_\_



NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bermudez for City Council 2019				October 10 Filing	
<b>J. Interest from Deposits in Authorized Accounts</b>					
Name of Institution			Date Received		Amount
Street Address	City		State	Zip Code	
Name of Institution			Date Received		Amount
Street Address	City		State	Zip Code	
<b>TOTAL SECTION J</b>				0.00	

<b>K. Miscellaneous Monetary Receipts not Considered Contributions</b>					
Name			Date of Transaction		Amount Received
Street Address	City		State	Zip Code	
Description					
Name			Date of Transaction		Amount Received
Street Address	City		State	Zip Code	
Description					
Name			Date of Transaction		Amount Received
Street Address	City		State	Zip Code	
Description					
Name			Date of Transaction		Amount Received
Street Address	City		State	Zip Code	
Description					
Name			Date of Transaction		Amount Received
Street Address	City		State	Zip Code	
Description					
<b>TOTAL SECTION K</b>				0.00	

<b>SUMMARY OF OTHER MONETARY RECEIPTS (Sections D through K)</b>		
Total Loans Received this Period (Section D)		0.00
Total Receipts from Entities other than Individuals or Other Committees (Section E) +		0.00
Total Amount Transferred from Affiliated Business Treasury (Section F) +		0.00
Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G) +		0.00
Total Amount of Personal Funds of the Candidate Received this Period (Section H) +		100.00
Total Amount of Interest from Deposits in Authorized Accounts (Section J) +		0.00
Total Miscellaneous Monetary Receipts not Considered Contributions (Section K) +		0.00
<b>Total of Other Monetary Receipts</b> (Add Sections D through K) (Enter total on Line 15, Column A of Summary Page Totals)		100.00

## II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
Bermudez for City Council 2019			October 10 Filing		
<b>L1. Event Information</b>					
Event # Date of Event	Letter	Description	Was this a fundraising event?		
08292019	A	Fundraiser Pizza Party	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Location: Street Address		City	State	Zip Code	
75 Monroe Street		Hartford	CT	06114	
<b>Subpart 1: (All Committees)</b>					
Was this event hosted at a personal residence?			<input checked="" type="checkbox"/> Yes (If yes, go to Section L5 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.) <input type="checkbox"/> No		
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?			<input type="checkbox"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) <input checked="" type="checkbox"/> No		
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?			<input type="checkbox"/> Yes (If yes, enter Total Receipts here.) <input checked="" type="checkbox"/> No    → \$ <span style="border: 1px solid black; display: inline-block; width: 60px; height: 15px;"></span>		
<b>Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)</b>					
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?			<input type="checkbox"/> Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.) <input checked="" type="checkbox"/> No		
<b>Subpart 3: (Town Committees ONLY)</b>					
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?			<input type="checkbox"/> Yes (If yes, enter Total Receipts here.) <input checked="" type="checkbox"/> No    → \$ <span style="border: 1px solid black; display: inline-block; width: 60px; height: 15px;"></span>		
Event # Date of Event	Letter	Description	Was this a fundraising event?		
09252019	A	Fundraiser Wine and Cheese Event	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Location: Street Address		City	State	Zip Code	
104 Whitney Street		Hartford	CT	06105	
<b>Subpart 1: (All Committees)</b>					
Was this event hosted at a personal residence?			<input checked="" type="checkbox"/> Yes (If yes, go to Section L5 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.) <input type="checkbox"/> No		
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?			<input type="checkbox"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) <input checked="" type="checkbox"/> No		
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?			<input type="checkbox"/> Yes (If yes, enter Total Receipts here.) <input checked="" type="checkbox"/> No    → \$ <span style="border: 1px solid black; display: inline-block; width: 60px; height: 15px;"></span>		
<b>Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)</b>					
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?			<input type="checkbox"/> Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.) <input checked="" type="checkbox"/> No		
<b>Subpart 3: (Town Committees ONLY)</b>					
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?			<input type="checkbox"/> Yes (If yes, enter Total Receipts here.) <input checked="" type="checkbox"/> No    → \$ <span style="border: 1px solid black; display: inline-block; width: 60px; height: 15px;"></span>		
<b>SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts from Sale of Donated Items — This Page</b>			0.00		
<b>SUBTOTAL Section L1—Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases — This Page</b>			0.00		
<b>TOTAL of additional Section L1 Pages</b>			0.00		
<b>TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES</b> <i>(Enter total on Line 16a, Column A of Summary Page Totals)</i>			0.00		



## II. EVENT ACTIVITY (Sections L1—L5)

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. *Section L2. removed*

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
Bermudez for City Council 2019	October 10 Filing

**L3. Purchases of Advertising in a Program Book or on a Sign**

Name of Purchaser				Purchase Made By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship			
Street Address			City		State		Zip Code

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
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Name of Purchaser				Purchase Made By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship			
Street Address			City		State		Zip Code

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
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Name of Purchaser				Purchase Made By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship			
Street Address			City		State		Zip Code

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
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Name of Purchaser				Purchase Made By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship			
Street Address			City		State		Zip Code

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
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Name of Purchaser				Purchase Made By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship			
Street Address			City		State		Zip Code

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
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<b>SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page</b>				0.00
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<b>SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page</b>				0.00
---	--	--	--	------

<b>TOTAL of additional Section L3 Pages</b>				0.00
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<b>TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN</b> <i>(Enter total on Line 16c, Column A of Summary Page Totals)</i>				0.00
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## II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bermudez for City Council 2019				October 10 Filing	
<b>L4. In-Kind Donations Not Considered Contributions</b>					
Name of Donor					
Street Address			City		State    Zip Code
Donation Given By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship	Description of Donation			<b>Fair Market Value of Donation</b>	
	Date Received	Event #	Aggregate Value for this Event		
Name of Donor					
Street Address			City		State    Zip Code
<input type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship	Description of Donation			<b>Fair Market Value of Donation</b>	
	Date Received	Event #	Aggregate Value for this Event		
Name of Donor					
Street Address			City		State    Zip Code
<input type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship	Description of Donation			<b>Fair Market Value of Donation</b>	
	Date Received	Event #	Aggregate Value for this Event		
Name of Donor					
Street Address			City		State    Zip Code
<input type="checkbox"/> Business Entity <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship	Description of Donation			<b>Fair Market Value of Donation</b>	
	Date Received	Event #	Aggregate Value for this Event		
<b>SUBTOTAL Section L4— This Page</b>				0.00	
<b>TOTAL of additional Section L4 Pages</b>				0.00	
<b>TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS</b> <i>(Enter total on Line 21, Column A of Summary Page Totals)</i>				0.00	

## II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Bermudez for City Council 2019			October 10 Filing	
<b>L5. In-Kind Donations Not Considered Contributions Associated with a House Party</b>				
Name of Host		Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Pedro Bermudez		If yes, complete Itemization in Addendum L5		
Street Address		City	State	Zip Code
75 Monroe Street		Hartford	CT	06114
Description of Donation			Fair Market Value of Donation	
Food			\$80.00	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate		
08292019 A	\$80.00			
Name of Host		Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Polly Moran		If yes, complete Itemization in Addendum L5		
Street Address		City	State	Zip Code
104 Whitney Street		Hartford	CT	06105
Description of Donation			Fair Market Value of Donation	
Food and beverage			\$95.00	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate		
09212019 A	\$95.00			
Name of Host		Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input type="checkbox"/> No		
		If yes, complete Itemization in Addendum L5		
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		
Name of Host		Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input type="checkbox"/> No		
		If yes, complete Itemization in Addendum L5		
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>SUBTOTAL Section L5 — This Page</b>			\$175.00	
<b>TOTAL of additional Section L5 Pages</b>			0.00	
<b>TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS ASSOCIATED WITH A HOUSE PARTY</b> (Enter total on Line 22, Column A of Summary Page Totals)			\$175.00	

### III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Bernandez for City Council 2019			October 10 Filing	
<b>M. In-Kind Contributions</b>				
Name				
Street Address		City		State    Zip Code
Type of contributor: <input type="checkbox"/> Committee <input type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No			<b>Fair Market Value of this Contribution</b>
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # _____</i>	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative</i>			
Name				
Street Address		City		State    Zip Code
Type of contributor: <input type="checkbox"/> Committee <input type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No			<b>Fair Market Value of this Contribution</b>
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # _____</i>	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative</i>			
Name				
Street Address		City		State    Zip Code
Type of contributor: <input type="checkbox"/> Committee <input type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No			<b>Fair Market Value of this Contribution</b>
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # _____</i>	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative</i>			
Name				
Street Address		City		State    Zip Code
Type of contributor: <input type="checkbox"/> Committee <input type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No			<b>Fair Market Value of this Contribution</b>
Is this contribution associated with an event reported listed in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # _____</i>	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative</i>			
<b>SUBTOTAL Section M — This Page</b>			0.00	
<b>TOTAL of additional Section M Pages</b>			0.00	
<b>TOTAL OF ALL IN-KIND CONTRIBUTIONS (Enter total on Line 23, Column A of Summary Page Totals)</b>			0.00	

<b>N. Refundable Deposit to Telephone Company</b>				
Last Name of Individual		First	MI	Date Deposit Made
Residential Street Address		City	State    Zip Code	<b>Amount of Deposit</b>
Name of Telephone Company				
Street Address		City	State    Zip Code	
<b>TOTAL SECTION N (Enter total on Line 24, Column A of Summary Page Totals)</b>			\$ 0.00	

Bermudez for City Council

082919 A L1 Event Information +LS

SALES RECEIPT

Date: 8/29/2019

Qty.	Description	Price	Amount
	Food - pizza		\$80.00

Subtotal:

Tax:

Total: 80.00

Sale Made with :

Cash

Credit Card

Check, No.

Other Paid by Pedro Bermudez

09212019 A L1 Event Information +LS

SALES RECEIPT

Date: 09/21/2019

Qty.	Description	Price	Amount
	Food/Beverage		
	- cheese		5.00
	- crackers		10.00
	- wine		80.00

Subtotal:

Tax:

Total: 95.00

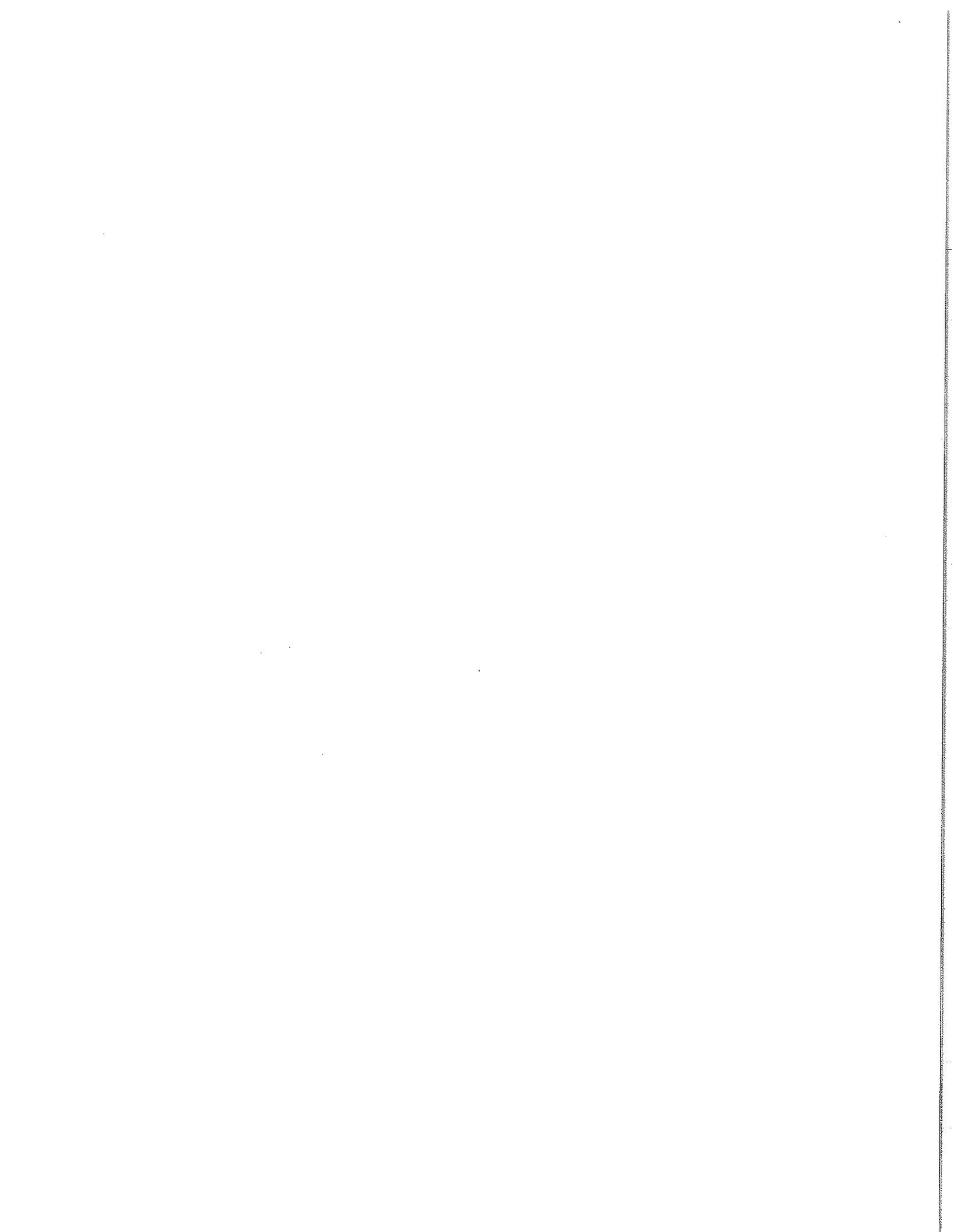
Sale Made with :

Cash

Credit Card

Check, No.

Other Paid by Polly Moran



**IV. EXPENDITURES (Sections P—T)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bermudez for City Council 2019				October 10 Filing	
P. Expenses Paid by Committee					
Name of Payee Anedot			Date of Payment 8/30/2019		Method of Payment: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
Street Address 1920 McKinney Ave 7 <sup>th</sup> Floor		City Dallas		State TX	Zip Code 75201
Purpose of Expenditure (by code) BNK	Description Bank fee for transfer		Event #	Amount \$4.30	
Expenditure # (if applicable) 0001	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D				
Name of Payee Anedot			Date of Payment 9/5/19		Method of Payment: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
Street Address 1920 McKinney Ave 7 <sup>th</sup> Floor		City Dallas		State TX	Zip Code 75201
Purpose of Expenditure (by code) BNK	Description Bank fee		Event #	Amount \$3.90	
Expenditure # (if applicable) 0002	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D				
Name of Payee Anedot			Date of Payment 9/9/19		Method of Payment: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
Street Address 1920 McKinney Ave 7 <sup>th</sup> Floor		City Dallas		State TX	Zip Code 75201
Purpose of Expenditure (by code) BNK	Description Bank fee		Event #	Amount \$5.60	
Expenditure # (if applicable) 0003	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D				
Name of Payee Anedot			Date of Payment 9/15/2019		Method of Payment: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
Street Address 1920 McKinney Ave 7 <sup>th</sup> Floor		City Dallas		State TX	Zip Code 75201
Purpose of Expenditure (by code) BNK	Description Bank fee		Event #	Amount \$10.90	
Expenditure # (if applicable) 0004	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D				
<b>SUBTOTAL Section P — This Page</b>				\$ 24.70	
<b>TOTAL of additional Section P Pages</b>				\$ 37.40	
<b>TOTAL OF ALL EXPENSES PAID BY COMMITTEE</b> <i>(Enter total on Line 19, Column A of Summary Page Totals)</i>				\$ 62.10	

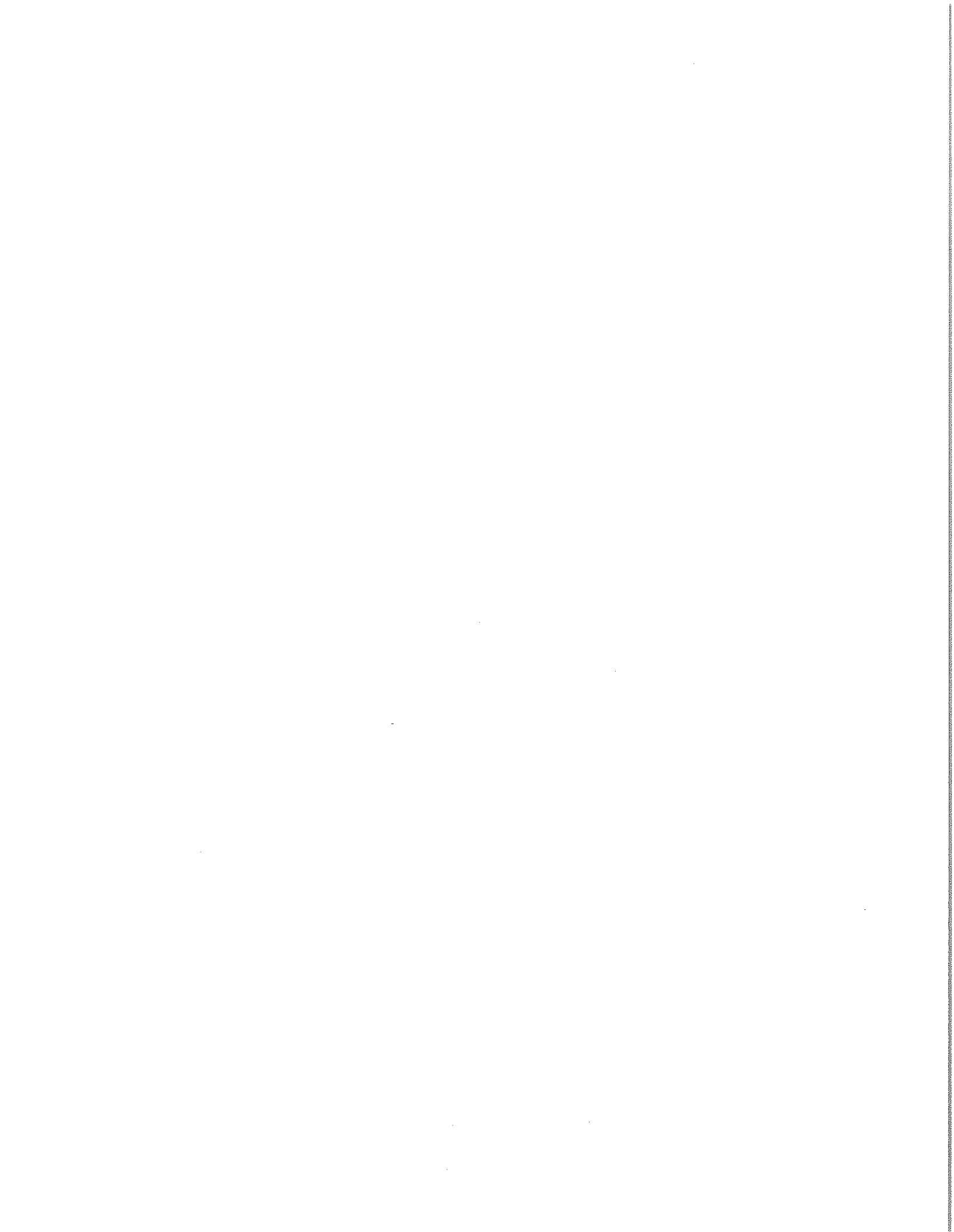
IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bermudez for City Council 2019				October 10 Filing	
<b>Q. Campaign Expenses Paid by Candidate</b>					
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)			Date of Payment		Is reimbursement claimed?
United States Postal Service			8/19/2019		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City		State	Zip Code
121 Shield Street		West Hartford		CT	06110
Purpose of Expenditure (by code)	Description	Event #		Amount	
POST	Expense on P.O. Box			\$53.00	
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)			Date of Payment		Is reimbursement claimed?
United States Postal Service			9/24/2019		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City		State	Zip Code
121 Shield Street		West Hartford		CT	06110
Purpose of Expenditure (by code)	Description	Event #		Amount	
POST	Envelope package			\$20.70	
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)			Date of Payment		Is reimbursement claimed?
Staples			9/22/19		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City		State	Zip Code
2550 Albany Avenue		West Hartford		CT	06117
Purpose of Expenditure (by code)	Description	Event #		Amount	
PRNT	Cartridge ink			\$46.78	
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)			Date of Payment		Is reimbursement claimed?
Autentico Sabor Peruano			9/26/19		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City		State	Zip Code
704 Park Street		Hartford		CT	06106
Purpose of Expenditure (by code)	Description	Event #		Amount	
FOOD	Food provided for team meeting			\$8.95	
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)			Date of Payment		Is reimbursement claimed?
					<input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		Amount	
<b>SUBTOTAL Section Q — This Page</b>				\$129.43	
<b>TOTAL of additional Section Q Pages</b>				0.00	
<b>TOTAL OF ALL EXPENSES PAID BY CANDIDATE</b> <i>(Enter total on Line 26, Column A of Summary Page Totals)</i>				\$129.43	



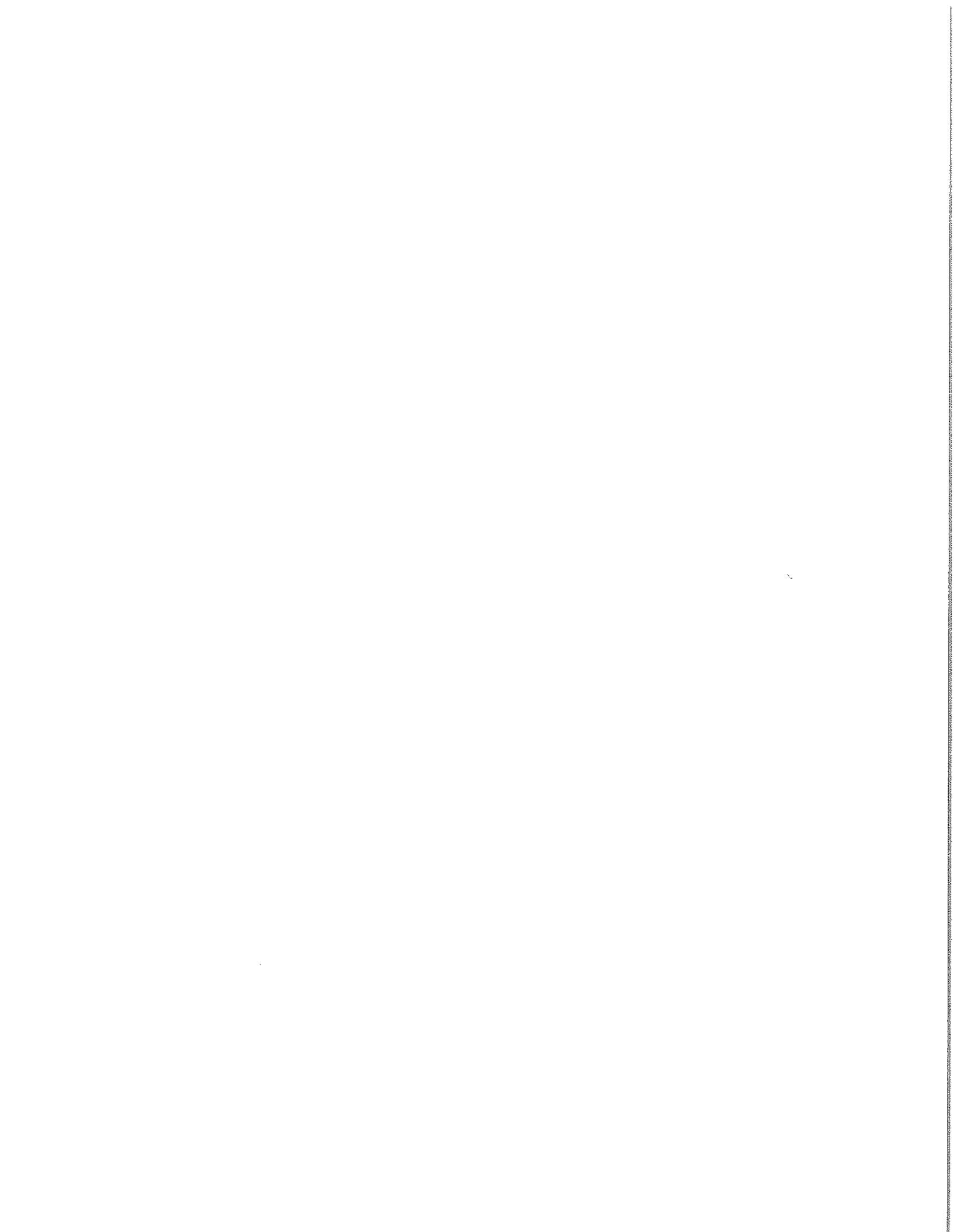
Section P ADDITIONAL PAGE 1 of 2

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bermudez for City Council 2019				October 10 Filing	
<b>P. Expenses Paid by Committee</b>					
Name of Payee			Date of Payment		Method of Payment:
Anedot			9/17/19		<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
Street Address		City		State	Zip Code
1920 McKinney Ave 7th Floor		Dallas		TX	75201
Purpose of Expenditure (by code)	Description		Event #		Amount
BNK	Bank fee				\$4.30
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
0005	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D				
Name of Payee			Date of Payment		Method of Payment:
Anedot			9/21/19		<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
Street Address		City		State	Zip Code
1920 McKinney Ave 7th Floor		Dallas		TX	75201
Purpose of Expenditure (by code)	Description		Event #		Amount
BNK	Bank fee				\$2.30
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
0006	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D				
Name of Payee			Date of Payment		Method of Payment:
Anedot			9/23/19		<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
Street Address		City		State	Zip Code
1920 McKinney Ave 7th Floor		Dallas		TX	75201
Purpose of Expenditure (by code)	Description		Event #		Amount
BNK	Bank fee				\$8.30
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
0007	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D				
Name of Payee			Date of Payment		Method of Payment:
Anedot			9/25/19		<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
Street Address		City		State	Zip Code
1920 McKinney Ave 7th Floor		Dallas		TX	75201
Purpose of Expenditure (by code)	Description		Event #		Amount
BNK	Bank fee				\$11.20
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
0008	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D				
<b>SUBTOTAL Section P — This Page</b>				\$26.10	
<b>TOTAL of additional Section P Pages</b>				\$36.00	
<b>TOTAL OF ALL EXPENSES PAID BY COMMITTEE</b> <small>(Enter total on Line 19, Column A of Summary Page Totals)</small>				\$62.10	



Section P ADDITIONAL PAGE 2 of 2

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Bermudez for City Council 2019			October 10 Filing	
<b>P. Expenses Paid by Committee</b>				
Name of Payee Anedot		Date of Payment 9/27/2019	Method of Payment: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1920 McKinney Ave 7th Floor		City Dallas	State TX	Zip Code 75201
Purpose of Expenditure (by code) BNK	Description Bank fee	Event #	<b>Amount</b> \$ 5.50	
Expenditure # (if applicable) 0009	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			
Name of Payee Anedot		Date of Payment 9/30/19	Method of Payment: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1920 McKinney Ave 7th Floor		City Dallas	State TX	Zip Code 75201
Purpose of Expenditure (by code) BNK	Description Bank fee	Event #	<b>Amount</b> \$5.80	
Expenditure # (if applicable) 00010	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			
Name of Payee		Date of Payment	Method of Payment: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	<b>Amount</b>	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			
Name of Payee		Date of Payment	Method of Payment: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	<b>Amount</b>	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			
<b>SUBTOTAL Section P — This Page</b>			\$11.30	
<b>TOTAL of additional Section P Pages</b>			\$ 50.80	
<b>TOTAL OF ALL EXPENSES PAID BY COMMITTEE</b> <i>(Enter total on Line 19, Column A of Summary Page Totals)</i>			\$162.10	



Bermudez for City Council 2019, October 10 Filing

Section P: Expenditures for Anedot [Expenditure # 50001-00010]

**Anedot**

Bermudez For City Council  
22 Bankside Trail  
Newtown, CT 06482

TRANSACTION SUMMARY	
STATEMENT PERIOD	08/29/2019 - 10/09/2019
MERCHANT ID	ae8ccc9e9beb0622438bf
TOTAL TRANSACTIONS	44
TOTAL GROSS	\$2,205.00
TOTAL FEES	(\$97.80)
TOTAL NET	\$549.60

DATE	TXN ID	DETAIL	GROSS	FEE	NET
10/08/2019 02:43PM UTC	191008812621	Donation from Nancy C Boone	100.00	(4.30)	95.70
10/08/2019 01:20AM UTC	191008204989	Donation from Michael Farina	250.00	(10.30)	239.70
10/08/2019 12:15AM UTC	191008752337	Donation from Naihomi Reyes	40.00	(1.90)	38.10
10/07/2019 11:53PM UTC	191007186398	Donation from Ashley J Johnson	20.00	(1.10)	18.90
10/07/2019 11:46PM UTC	191007955143	Donation from Dinora E Lopez	20.00	(1.10)	18.90
10/07/2019 11:23PM UTC	191007486705	Donation from Alondra Gardner	20.00	(1.10)	18.90
10/07/2019 10:03PM UTC	191007339067	Donation from Tom Kehoe	25.00	(1.30)	23.70
10/07/2019 02:41PM UTC	191007318484	Donation from Jim Bodor	100.00	(4.30)	95.70
10/05/2019 05:00AM UTC	191005148730	Withdrawal to HARTFORD MUNICIPAL EMP. FED. C. U.	(239.70)	0.00	(239.70)
10/04/2019 06:19PM UTC	191004721040	Donation from Callie Heilmann	250.00	(10.30)	239.70
10/01/2019 05:00AM UTC	191001428621	Withdrawal to HARTFORD MUNICIPAL EMP. FED. C. U.	(124.20)	0.00	(124.20)
09/30/2019 07:31PM UTC	190930862538	Donation from Jeffrey Devereux	100.00	(4.30)	95.70
09/29/2019 07:32PM UTC	190929583167	Donation from Dagmar S Noll	30.00	(1.50)	28.50
09/27/2019 05:00AM UTC	190927307879	Withdrawal to HARTFORD MUNICIPAL EMP. FED. C. U.	(109.50)	0.00	(109.50)
09/26/2019 08:48PM UTC	190926745260	Donation from Jeremy Murray	15.00	(0.90)	14.10
09/25/2019 03:30PM UTC	190925374336	Donation from Franklin Perry	50.00	(2.30)	47.70
09/25/2019 01:16PM UTC	190925262357	Donation from Julianne Avallone	50.00	(2.30)	47.70
09/25/2019 05:00AM UTC	190925792893	Withdrawal to HARTFORD MUNICIPAL EMP. FED. C. U.	(238.80)	0.00	(238.80)
09/24/2019 11:39PM UTC	190924345088	Donation from Gretchen Raffa	100.00	(4.30)	95.70
09/23/2019 08:32PM UTC	190923232025	Donation from Erica F Richmond	65.00	(2.90)	62.10
09/23/2019 07:52PM UTC	190923335140	Donation from Thomas Swan	20.00	(1.10)	18.90
09/23/2019 07:10PM UTC	190923233895	Donation from GK Bernhard	65.00	(2.90)	62.10
09/23/2019 05:00AM UTC	190923545799	Withdrawal to HARTFORD MUNICIPAL EMP. FED. C. U.	(176.70)	0.00	(176.70)
09/22/2019 06:24PM UTC	190922421059	Donation from Diana Martinez	50.00	(2.30)	47.70
09/22/2019 11:21AM UTC	190922579926	Donation from ANTHONY DEJESUS	35.00	(1.70)	33.30
09/21/2019 10:01PM UTC	190921585722	Donation from Ruth Fitzgerald	100.00	(4.30)	95.70
09/21/2019 05:00AM UTC	190921786721	Withdrawal to HARTFORD MUNICIPAL EMP. FED. C. U.	(47.70)	0.00	(47.70)
09/20/2019 04:37PM UTC	190920143928	Donation from Luis E Cotto	50.00	(2.30)	47.70
09/17/2019 05:00AM UTC	190917283261	Withdrawal to HARTFORD MUNICIPAL EMP. FED. C. U.	(95.70)	0.00	(95.70)
09/16/2019 06:59PM UTC	190916877010	Donation from AARON SARWAR	100.00	(4.30)	95.70
09/15/2019 05:00AM UTC	190915856801	Withdrawal to HARTFORD MUNICIPAL EMP. FED. C. U.	(95.70)	0.00	(95.70)
09/14/2019 04:15AM UTC	190914259145	Donation from Alexander T Taubes	100.00	(4.30)	95.70

Expenditure # 00010

0009

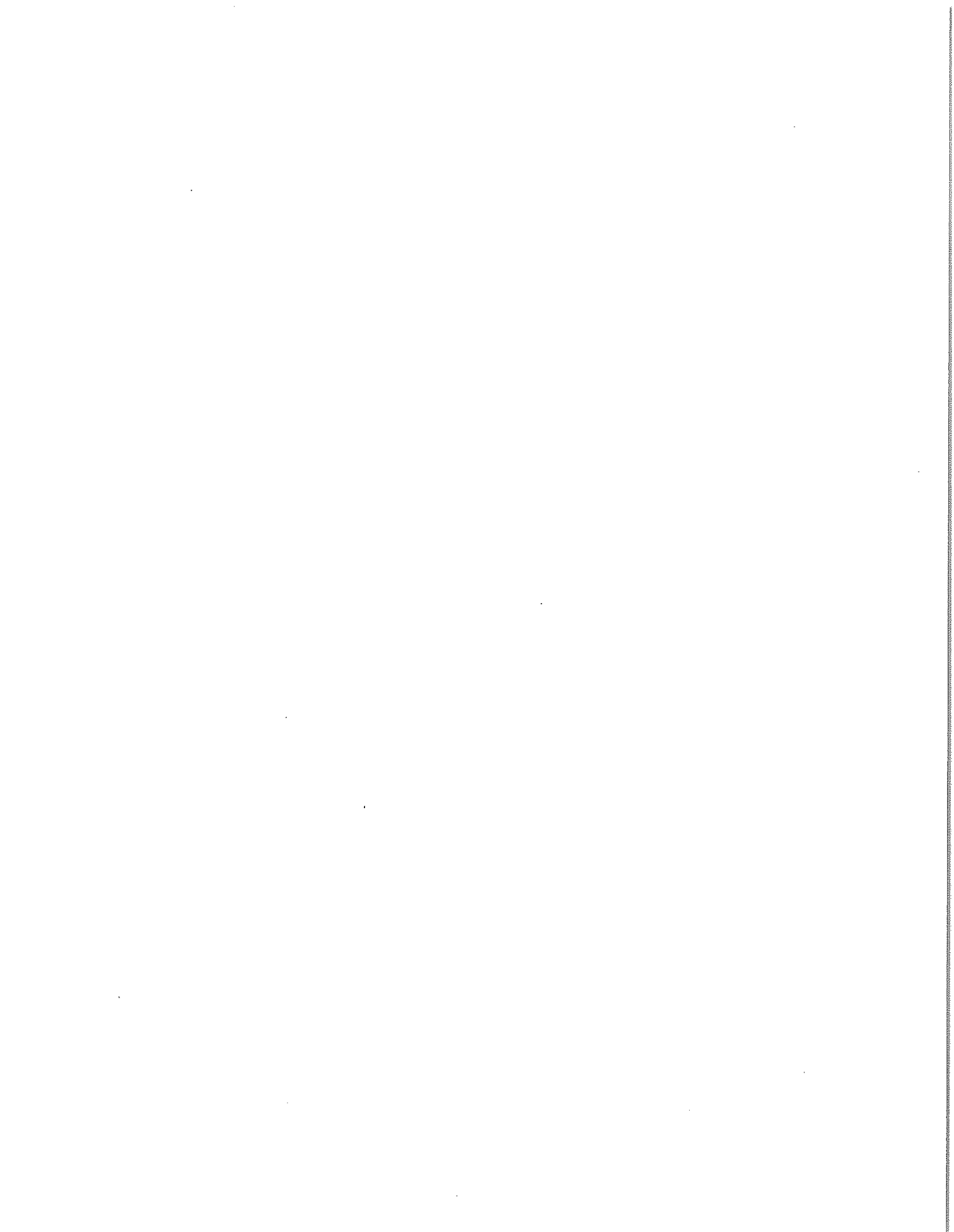
0008

0007

0006

0005

0004



Bermudez for City Council 2019, October 10 Filing

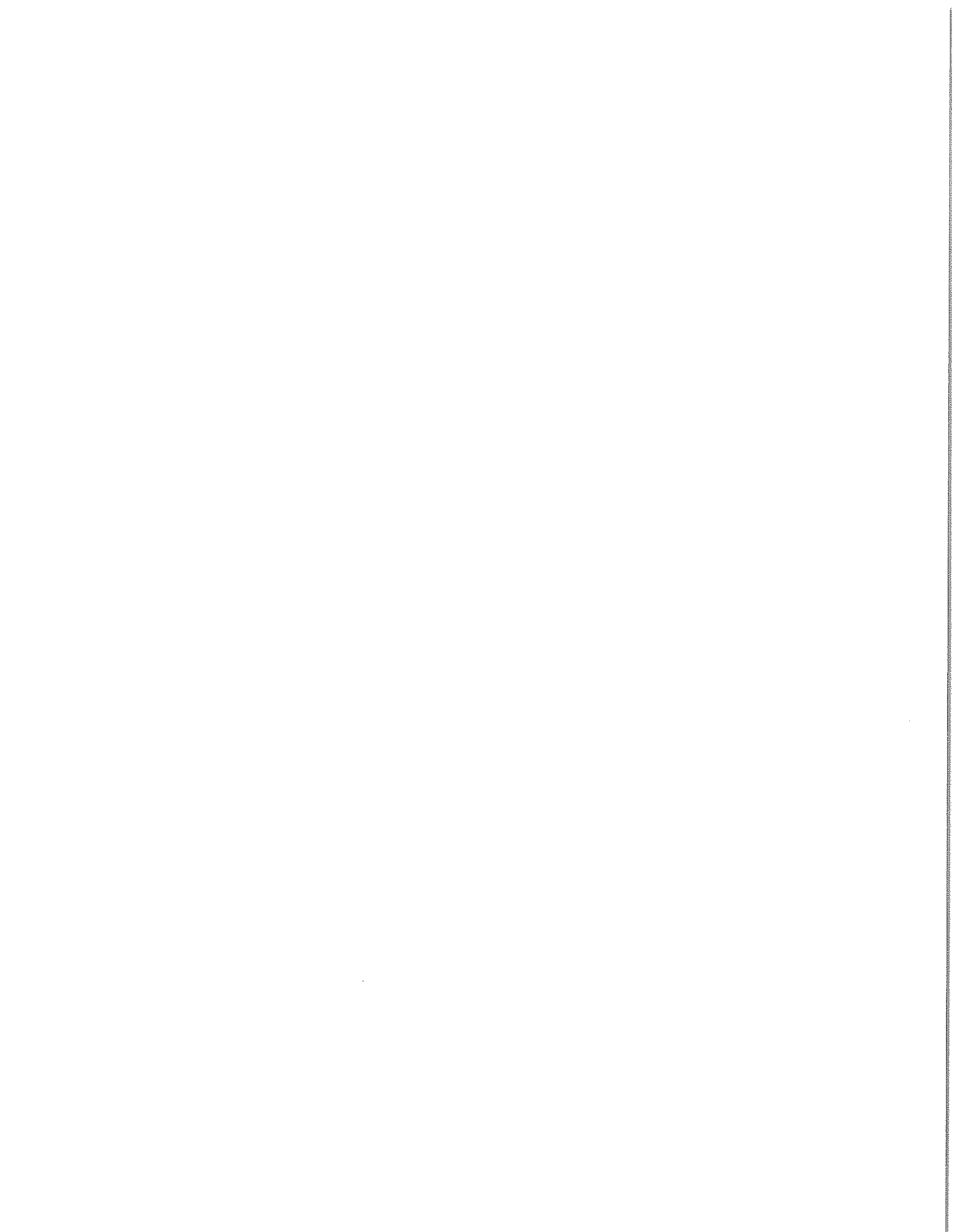
Section P: Expenditures

0003

0002

0001

DATE	TXN ID	DETAIL	GROSS	FEE	NET
09/12/2019 08:59PM UTC	190912952039	Donation from Evelyn Mantilla	100.00	(4.30)	95.70
09/12/2019 03:26PM UTC	190912618613	Donation from Daniel Medress	50.00	(2.30)	47.70
09/09/2019 05:00AM UTC	190909557931	Withdrawal to HARTFORD MUNICIPAL EMP. FED. C. U.	(119.40)	0.00	(119.40)
09/08/2019 04:20PM UTC	190908154017	Donation from Yasha M Escalera	100.00	(4.30)	95.70
09/07/2019 08:19PM UTC	190907492703	Donation from Eric Weiner	25.00	(1.30)	23.70
09/05/2019 05:00AM UTC	190905136511	Withdrawal to HARTFORD MUNICIPAL EMP. FED. C. U.	(71.10)	0.00	(71.10)
09/04/2019 04:35PM UTC	190904319249	Donation from Debra Cohen	25.00	(1.30)	23.70
09/04/2019 01:49AM UTC	190904427490	Donation from Robert Cotto, Jr.	25.00	(1.30)	23.70
09/04/2019 01:44AM UTC	190904255279	Donation from Viana Turcios-Cotto	25.00	(1.30)	23.70
08/30/2019 05:00AM UTC	190830708888	Withdrawal to HARTFORD MUNICIPAL EMP. FED. C. U.	(95.70)	0.00	(95.70)
08/29/2019 11:25PM UTC	190829387025	Donation from Lydia Velez-Herrera	100.00	(4.30)	95.70
<b>Totals</b>			<b>\$2,205.00</b>	<b>(\$97.80)</b>	<b>\$549.60</b>





United States Postal Service  
**SALES RECEIPT**

Date: 8/19/2019

Qty.	Description	Price	Amount
1	P.O. BOX Purchase		\$3.00

Subtotal: \_\_\_\_\_  
Tax: \_\_\_\_\_  
Total: \$3.00

Sale Made with :  
 Cash  
 Credit Card  
 Check, No. \_\_\_\_\_  
 Other Paid by WilDALIZ Bermudez

Section Q (POST CODE)

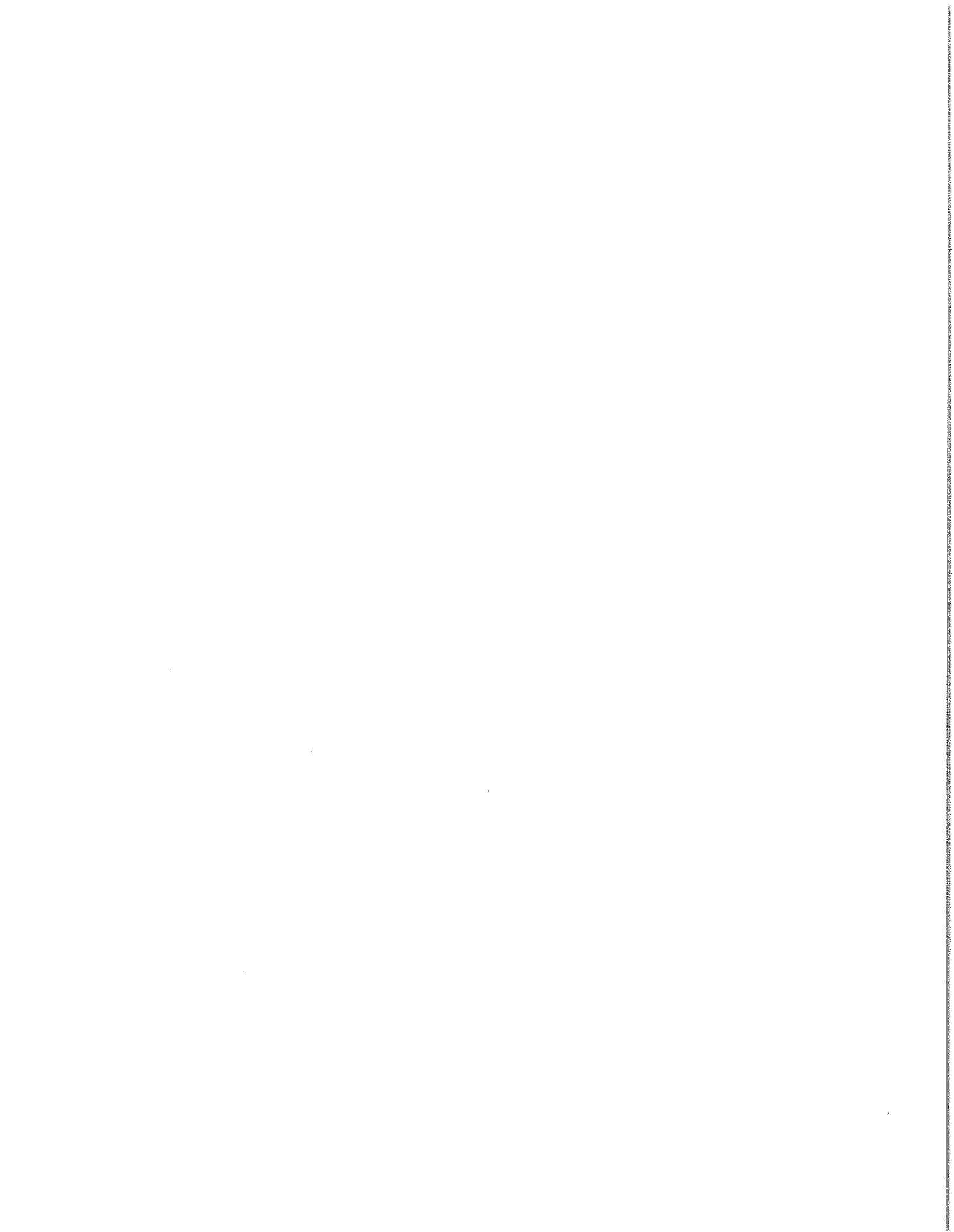
SALES RECEIPT

Date: \_\_\_\_\_

Qty.	Description	Price	Amount

Subtotal: \_\_\_\_\_  
Tax: \_\_\_\_\_  
Total: \_\_\_\_\_

Sale Made with :  
 Cash  
 Credit Card  
 Check, No. \_\_\_\_\_  
 Other \_\_\_\_\_



Bermudez for City Council 2019

October #0 Filing

Section Q (POST) code

SHIELD STREET  
 121 SHIELD ST  
 WEST HARTFORD, CT 06110-9998  
 083351-0010  
 (800) 275-8777  
 09/24/2019 04:28 PM

Product	Qty	Unit Price	Price
BarnSwllw #10 Env	30	\$0.69	\$20.70
Total:			\$20.70

Debit Card Remit'd \$20.70  
 (Card Name: VISA)  
 (Account #:XXXXXXXXXX0959)  
 (Approval #)  
 (Transaction #: 831)  
 (Receipt #: 022137)  
 (Debit Card Purchase: \$20.70)  
 (Cash Back: \$0.00)  
 (AID: A0000000980840 Chip)  
 (AL: US DEBIT)  
 (PIN: Verified)

Preview your Mail  
 Track your Packages  
 Sign up for FREE @  
[www.informeddelivery.com](http://www.informeddelivery.com)

All sales final on stamps and postage.  
 Refunds for guaranteed services only.  
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HELP US SERVE YOU BETTER

TELL US ABOUT YOUR RECENT  
 POSTAL EXPERIENCE

Go to:  
<https://postalexperience.com/Pos>  
 840-5060-0076-003-00034-22696-01

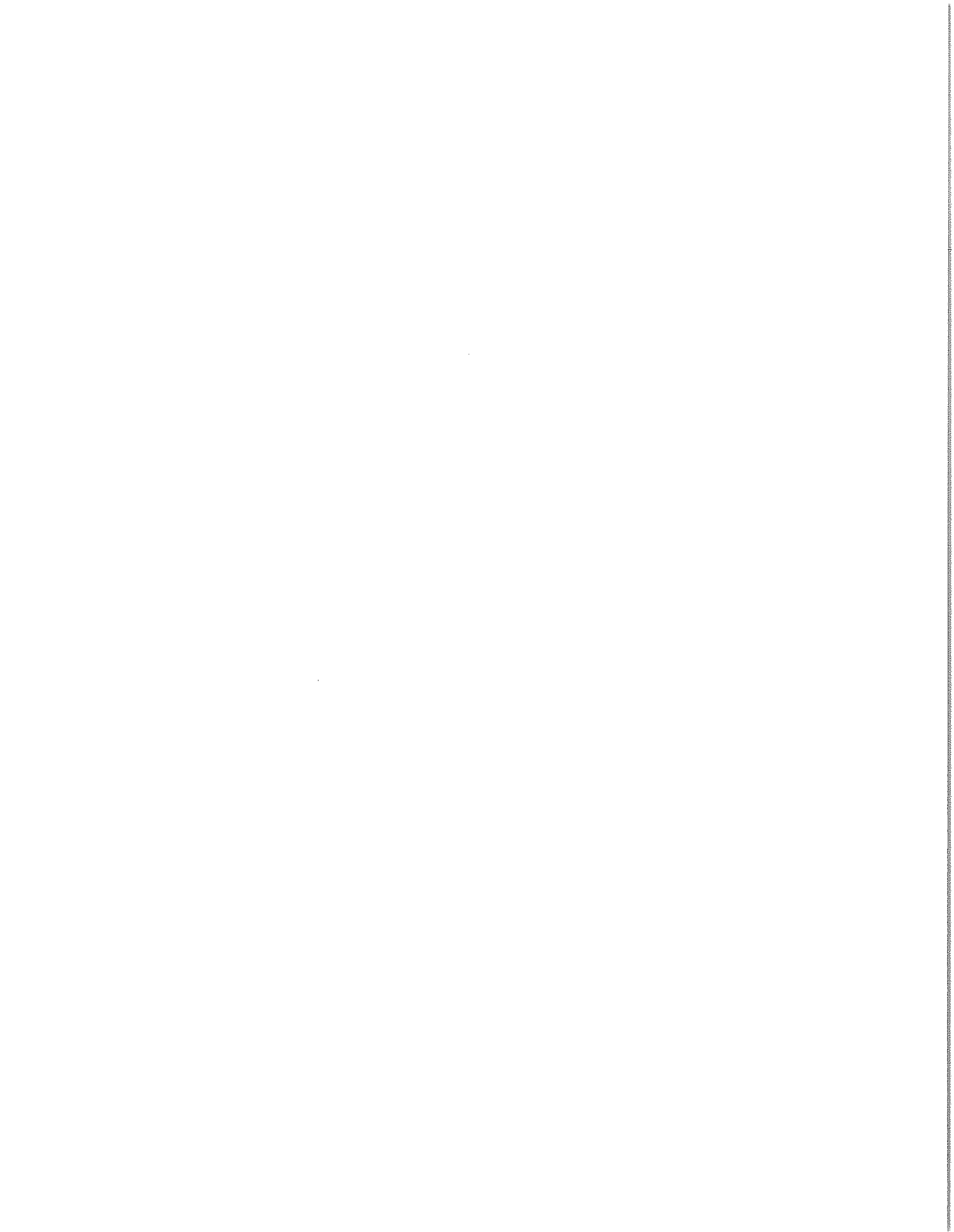
or scan this code with  
 your mobile device:



or call 1-800-410-7420.

YOUR OPINION COUNTS

Receipt #: 840-50600076-3-3422696-1  
 Clerk: 6



Bermudez for City Council 2019

October 10 Filing

Section D  
(PRNT code)

# STAPLES

2550 Albany Avenue  
Wat.: Hartford, CT 06117  
(850) 233-1930

SALE 1945389 10 003 04759  
0069 C9/22/19 10:24  
CITY SKU PRICE

1	FP 902 11 BLACK	
	EB3894-062827	43.99
	SUBTOTAL	43.99
	Standard Tax 6.35%	2.79
	TOTAL	\$46.78

AMERICAN EXPRESS US\$46.78  
Card No.: XXXXXXXXXXX5004 [C]  
Chip Read  
Auth No.: 805028  
ACD.: 400000025010801

TOTAL ITEMS 1

Staples brand products.  
Below Budget. Above Expectations.

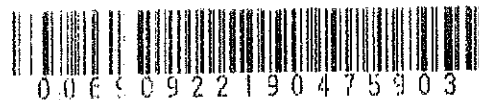
THANK YOU FOR SHOPPING AT STAPLES!

Shop online at [www.staples.com](http://www.staples.com)

Shop Smarter. Get Rewarded.

Staples Rewards members get up to 5% back in Rewards in store only. \$2 back in Rewards per recycled ink cartridges. Up to 20 per month. Minimum purchase required. Exclusions Apply. See an associate for full program details or to enroll.

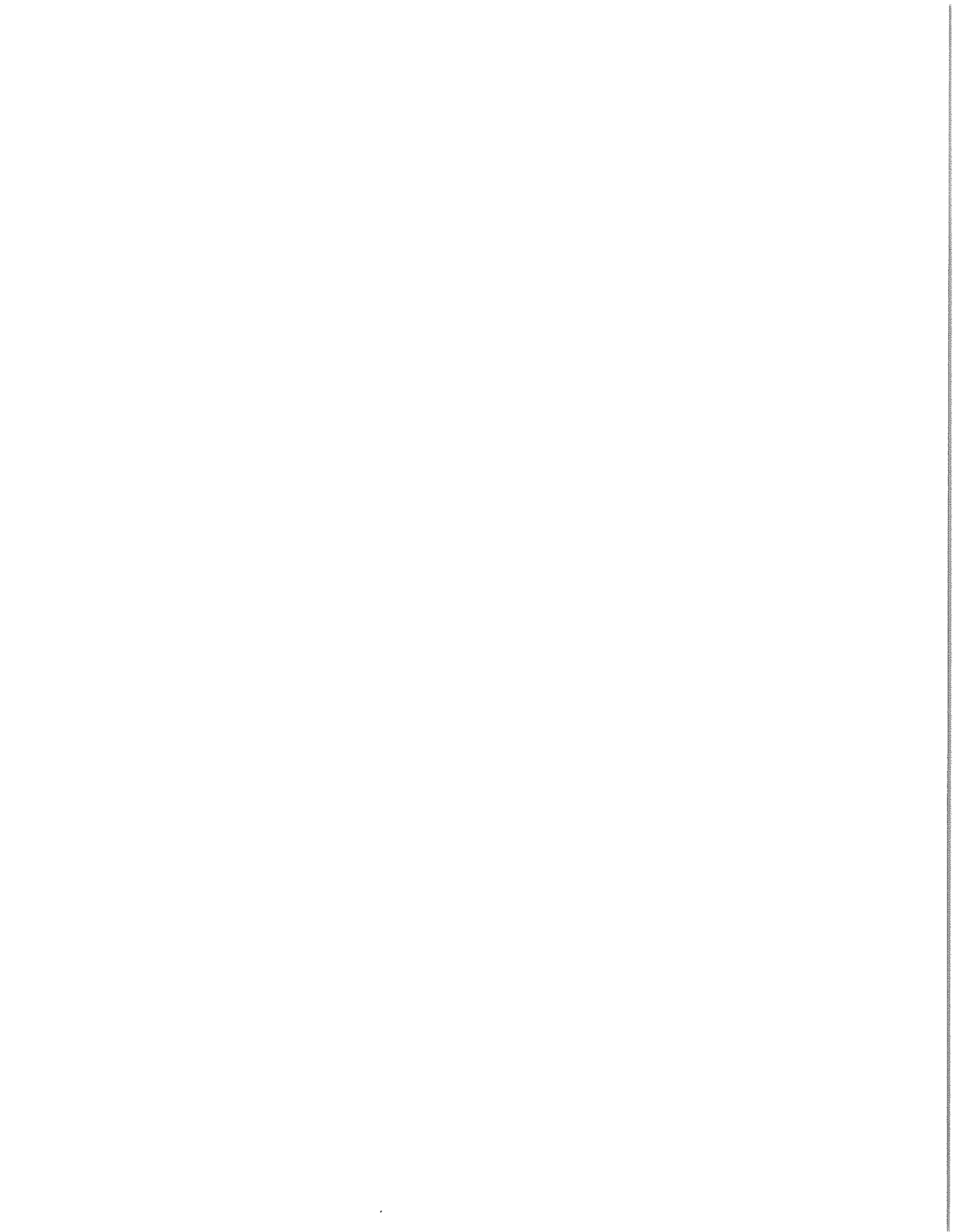
For information on where Connecticut residents can go to recycle used electronic devices, please visit <http://www.ct.gov/dep/ewastecropoff> or call this toll-free telephone number: 1-888-434-4103.



Java Roast Coffee 24ct  
Just \$.29 per cup!

Offer valid 9/29 - 10/5/2019 only.  
Not valid on prior purchases  
or purchases made on staples.com.  
In store only.

----- CUT HERE -----



Bermudez for City Council 2019, October 10 Filing

Section D  
(Food code)

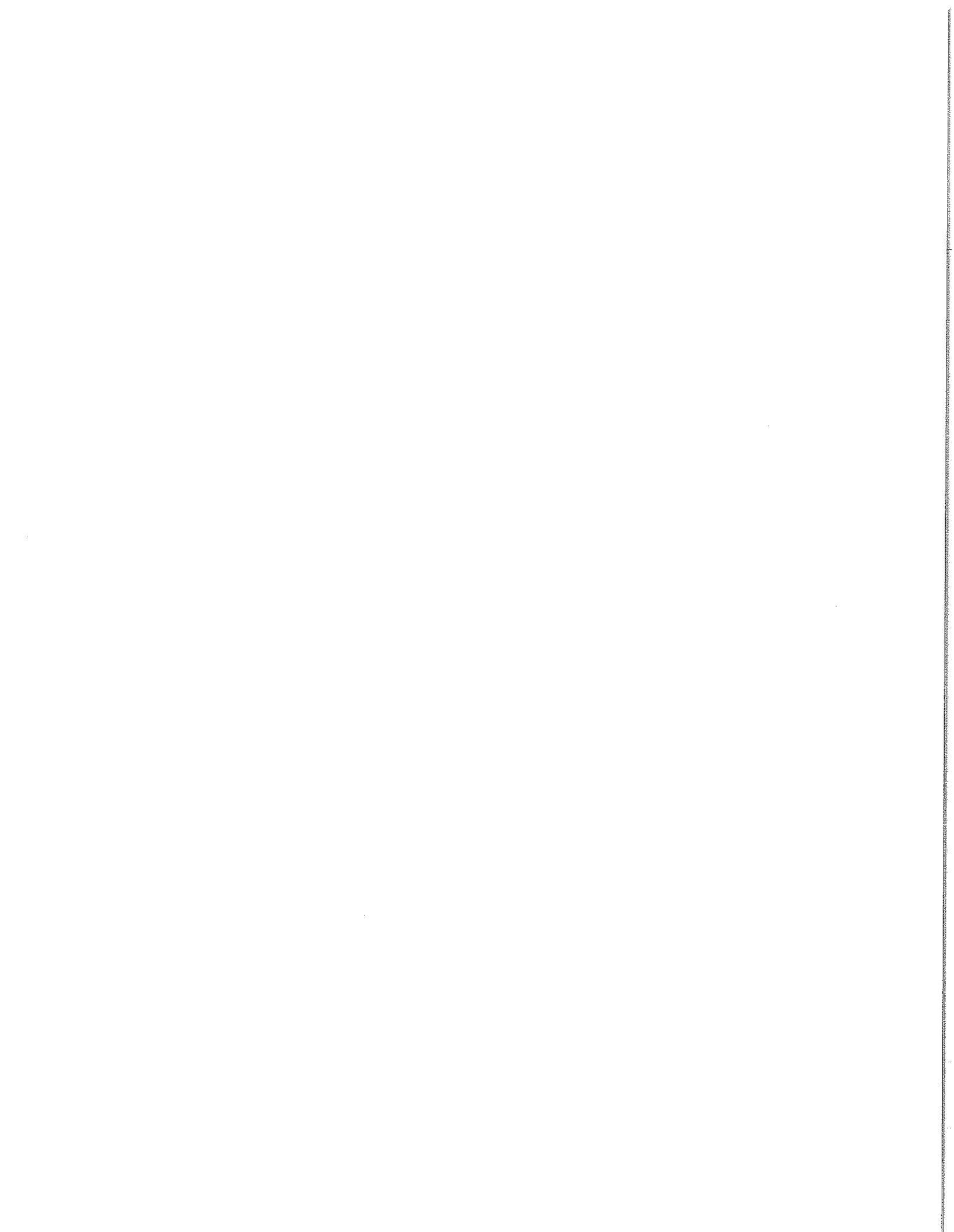
AUTENTICO SABOR PERUAN  
704 PARK ST  
HARTFORD, CT 06106  
09/26/2019 17:48:05

DEBIT CARD  
DEBIT SALE

Card # XXXXXXXXXXXX0959  
Network: ACCEL  
Chip Card: US DEBIT  
AID: A0000000980840  
SEQ #: 36  
Batch #: 1241  
INVOICE 37  
Approval Code: 930287  
Entry Method: Chip Read  
Mode: Issuer - PIN Bypassed

PRE-TIP AMT \$8.95  
TIP \$0.00  
-----  
TOTAL AMOUNT \$8.95

CUSTOMER COPY





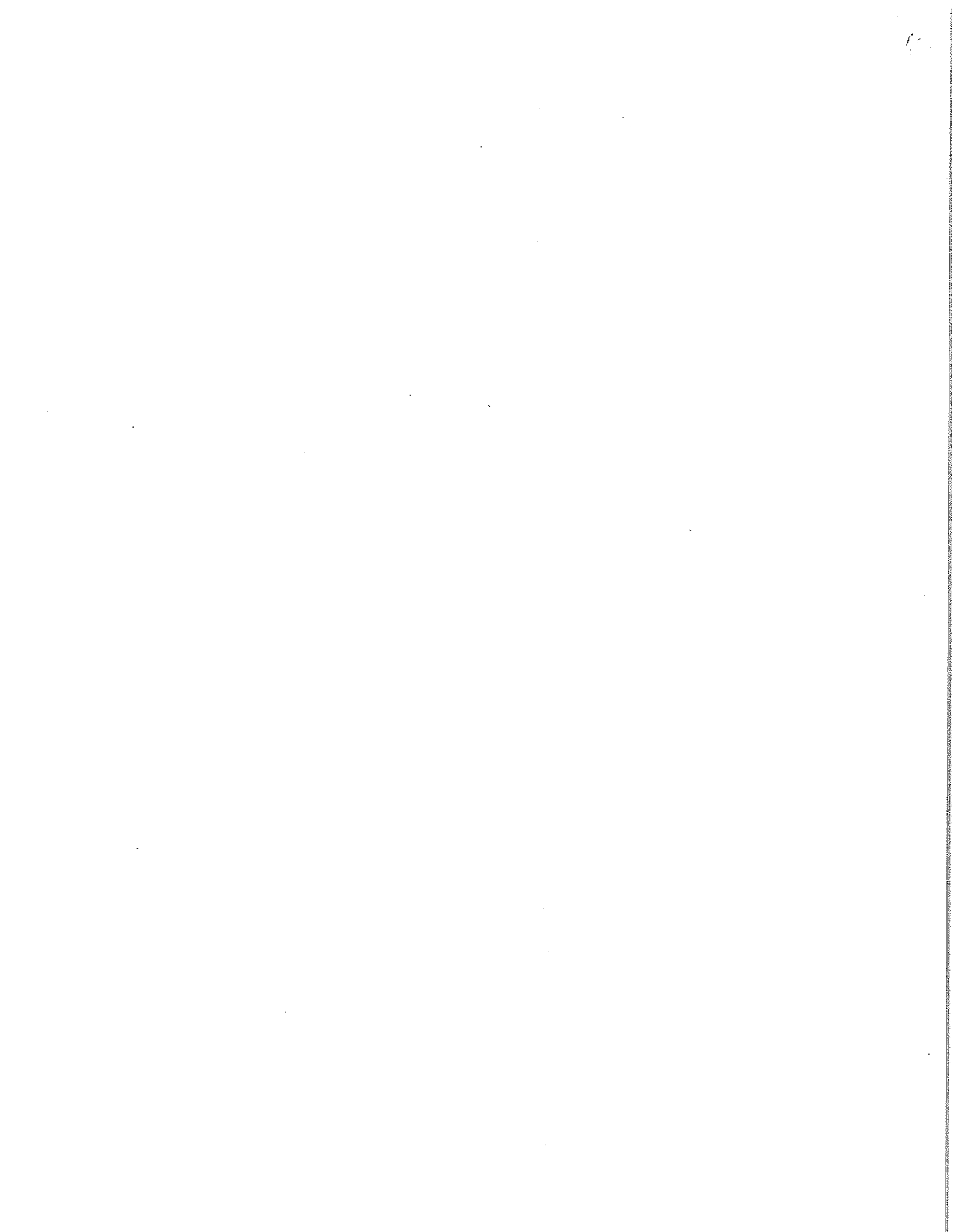
**IV. EXPENDITURES (Sections P—T)**

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i> <b>Bermudez for City Council 2019</b>			TYPE OF REPORT <b>October 10 Filing</b>	
<b>R. 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, Person or Entity			Date of Transaction	
Street Address		City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	<b>Amount</b>	
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum R Required unless "None of the below" is checked)</i> <input type="checkbox"/> None of the below <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Vendor, Person or Entity			Date of Transaction	
Street Address		City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	<b>Amount</b>	
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum R Required unless "None of the below" is checked)</i> <input type="checkbox"/> None of the below <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Vendor, Person or Entity			Date of Transaction	
Street Address		City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	<b>Amount</b>	
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum R Required unless "None of the below" is checked)</i> <input type="checkbox"/> None of the below <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Vendor, Person or Entity			Date of Transaction	
Street Address		City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	<b>Amount</b>	
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum R Required unless "None of the below" is checked)</i> <input type="checkbox"/> None of the below <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)			
<b>SUBTOTAL Section R — This Page</b>			<b>0.00</b>	
<b>TOTAL of additional Section R Pages</b>			<b>0.00</b>	
<b>TOTAL OF ALL EXPENSES INCURRED ON COMMITTEE CREDIT CARD</b> <i>(Enter total on Line 27, Column A of Summary Page Totals)</i>			<b>0.00</b>	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Bermudez for City Council 2019				October 10 Filing	
<b>S. Expenses Incurred by Committee but Not Paid During this Period</b>					
Name of Creditor				Date Incurred	
Street Address			City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		<b>Amount Incurred</b> <i>(Estimate or Actual)</i>	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked)				
	<input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		<input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Creditor				Date Incurred	
Street Address			City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		<b>Amount Incurred</b> <i>(Estimate or Actual)</i>	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked)				
	<input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		<input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Creditor				Date Incurred	
Street Address			City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		<b>Amount Incurred</b> <i>(Estimate or Actual)</i>	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked)				
	<input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution)		<input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
<b>SUBTOTAL Section S-This Page</b>				0.00	
<b>TOTAL of additional Section S Pages</b>				0.00	
<b>TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID</b> <i>(Enter total on Line 28, Column A of Summary Page Totals)</i>				0.00	
<b>Previously reported Expenses Unpaid and still Outstanding</b>				0.00	
<b>TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID</b> <i>(Enter total on Line 28a, Column A of Summary Page Totals)</i>				0.00	

**IV. EXPENDITURES (Sections P—T)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
Bermudez for City Council 2019				October 10 Filing			
<b>T. Itemization of Reimbursements and Secondary Payees</b>							
Last Name of Worker/Consultant			First		MI	Date of Payment to Vendor, Person or Entity	
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant					Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT		
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant				City		State	Zip Code
Purpose of Expenditure (by code)	Description			Event #		<b>Amount</b>	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D						
Last Name of Worker/Consultant			First		MI	Date of Payment to Vendor, Person or Entity	
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant					Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT		
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant				City		State	Zip Code
Purpose of Expenditure (by code)	Description			Event #		<b>Amount</b>	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D						
Last Name of Worker/Consultant			First		MI	Date of Payment to Vendor, Person or Entity	
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant					Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT		
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant				City		State	Zip Code
Purpose of Expenditure (by code)	Description			Event #		<b>Amount</b>	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D						
Last Name of Worker/Consultant			First		MI	Date of Payment to Vendor, Person or Entity	
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant					Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT		
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant				City		State	Zip Code
Purpose of Expenditure (by code)	Description			Event #		<b>Amount</b>	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D						
Last Name of Worker/Consultant			First		MI	Date of Payment to Vendor, Person or Entity	
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant					Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT		
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant				City		State	Zip Code
Purpose of Expenditure (by code)	Description			Event #		<b>Amount</b>	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D						
<b>SUBTOTAL Section T — This Page</b>						0.00	
<b>TOTAL of additional Section T Pages</b>						0.00	
<b>TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS</b>						0.00	



COPIES: Ritter PAC

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et, Hartford, CT 06105 | 860-729-1950

Dear Wildaliz,

Please find enclosed check number 197, in the amount of \$250.00, in support of the Bermudez for City Council 2019 campaign.

If you have any questions, please do not hesitate to contact me.

Regards,



Russell Jarem

Encl.

