SEEC FORM 30

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2012



Electronic Filing

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Page 1 of 45

COVER PAGE

1.NAME OF COMMITTEE						2. TYP	E OF COMMITTEE
Newton For Senator	_ =	Candidate Committee Exploratory Committee					
3. TREASURER NAME							
First Loretta			MI B.A.	Last Williams			Suffix
4. TREASURER ADDRESS							
Street Address 302 Wilmot Ave		City Bridge	eport			Zip Code 06607	
5. ELECTION DATE	6. OFFICE SOUGHT (Ca	omplete or	nly if Candidate	Committee)		7. DISTRI	ICT NUMBER (if applicable
11/06/2012	State Senator					S023	
8. CANDIDATE NAME (Complete only if C	Candidate or Exploratory Co	ommittee	e)				
First Ernest			MI E.	Last Newton			Suffix II
9. TYPE OF REPORT							
April 10 Filing - Original							
10. PERIOD COVERED							
	Beginning Date			Ending Date			
	01/13/2012	thru	1	03/31/2012			
11. CERTIFICATION							
				of the information set forth period covered is true,			
Electronic Filing	Loretta Williams			04/1	0/2012 1:	1:50:50AM	1
SIGNATURE	PRINT NAME OF THE	E SIGNE	BR .	DATE	CERTIFIED		
PENA	LTY FOR FALSE STATEM			E BY FINE NOT TO EXCEED \$1 AN ONE YEAR, OR BOTH.	,000, OR IM	PRISONME	NT

SEEC FORM 30
Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2012

SUMMARY PAGE TOTALS

NAME OF COMMITTEE	TYPE OF REPORT	
Newton For Senator	April 10 Filing - Original	
	COLUMN A	COLUMN B
	This Period	Aggregate
12. Balance on hand from day Committee was formed		\$0.00
13. Balance on hand at the beginning of Reporting Period	\$0.00	
14. Contributions received from Individuals (Section A and B)	\$4,375.00	\$4,375.00
15. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00
16. Other Monetary Receipts (Section D through I)	\$15.06	\$15.06
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1)	\$0.00	\$0.00
18. Total Monetary Receipts (add totals for lines 14 through 17)	\$4,390.06	\$4,390.06
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$4,390.06	\$4,390.06
20. Expenses Paid by Committee (Section N)	\$1,204.44	\$1,204.44
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col	\$3,185.62	\$3,185.62
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$0.00	\$0.00
23. In-Kind Contributions Received (Section K)	\$0.00	\$0.00
24. Refundable Deposit to Telephone Company (Section L)	\$0.00	\$0.00
25. Receipts of Organization Expenditures (Section M) OPTIONAL	\$0.00	\$0.00
26. Beginning Loan Balance	\$0.00	
26a. + Loans Received (Section D)	\$0.00	\$0.00
26b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00
26c Payments on Loan(s)	\$0.00	\$0.00
26d. Total Outstanding Loan Amount	\$0.00	
27. Campaign Expenses Paid By Candidate (Section O)	\$0.00	\$0.00
28. Expenses Incurred on Committee Credit Card (Section P)	\$0.00	\$0.00
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$0.00	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$0.00	

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I. MONETARY RECEIPT	S (S	ection A-I)					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT	TYPE OF REPORT			
N. (F. C)			April 10 Filing - Original				
Newton For Senator			April 10 Filling - Original				
A. Total Contributions from Small Contributors-Received this Period	od O	NLY	For Nonpartici	ipating Candi	dates ONLY		
B. Itemized Contributions fron	ı Ind	ividuals					
Last Name	First			MI	Contribution ID #		
Foster, Newton	Pati	ricia			0002		
	rati	icia					
Residential Street Address	City			State	Zip Code		
92 Arch St	Nev	<i>I</i> Haven		СТ	06519		
Principal Occupation		Name of Employ	er	•	-		
CEO/CFO		Newton Fost	er Home Care				
eLoyel o		Newton rost	er florite care				
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l	obbyist, spouse, or	Amount	of Contribution		
Is yes, indicate which branch or branches of		dependent child of	of a lobbyist?				
government the contract is with:							
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		\$100.00		
fundraising event listed in Section 11?	Bute	10001100	riggregate controllions				
If yes, list Event #	01/	28/2012	\$100.00				
Last Name	First			MI	Contribution ID #		
Pankey	Way	/ne			0012		
					T		
Residential Street Address	City			State	Zip Code		
1 Cottage Pl	Bric	geport		CT	06604		
Principal Occupation		Name of Employ	er				
IT Consultant		Self Employe	ed				
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l	obbyist, spouse, or Yes	Amount	of Contribution		
Is yes, indicate which branch or branches of		dependent child of	of a lobbyist?				
government the contract is with: Executive Legislative							
Is this contribution associated with a Method of contribution:	Data	Received	Aggregate Contributions		\$10.00		
fundraising event listed in Section 11?	Date	Received	Aggregate Contributions				
If yes, list Event #	01/	28/2012	\$10.00				

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I. MONETARY RECEIPT	S (S	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Newton For Senator			April 10 Filing - Original		
B. Itemized Contributions from	ı Ind	ividuals			
Last Name	First			MI	Contribution ID #
Williams	She	ila			0013
Residential Street Address	City			State	Zip Code
260 Success Ave Bldg 91 Apt 12	Brid	geport		СТ	06610
Principal Occupation		Name of Employ	er		
		Unemployed			
Is contributor a principal of a state contractor or prospective state contractor?	=	Is contributor a le	obbyist, spouse, or Yes	Amount	of Contribution
Is yes, indicate which branch or branches of		dependent child o	_		
government the contract is with:	لــــا				
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions		\$20.00
fundraising event listed in Section J1? If yes, list Event # X No X Cash Personal Check Money Order Credit/Debit Card	01/	28/2012	\$20.00		
Molley Order Credit Debit Card					
Last Name Kirkland	First	ro2		MI	Contribution ID # 0024
	And	rea		_	0024
Residential Street Address	City			State	Zip Code
448 Willow St	Brid	geport		СТ	06610
Principal Occupation		Name of Employ	er		
		Unemployed			
Is contributor a principal of a state contractor or prospective state contractor?	,	Is contributor a le	obbyist, spouse, or Yes	Amount	of Contribution
Is yes, indicate which branch or branches of government the contract is with: Executive Legislative		dependent child of	of a lobbyist?		
20. Common the Contract is with.	-				\$10.00
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution: Wethod of contribution: Wethod of Contribution: Response Personal Check Per	Date	Received	Aggregate Contributions		420.00
If yes, list Event # X No X Cash Personal Check Money Order Credit/Debit Card	01/	28/2012	\$10.00		
,					

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I. MONETARY RECEIPT	S (S	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Newton For Senator			April 10 Filing - Original		
B. Itemized Contributions from	ı Ind	ividuals			
Last Name Griffen	First Jimmie			MI	Contribution ID #
Residential Street Address 41 Pilgrim Ave	City Waterbury			State CT	Zip Code 06709
Principal Occupation		Name of Employed	er		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: Executive Legislative	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No			Amoun	of Contribution
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # Method of contribution: Cash Money Order Credit/Debit Card	Date Received Aggregate Contributions 01/28/2012 \$100.00				\$100.00
Last Name Newton	First Dan	ae		MI	Contribution ID #
Residential Street Address 12 W Court St	City Der	by		State CT	Zip Code 06918
Principal Occupation PT. Receptionist		Name of Employe			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: Executive Legislative	X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes An No			Amoun	of Contribution
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # Method of contribution: X Cash Money Order Credit/Debit Card	Date Received Aggregate Contributions 01/30/2012 \$20.00				\$20.00

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I. MONETARY RECEIPTS	S (Se	ection A-I)				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT			
Newton For Senator			April 10 Filing - Original			
Newton For Senator			qui to t unig original			
B. Itemized Contributions from	Ind	ividuals				
Last Name	First			MI		Contribution ID #
Flores	Jee			IVII		0003
Residential Street Address	City			St	ate	Zip Code
399 Fountain St	Nev	v Haven		C	Т	06515
Principal Occupation		Name of Employ	er			
Receptionist		Newton Foste	er Home Care			
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a le	obbyist, spouse, or Yes	A	Amount o	f Contribution
Is yes, indicate which branch or branches of government the contract is with:		dependent child o				
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions			\$10.00
fundraising event listed in Section J1? If yes, list Event # Yes X No No Yes X Cash Personal Check Credit/Debit Card		30/2012	\$10.00			
Last Name	First			MI		Contribution ID #
Newton	Mar	cus				0004
Residential Street Address	City			St	ate	Zip Code
94 Arch	Nev	v Haven		C	Т	06519
Principal Occupation		Name of Employ	er			
Office Manager		Newton Foste	er Home Care			
Is contributor a principal of a state contractor or prospective state contractor? $\qquad \qquad \qquad$		Is contributor a le	obbyist, spouse, or Yes	A	Amount o	f Contribution
Is yes, indicate which branch or branches of government the contract is with:		dependent child of	of a lobbyist?			
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions			\$10.00
fundraising event listed in Section J1? Yes X Cash Personal Check						
If yes, list Event # X No Money Order Credit/Debit Card	01/	30/2012	\$10.00			

I. MONETARY RECEIPT	S (S	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Newton For Senator			April 10 Filing - Original		
B. Itemized Contributions from	ı Ind	ividuals			
Last Name Thomas	First Job	у		MI	Contribution ID #
Residential Street Address 122 View Ter	City Eas	t Haven		State CT	Zip Code 06512
Principal Occupation Registered Nurse	Name of Employer Newton Foster Home Care				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: Executive Legislative	,	Is contributor a lo	bbbyist, spouse, or Yes a lobbyist? X No	Amount	of Contribution
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # Wethod of contribution: X Cash Personal Check Money Order Credit/Debit Card	Date Received Aggregate Contributions 01/30/2012 \$20.00				\$20.00
Last Name Foster	First San	nuel		MI D	Contribution ID #
Residential Street Address 92 Arch St	City Nev	<i>ı</i> Haven		State CT	Zip Code 06519
Principal Occupation Home Care Person		Name of Employe			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: Executive Legislative	ie which branch or branches of Security			Amount	of Contribution
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # Method of contribution: X Cash Money Order Personal Check Money Order Credit/Debit Card	01/30/2012 \$50.00				\$50.00

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I. MONETARY RECEIPT	S (Se	ection A-I)				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT			
Named an Earl Country			April 10 Filing - Original			
Newton For Senator			qui to t unig original			
B. Itemized Contributions from	Ind	ividuals				
Last Name	First			MI		Contribution ID #
Lazare	Bre			1411		0008
Residential Street Address	City			State	,	Zip Code
142 Coleman St	Wes	st Haven		СТ		06516
Principal Occupation		Name of Employ	er			
Registered Nurse		Newton Foste	er Home Care			
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Am	ount o	f Contribution
Is yes, indicate which branch or branches of government the contract is with:		dependent child of				
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions			\$10.00
fundraising event listed in Section J1? If yes, list Event # Yes X No X Cash Personal Check Money Order Credit/Debit Card	01/	30/2012	\$10.00			
					- 1	
Last Name Liaburrn	First			MI		Contribution ID #
Liabuiiii	Din	0		F		0044
Residential Street Address	City			State	,	Zip Code
3 Valley Brook Rd	Wes	st Haven		СТ		06516
Principal Occupation		Name of Employ	er			
		Self Employe	d			
Is contributor a principal of a state contractor or prospective state contractor? $\qquad \qquad \qquad$		Is contributor a l	obbyist, spouse, or Yes	Am	ount o	f Contribution
Is yes, indicate which branch or branches of government the contract is with:		dependent child o	of a lobbyist?			
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions			\$10.00
fundraising event listed in Section J1? If yes, list Event # Yes X No Personal Check	01/	30/2012	\$10.00			
If yes, list Event # No Money Order Credit/Debit Card	01/	30/2012	\$10.00			

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I. MONETARY RECEIPT	S (S	ection A-I)				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT			
Newton For Senator			April 10 Filing - Original			
B. Itemized Contributions from	ı Ind	ividuals				
Last Name Firs				MI	Contribution ID #	
Tinsley	Den	ise			0057	
Residential Street Address	City			State	Zip Code	
562 Sherman Pl	Nev	/ Haven		СТ	06511	
Principal Occupation		Name of Employ	er			
		Unemployed				
Is contributor a principal of a state contractor or prospective state contractor?	,	Is contributor a le	obbyist, spouse, or Yes	Amount	of Contribution	
Is yes, indicate which branch or branches of Executive Legislative		dependent child of				
government the contract is with:	لــــا					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	\$10.00		
fundraising event listed in Section J1? If yes, list Event # Yes X No Yes X Cash Personal Check Money Order Credit/Debit Card	01/30/2012		\$10.00			
Money Order Credit Debit Card						
Last Name Cann	First	nacula		MI	Contribution ID # 0015	
		nacula			0013	
Residential Street Address	City			State	Zip Code	
234 Klondike Sttreet	Stra	ntford		СТ	06614	
Principal Occupation		Name of Employ				
RN		Southwest C	T Mental Health			
Is contributor a principal of a state contractor or prospective state contractor?	,	Is contributor a le	obbyist, spouse, or Yes	Amount	of Contribution	
Is yes, indicate which branch or branches of Executive Legislative		dependent child of	of a lobbyist?			
government the contract is with:					¢100.00	
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution: Yes Remark Cook	Date	Received	Aggregate Contributions		\$100.00	
fundraising event listed in Section J1? If yes, list Event # No X Cash Personal Check Money Order Credit/Debit Card	02/	01/2012	\$100.00			
Money order Cedit Debit Card						

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I. MONETARY RECEIPT	S (S	ection A-I)				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT			
Newton For Senator			April 10 Filing - Original			
Tewton 1 of Senator						
B. Itemized Contributions from	ı Ind	ividuals				
Last Name	First			MI	T	Contribution ID #
Sanchez	Dav					0016
Residential Street Address	City			State		Zip Code
452 Franklin St	Stra	atford		СТ		06615
Principal Occupation		Name of Employ	er			
Warehouse Worker		P.C. Metal In	c.			
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l	obbyist, spouse, or Yes	Amou	nt of	Contribution
Is yes, indicate which branch or branches of Executive Legislative		dependent child of	of a lobbyist?			
government the contract is with:						
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions			\$100.00
If yes list Event #	02/	01/2012	\$100.00			
Money Order	,	,	·			
Last Name	First			MI		Contribution ID #
Bufford	Leo	na				0029
				1	ᅪ	
Residential Street Address 1154 Lindley St	City			State		Zip Code
	Brid	Igeport Name of Employ	er	СТ		06606
Principal Occupation						
Admin. Asst.		P.C. Metals I	nc.			
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l	obbyist, spouse, or Yes	Amou	nt of	Contribution
Is yes, indicate which branch or branches of Executive Legislative		dependent child of	of a lobbyist?			
government the contract is with:						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions			\$100.00
fundraising event listed in Section J1? If yes, list Event # Yes X No Personal Check	02/	03/2012	\$100.00			
Money Order	32/	00,2012	Ψ100.00			

I. MONETARY RECEIPT	S (S	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Newton For Senator			April 10 Filing - Original		
B. Itemized Contributions from	Ind	ividuals			
Last Name	First			MI	Contribution ID #
LaGaipa	Lisa				0022
Residential Street Address	City			State	Zip Code
293 Postors Walk	Mor	roe		СТ	06468
Principal Occupation		Name of Employ	er		
Secretary		P.C. Metals I	nc.		
Is contributor a principal of a state contractor or prospective state contractor?	,	Is contributor a l	obbyist, spouse, or	Amount	of Contribution
Is yes, indicate which branch or branches of government the contract is with: Executive Legislative		dependent child of	of a lobbyist?		
government the contract is with.	ı .				\$100.00
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution: X Cash Personal Check	Date	Received	Aggregate Contributions		Ψ100.00
If yes, list Event #	02/	03/2012	\$100.00		
Last Name	First			MI	Contribution ID #
Yalati	Vito			1411	0023
Residential Street Address					
241 Nicholas Ave	City She			State	Zip Code 06484
Principal Occupation	5110	Name of Employ	er	C1	00101
Warehouse Worker		P.C. Metals I	nc,		
Is contributor a principal of a state contractor or prospective state contractor?					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No Is yes, indicate which branch or branches of	•	Is contributor a l dependent child of	obbyist, spouse, or Yes of a lobbyist? X No	Amount	of Contribution
government the contract is with: Executive Legislative			, INO		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		\$100.00
fundraising event listed in Section J1? If yes, list Event # Yes X No Personal Check		03/2012	\$100.00		
Money Order Credit/Debit Card	02/	03/2012	\$100.00		

I. MONETARY RECEIPT	S (Se	ection A-I)				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT			
Newton For Senator			April 10 Filing - Original			
Newton For Schator						
B. Itemized Contributions from	ı Ind	ividuals				
Last Name	First			MI		Contribution ID #
Burgos	Nels	on				0048
Residential Street Address	City			s	State	Zip Code
288 Eagle St	Brid	geport		c	CT	06607
Principal Occupation		Name of Employe	er			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: Executive Legislative	,	Is contributor a le	obbyist, spouse, or Yes of a lobbyist? X No		Amount of	f Contribution
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # Yes X No Method of contribution: X Cash Personal Check Money Order Credit/Debit Card	Date Received Aggregate Contributions 02/04/2012 \$100.00					\$100.00
Last Name						
Belamy	First And	rew		MI		Contribution ID # 0046
Residential Street Address	City			s	State	Zip Code
44 Autumn		geport			СТ	06608
Principal Occupation		Name of Employe	er	•		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes		Amount	f Contribution
Is yes, indicate which branch or branches of government the contract is with: Executive Legislative	,	dependent child o			Amount o	Contribution
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # Method of contribution: X Cash Money Order Personal Check Money Order Credit/Debit Card		Received 06/2012	Aggregate Contributions \$100.00			\$100.00

I. MONETARY RECEIPT	S (S	ection A-I)				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT			
Newton For Senator			April 10 Filing - Original			
B. Itemized Contributions from	ı Ind	ividuals				
Last Name	First			MI	Contribution ID #	
Feliciano	Jaso	on			0047	
Residential Street Address	City			State	Zip Code	
1678 Fairfield Ave	Brid	geport		СТ	06605	
Principal Occupation		Name of Employ	er			
Is contributor a principal of a state contractor or prospective state contractor?	, —	Is contributor a l	obbyist, spouse, or Yes	Amount	of Contribution	
Is yes, indicate which branch or branches of Executive Legislative		dependent child of				
government the contract is with:						
Is this contribution associated with a Section 119 Yes Method of contribution:	Date Received 02/06/2012		Aggregate Contributions	\$100.00		
If yes, list Event # Personal Check			\$100.00			
Money Order Credit/Debit Card						
<u> </u>					1	
Last Name	First			MI	Contribution ID#	
Maillet	Pete	e			0017	
Residential Street Address	City			State	Zip Code	
459 Pepper St	Mon	iroe		СТ	06468	
Principal Occupation		Name of Employ	er			
Driver		P.C. Metal In	c.			
Is contributor a principal of a state contractor or prospective state contractor?	,	Is contributor a l	obbyist, spouse, or Yes	Amount	of Contribution	
Is yes, indicate which branch or branches of Executive Legislative		dependent child of	of a lobbyist?			
government the contract is with:					¢100.00	
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		\$100.00	
fundraising event listed in Section J1? If yes, list Event # X No X Cash Personal Check Money Order Credit/Debit Card	02/	06/2012	\$100.00			
Money Order Credit/Debit Card						

I. MONETARY RECEIPT	ΓS (S	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Nontes Fan Courtes			April 10 Filing - Original		
Newton For Senator			the state of the s		
B. Itemized Contributions from	m Ind	ividuals	<u> </u>		
Last Name	First			MI	Contribution ID #
Dib	Ton			IVII	0025
Residential Street Address	City			State	Zip Code
100 Bishop Ave	Brid	lgeport		СТ	06607
Principal Occupation	-	Name of Employ	er		•
Proprietor		Tony's Marke	et		
Is contributor a principal of a state contractor or prospective state contractor?	Jo	Is contributor a l	obbyist, spouse, or Yes	A moun	nt of Contribution
Is yes, indicate which branch or branches of	10	dependent child of	000) ist, spouse, or 1 es	7 tinoun	it of Contribution
government the contract is with: Executive Legislative					
					\$10.00
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution: X Cash Personal Check	Date	Received	Aggregate Contributions		
If yes list Event # X No T	02/	09/2012	\$10.00		
Money Order Credit/Debit Card					
Last Name	First			MI	Contribution ID #
Pettway	Kap			IVII	0026
	Rup	,,,,			1 0020
Residential Street Address	City			State	Zip Code
1083 Stratford Ave	Brid	lgeport		СТ	06607
Principal Occupation	-	Name of Employ	er		•
Proprietor		Pettway Vari	etv		
<u> </u>			,		
Is contributor a principal of a state contractor or prospective state contractor?	lo		obbyist, spouse, or Yes	Amoun	at of Contribution
Is yes, indicate which branch or branches of Executive Legislative		dependent child of	of a lobbyist?		
government the contract is with:					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		\$10.00
fundraising event listed in Section J1? If yes list Event # Yes X Cash Personal Check	1				
If yes, list Event # No Money Order Credit/Debit Card	02/	09/2012	\$10.00		

I. MONETARY RECEIPT	S (S	ection A-I)				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT			
Newton For Senator			April 10 Filing - Original			
B. Itemized Contributions from	ı Ind	ividuals				
Last Name	First			MI	Contribution ID #	
Markatos	Jam	ies			0032	
Residential Street Address	City			State	Zip Code	
1312 Stratford Ave	Bric	geport		СТ	06607	
Principal Occupation		Name of Employ	er			
Manager		Jimmy's Liqu	or Store			
Is contributor a principal of a state contractor or prospective state contractor?	,	Is contributor a le	obbyist, spouse, or	Amount	of Contribution	
Is yes, indicate which branch or branches of government the contract is with:		dependent child o	of a lobbyist?			
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		\$10.00	
fundraising event listed in Section J1? If yes, list Event # Yes X No Yes X Cash Personal Check Credit/Debit Card	02/	09/2012	\$10.00			
Last Name Parrish	First			MI	Contribution ID #	
railisii	Mat	tie			0011	
Residential Street Address	City			State	Zip Code	
930 Williams St	Brid	geport		СТ	06608	
Principal Occupation		Name of Employ	er			
unemployed		Retired				
Is contributor a principal of a state contractor or prospective state contractor?	,	Is contributor a le	obbyist, spouse, or	Amount	of Contribution	
Is yes, indicate which branch or branches of government the contract is with:		dependent child o	of a lobbyist?			
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		\$5.00	
fundraising event listed in Section J1? If yes, list Event # Yes X Cash Personal Check Money Order Credit/Debit Card	02/	11/2012	\$5.00			

Page 16 of 45

I. MONETARY RECEIPT	S (S	ection A-I)				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	,	,	TYPE OF REPORT			
Newton For Senator			April 10 Filing - Original			
Newton For Schator						
B. Itemized Contributions from	Ind	ividuals	<u> </u>			
Last Name	First			MI		Contribution ID #
Newton	Davon					0014
Residential Street Address	City			State		Zip Code
905 Birdseye St		atford		СТ		06615
Principal Occupation		Name of Employ	er			•
Biller		Self Employe	d			
Is contributor a principal of a state contractor or prospective state contractor?	,	Is contributor a l	obbyist, spouse, or Yes	Amoi	ınt of	Contribution
Is yes, indicate which branch or branches of government the contract is with:		dependent child o	<u> </u>			
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions			\$25.00
fundraising event listed in Section J1? If yes, list Event # Yes X No Yes X Cash Personal Check Credit/Debit Card	02/	13/2012	\$25.00			
	I				_	
Last Name	First			MI		Contribution ID #
Jones	Tier	a				0027
Residential Street Address	City			State		Zip Code
100 State St Apt 90	Nor	th Haven		СТ		06473
Principal Occupation		Name of Employ	er			
LPN		Newton Foste	er Home Care			
Is contributor a principal of a state contractor or prospective state contractor?	,	Is contributor a l	obbyist, spouse, or Yes	Amoi	ınt of	Contribution
Is yes, indicate which branch or branches of government the contract is with: Executive Legislative		dependent child of	of a lobbyist?			
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions			\$30.00
fundraising event listed in Section J1? If yes, list Event # Yes X No Yes X Cash Personal Check Money Order Credit/Debit Card		13/2012	\$30.00			

I. MONETARY RECEIPT	S (S	ection A-I)				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT			
Newton For Senator			April 10 Filing - Original			
Newton For Senator						
B. Itemized Contributions from	Ind	ividuals	<u> </u>			
Last Name	First			N	rī .	Contribution ID #
Brantley	John			R 0001		
Residential Street Address	City			┧	State	Zip Code
15 Cobblestone Dr		nden			CT	06518
Principal Occupation		Name of Employ	er			!
Marketing		URS Corp				
Tarketing		ONS COIP		_		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or		Amount o	f Contribution
Is yes, indicate which branch or branches of Executive Legislative		dependent child of	of a lobbyist?			
government the contract is with:						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions			\$5.00
fundraising event listed in Section J1? If yes. list Event # Yes X No Personal Check	02/	14/2012	\$5.00			
If yes, list Event # X No Money Order Credit/Debit Card	02/	14/2012	\$5.00			
	<u> </u>					
Last Name				Γ		
Maybin	First			N		Contribution ID #
'	Jone	cie		R		0005
Residential Street Address	City				State	Zip Code
244 Division St	Bric	lgeport			CT	06511
Principal Occupation		Name of Employ	er			
LPN		Advance Nur	sina			
				_		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes		Amount o	f Contribution
Is yes, indicate which branch or branches of government the contract is with:		dependent child of	of a lobbyist?			
Is this contribution associated with a Method of contribution:	Dot-	Received	Aggragata Cantributions	1		\$10.00
fundraising event listed in Section II?	Date	Received	Aggregate Contributions			
If yes, list Event # X No Cash Personal Check Money Order Credit/Debit Card	02/	15/2012	\$10.00			
	1					

I. MONETARY RECEIPT	S (S	ection A-I)				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT			
Newton For Senator			April 10 Filing - Original			
Newton 1 of Schator						
B. Itemized Contributions from	Ind	ividuals	<u> </u>			
Last Name	First			MI		Contribution ID #
Rizio		mond				0019
Residential Street Address	City			State		Zip Code
931 Old Post Rd		field		CT		06826
Principal Occupation		Name of Employ	er	-		
Attorney		Overtulla & R	Pizio.			
Attorney		Overtulla & P	NIZIO			
Is contributor a principal of a state contractor or prospective state contractor? $\qquad \qquad \qquad$		Is contributor a l	obbyist, spouse, or	Am	ount o	f Contribution
Is yes, indicate which branch or branches of Overroment the contract is with: Executive Legislative		dependent child of	of a lobbyist?			
government the contract is with:						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions			\$100.00
fundraising event listed in Section J1? If yes, list Event # Yes X No Cash Personal Check	02/	15/2012	±100.00			
If yes, list Event # No Money Order Credit/Debit Card	02/	15/2012	\$100.00			
Last Name						
Smith	First			MI		Contribution ID #
	Суп	ithia				0020
Residential Street Address	City			State		Zip Code
21 Black Plain Rd	Exe			RI		02822
Principal Occupation		Name of Employ	er			-
RN		Self Employe	ed			
		' '				
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Am	ount o	f Contribution
Is yes, indicate which branch or branches of government the contract is with:		dependent child of	of a lobbyist?			
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions			\$10.00
fundraising event listed in Section J1? Yes X Cash Personal Check						
If yes, list Event # No Money Order Credit/Debit Card	02/	15/2012	\$10.00			

I. MONETARY RECEIPT	S (S	ection A-I)				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	,	,	TYPE OF REPORT			
Newton For Senator			April 10 Filing - Original			
Newton For Schator						
B. Itemized Contributions from	Ind	ividuals				
Last Name	First			MI		Contribution ID #
Tardie		ineth		IVII		0021
Residential Street Address	City			Sta	ate	Zip Code
13 Lazybrook Rd	Nev	vtown		C ⁻	Т	06470
Principal Occupation		Name of Employ	er			•
General Manager		P.C. Metals I	nc.			
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	A	Amount o	f Contribution
Is yes, indicate which branch or branches of government the contract is with:		dependent child o	<u> </u>			
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions			\$100.00
fundraising event listed in Section J1? If yes, list Event # Yes X No X Cash Personal Check Money Order Credit/Debit Card	02/	17/2012	\$100.00			
Last Name	First			MI		Contribution ID #
Carbone,Tardie	Glo	ria				0018
Residential Street Address	City			Sta	ate	Zip Code
13 Lazybrook Rd	Nev	vtown		C ⁻	Т	06470
Principal Occupation		Name of Employ	er			•
Executive		P.C. Metal				
Is contributor a principal of a state contractor or prospective state contractor? $\qquad \qquad \qquad$		Is contributor a l	obbyist, spouse, or	A	amount o	f Contribution
Is yes, indicate which branch or branches of government the contract is with:		dependent child of	of a lobbyist?			
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions			\$100.00
fundraising event listed in Section J1? If yes list Event # Yes X No Personal Check		47/2042				
If yes, list Event # X No Money Order Credit/Debit Card	02/	17/2012	\$100.00			

I. MONETARY RECEIPT	S (Se	ection A-I)				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT			
Newton For Senator			April 10 Filing - Original			
Newton 1 of Schator						
B. Itemized Contributions from	Ind	ividuals				
Last Name	First			MI		Contribution ID #
Davis	Cyn			J 0009		
Residential Street Address	City			State		Zip Code
80 Clifford St	Bric	lgeport		СТ		06606-0660
Principal Occupation		Name of Employ	er	Ī		-
unemployed		City of Bridge	eport			
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a le	obbyist, spouse, or Yes	Δma	ount o	f Contribution
Is yes, indicate which branch or branches of		dependent child of	- 1 cs	7 11110	June O.	Controution
government the contract is with: Executive Legislative						
Is this contribution associated with a Method of contribution:	Data	Received	Aggregate Contributions			\$5.00
fundraising event listed in Section J1?	Date Received		Aggregate Contributions			
If yes, list Event # No Cash Personal Check Money Order Credit/Debit Card	02/	18/2012	\$5.00			
Last Name					T	
Gibbs	First			MI		Contribution ID #
	Cec	II				0010
Residential Street Address	City			State		Zip Code
31 Nob Hill Cir	Bric	lgeport		СТ		06610
Principal Occupation		Name of Employ	er	Ī		-
Warehouse Worker		P.C. Metals				
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amo	ount o	f Contribution
Is yes, indicate which branch or branches of government the contract is with:		dependent child of	f a lobbyist?			
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions			\$100.00
fundraising event listed in Section J1? Yes X Cash Personal Check						
If yes, list Event # X No Money Order Credit/Debit Card	02/	18/2012	\$100.00			

I. MONETARY RECEIPT	S (S	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Newton For Senator			April 10 Filing - Original		
B. Itemized Contributions from	ı Ind	ividuals			
Last Name	First			MI	Contribution ID #
Eaton	Dixi	e			0058
Residential Street Address	City			State	Zip Code
30 Holland Hill Cir	Brid	geport		СТ	06610
Principal Occupation		Name of Employe	er		
Is contributor a principal of a state contractor or prospective state contractor?	,	Is contributor a le	obbyist, spouse, or Yes	Amou	nt of Contribution
Is yes, indicate which branch or branches of Executive Legislative		dependent child of			
government the contract is with:					
Is this contribution associated with a Service 119 Yes Method of contribution:	Date	Received	Aggregate Contributions		\$5.00
fundraising event listed in Section J1? If yes, list Event # Yes X No Yes X Cash Personal Check Money Order Credit/Debit Card	02/	18/2012	\$5.00		
Money Order Credit Debit Card					
Last Name Goodman	First			MI S	Contribution ID #
	Lola	l		5	0059
Residential Street Address	City			State	Zip Code
99 Lakeside Dr	Brid	geport		СТ	06606
Principal Occupation		Name of Employ	er		
Is contributor a principal of a state contractor or prospective state contractor?	,	Is contributor a le	obbyist, spouse, or Yes	Amou	nt of Contribution
Is yes, indicate which branch or branches of Executive Legislative		dependent child of	of a lobbyist?		
government the contract is with:	\square				\$15.00
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution: Yes X Personal Cheek	Date	Received	Aggregate Contributions		\$13.00
fundraising event listed in Section J1? If yes, list Event # No Cash Money Order Credit/Debit Card	02/	18/2012	\$15.00		
industry of the control of the					

I. MONETARY RECEIPT	S (S	ection A-I)				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT			
Marritan Far Canatar			April 10 Filing - Original			
Newton For Senator			, prii 10 1 iiiig Original			
B. Itemized Contributions from	Ind	ividuals				
Last Name	First			MI		Contribution ID #
Davis	Tere	esa				0062
Residential Street Address	City			State		Zip Code
974 Williams St	Brid	lgeport		СТ		06608
Principal Occupation		Name of Employ	er			
Contractor		Self Employe	d			
Is contributor a principal of a state contractor or prospective state contractor?	,	Is contributor a le	obbyist, spouse, or Yes	Am	ount o	f Contribution
Is yes, indicate which branch or branches of government the contract is with:		dependent child of	of a lobbyist?			
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions			\$20.00
fundraising event listed in Section J1? If yes, list Event # Yes X No Yes X Cash Personal Check Money Order Credit/Debit Card	02/	18/2012	\$20.00			
Last Name	First			MI		Contribution ID #
Geter, pataky	War	nda				0030
Residential Street Address	City			State		Zip Code
93 Gurdon St	Brid	lgeport		СТ		06606
Principal Occupation		Name of Employ	er			
Cafeteria Aide		City of Brider	port			
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a le	obbyist, spouse, or Yes	Am	ount o	f Contribution
Is yes, indicate which branch or branches of government the contract is with:		dependent child o	of a lobbyist?			
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions			\$100.00
fundraising event listed in Section J1? If yes, list Event # Yes X No Cash Personal Check	02/	20/2012	\$100.00			
Money Order Credit/Debit Card		,				

I. MONETARY RECEIPT	S (S	ection A-I)	_		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Newton For Senator			April 10 Filing - Original		
B. Itemized Contributions from	ı Ind	ividuals			
Last Name	First			MI	Contribution ID #
Derocott	Rad	cliff			0045
Residential Street Address	City			State	Zip Code
82 Arch St	Nev	/ Haven		СТ	06519
Principal Occupation		Name of Employe	er		
		Self Employe	d		
Is contributor a principal of a state contractor or prospective state contractor?	,	Is contributor a le	obbyist, spouse, or Yes	Amoun	of Contribution
Is yes, indicate which branch or branches of government the contract is with:		dependent child o	f a lobbyist?		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		\$100.00
fundraising event listed in Section J1? If yes, list Event # Yes X No Personal Check	03/02/2012		\$100.00		
Money Order Credit/Debit Card	00,		\$100.00		
					1
Last Name	First			MI	Contribution ID #
Poterat	Lest	er			0039
Residential Street Address	City			State	Zip Code
12 Applewood Dr	She	lton		СТ	06484
Principal Occupation		Name of Employe	er		
Is contributor a principal of a state contractor or prospective state contractor?	,	Is contributor a le	obbyist, spouse, or Yes	Amoun	of Contribution
Is yes, indicate which branch or branches of Executive Legislative		dependent child o	of a lobbyist?		
government the contract is with:					\$100.00
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution: Yes Remark Cook	Date	Received	Aggregate Contributions		\$100.00
fundraising event listed in Section J1? If yes, list Event # No X Cash Personal Check Money Order Credit/Debit Card	03/0	09/2012	\$100.00		
industry of the control of the					

I. MONETARY RECEIPTS	S (S	ection A-I)				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT			
Newton For Senator			April 10 Filing - Original			
B. Itemized Contributions from	Ind	ividuals				
Last Name	First			MI	Contribution ID #	
McCullough	Che	ryl			0051	
Residential Street Address	City			State	Zip Code	
40 Cliff St	She	lton		СТ	06484	
Principal Occupation		Name of Employ	er			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No Is yes, indicate which branch or branches of)	Is contributor a le	obbyist, spouse, or Yes of a lobbyist? X No	Amount	of Contribution	
government the contract is with: Executive Legislative						
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution: Yes Method of contribution:	Date	Received	Aggregate Contributions	\$100.00		
If yes, list Event # No	03/	10/2012	\$100.00			
Last Name						
McCullough	First Wal	ter		MI	Contribution ID # 0052	
Residential Street Address 40 Cliff St	City She	lton		State CT	Zip Code 06484	
Principal Occupation	3116	Name of Employ	er	Ci	00404	
For exact the contract of the		Superior Spr	ina			
Is contributor a principal of a state contractor or prospective state contractor?	•	Is contributor a l dependent child of	obbyist, spouse, or Yes of a lobbyist? X No	Amount	of Contribution	
Is yes, indicate which branch or branches of government the contract is with:			of a lobbyist?			
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		\$100.00	
fundraising event listed in Section J1? If yes, list Event # Yes X No Yes X Cash Personal Check Money Order Credit/Debit Card		10/2012	\$100.00			
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I. MONETARY RECEIPT	S (Section A-I)				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT			
Newton For Senator		April 10 Filing - Original			
Newton For Senator					
B. Itemized Contributions from	ı Individuals				
Last Name	First		MI	Contribution ID #	
Tyler	Ronald		IVII	0053	
Residential Street Address	City		State	Zip Code	
261 Moosehill Rd	Monroe		СТ	06468	
Principal Occupation	Name of Employ	ver	•		
	Sterling Serv	vices			
Is contributor a principal of a state contractor or prospective state contractor?	Is contributor a	lobbyist, spouse, or Yes	Amount	of Contribution	
Is yes, indicate which branch or branches of government the contract is with:	dependent child	res	Timount	or Contribution	
Is this contribution associated with a Method of contribution:	Is this contribution associated with a Method of contribution: Date Received Aggregate Contributions				
fundraising event listed in Section 11?	Date Received	Aggregate Contributions			
If yes, list Event # X No Cash Personal Check Money Order Credit/Debit Card	03/12/2012	\$100.00			
Last Name					
Vindetti	First Michael		MI	Contribution ID # 0040	
	Міспаеі			0040	
Residential Street Address	City		State	Zip Code	
88 Big Horn Rd	Shelton		СТ	06484	
Principal Occupation	Name of Employ	ver		•	
Is contributor a principal of a state contractor or prospective state contractor?	Is contributor a	lobbyist, spouse, or Yes	Amount	of Contribution	
Is yes, indicate which branch or branches of government the contract is with:	dependent child				
	<u> </u>		1	\$100.00	
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution: Method of contribution:	Date Received	Aggregate Contributions		•	
If yes, list Event #	03/14/2012	\$100.00			
Money Order Credit/Debit Card					
			L		

I. MONETARY RECEIPT	S (S	ection A-I)				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT			
Newton For Senator			April 10 Filing - Original			
Newton For Senator						
B. Itemized Contributions from	Ind	ividuals	<u>'</u>			
Last Name	First			MI		Contribution ID #
Loux	Dar			1411		0041
Residential Street Address	City			State		Zip Code
27 Wells Rd	Mor			СТ		06468
Principal Occupation		Name of Employ	er			-
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	An	ount o	f Contribution
Is yes, indicate which branch or branches of		dependent child of	<u> </u>			
government the contract is with: Executive Legislative			_			
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions			\$100.00
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions			
If yes, list Event # X No	03/	14/2012	\$100.00			
Last Name	First			MI		Contribution ID #
Simmons	Ann	Marie				0033
Residential Street Address	G'i			G		7. 0.1
27 Wells Rd	City Mor	rne		State	2	Zip Code 06468
Principal Occupation		Name of Employ	er			00.00
		Dratt Whitney				
		Pratt Whitney	у			
Is contributor a principal of a state contractor or prospective state contractor? $\qquad \qquad \qquad$		Is contributor a l	obbyist, spouse, or	An	nount o	f Contribution
Is yes, indicate which branch or branches of Executive Legislative		dependent child of	of a lobbyist?			
government the contract is with:						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions			\$100.00
fundraising event listed in Section J1? If yes, list Event # Yes X No Personal Check	02,	14/2012	¢100.00			
If yes, list Event # No Money Order Credit/Debit Card	03/	14/2012	\$100.00			

I. MONETARY RECEIPT	S (S	ection A-I)				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT			
Newton For Senator			April 10 Filing - Original			
B. Itemized Contributions from	ı Ind	ividuals				
Last Name	First			MI	Contribution ID #	
Williams	Lore	etta			0056	
Residential Street Address	City			State	Zip Code	
302 Wilmot Ave	Brid	geport		СТ	06607	
Principal Occupation		Name of Employ	er			
		Retired				
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a le	obbyist, spouse, or Yes	Amoun	t of Contribution	
Is yes, indicate which branch or branches of government the contract is with:		dependent child o				
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	\$100.00		
fundraising event listed in Section J1? If yes, list Event # Yes X No Yes X Cash Personal Check Money Order Credit/Debit Card	03/:	15/2012	\$100.00			
	_					
Last Name Bouchard	First			MI	Contribution ID #	
25561.6.1	Dar	yl			0042	
Residential Street Address	City			State	Zip Code	
15 Rayo Dr	She			CT	06484	
Principal Occupation		Name of Employ	er			
Self						
Is contributor a principal of a state contractor or prospective state contractor?	,	Is contributor a le	obbyist, spouse, or Yes	Amoun	t of Contribution	
Is yes, indicate which branch or branches of government the contract is with:		dependent child of				
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		\$100.00	
fundraising event listed in Section J1? If yes, list Event # Yes X No X Cash Personal Check Money Order Credit/Debit Card		16/2012	\$100.00			
	I					

I. MONETARY RECEIPT	S (Se	ection A-I)	_					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT					
Newton For Senator			April 10 Filing - Original	April 10 Filing - Original				
B. Itemized Contributions from	ı Ind	ividuals						
Last Name	First			MI	Contribution ID #			
Bouchard	Dar	in			0043			
Residential Street Address	City			State	Zip Code			
37 Cherry Blossom Ln	She	lton		СТ	06484			
Principal Occupation		Name of Employe	er					
		Self Employe	d					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le	obbyist, spouse, or Yes	Amount	of Contribution			
Is yes, indicate which branch or branches of		dependent child o						
government the contract is with:				4400.00				
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions	\$100.00				
fundraising event listed in Section J1? If yes, list Event # X No X Cash Personal Check Money Order Credit/Debit Card	03/	16/2012	\$100.00					
Money Order Credit/Debit Card								
		•						
Last Name Vona	First			MI	Contribution ID #			
	Rich	iard			0054			
Residential Street Address	City			State	Zip Code			
237 Brushy Ridge Rd	Nev	/ Canaan		СТ	06840			
Principal Occupation		Name of Employe	er					
Truck Driver		Vona Corp.						
Is contributor a principal of a state contractor or prospective state contractor?	,	Is contributor a le	obbyist, spouse, or Yes	Amount	of Contribution			
Is yes, indicate which branch or branches of Executive Legislative		dependent child o	of a lobbyist?					
government the contract is with:		1						
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution: Yes Remark Cook	Date	Received	Aggregate Contributions		\$100.00			
fundraising event listed in Section J1? If yes, list Event # No Lash Personal Check Money Order Credit/Debit Card	03/	16/2012	\$100.00					
Money Order Credit Debit Card								

I. MONETARY RECEIPT	S (S	ection A-I)				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT			
Newton For Senator			April 10 Filing - Original			
B. Itemized Contributions from	Ind	ividuals				
Last Name	First			MI	Contribution ID #	
Ciareiro	Don	ninick			0038	
Residential Street Address	City			State	Zip Code	
306 Highview Ave	Stra	tford		СТ	06614	
Principal Occupation		Name of Employe	er			
Driver/Manager		Ciaptal				
Is contributor a principal of a state contractor or prospective state contractor?	,	Is contributor a le	obbyist, spouse, or Yes	Amount	of Contribution	
Is yes, indicate which branch or branches of Executive Legislative		dependent child of				
government the contract is with:						
Is this contribution associated with a Service 119 Yes Method of contribution:	Date	Received	Aggregate Contributions	\$100.00		
If yes, list Event #	03/	16/2012	\$100.00			
Money Order Credit/Debit Card						
	I				<u> </u>	
Last Name Biggs	First			MI	Contribution ID #	
uiggs	Mik	е			0050	
Residential Street Address	City			State	Zip Code	
9 Bellvale Dr	Der	by		СТ	06418	
Principal Occupation		Name of Employe	er			
Driver		Colonial				
Is contributor a principal of a state contractor or prospective state contractor?	,	Is contributor a le	obbyist, spouse, or Yes	Amount	of Contribution	
Is yes, indicate which branch or branches of Executive Legislative		dependent child of				
government the contract is with:						
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		\$100.00	
If yes, list Event #	03/	16/2012	\$100.00			
Money Order Credit/Debit Card						
i i						

I. MONETARY RECEIPTS	S (S	ection A-I)				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT			
Newton For Senator			April 10 Filing - Original			
TOWNON TO I SCHOOL						
B. Itemized Contributions from	Ind	ividuals				
Last Name	First			MI	Τ,	Contribution ID #
Pinheiro	Joh			A		0035
				ī	ᆛ	
Residential Street Address 66 Maplewood Dr	City			State		Zip Code
· · · · · · · · · · · · · · · · · · ·	Mor	Name of Employ	ON .	СТ		06460
Principal Occupation		Name of Employ	ei			
Attorney		Self Employe	d			
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	int of (Contribution
Is yes, indicate which branch or branches of		dependent child of	- 1 cs	rimot	int or .	Contribution
government the contract is with: Executive Legislative						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions			\$100.00
fundraising event listed in Section J1? Yes X Cash Personal Check						
If yes, list Event # X No Cash Personal Check Money Order Credit/Debit Card	03/	16/2012	\$100.00			
Last Name					Т	
Mota	First			MI		Contribution ID #
	Joe					0036
Residential Street Address	City			State		Zip Code
100 Walnut Ave	She	lton		СТ		06484
Principal Occupation		Name of Employ	er			
Manager		Mota Sewer				
Is contributor a principal of a state contractor or prospective state contractor?		In contributor of	obbyist, spouse, or Yes	Amou	unt of t	Contribution
Is yes, indicate which branch or branches of		dependent child of	· · · · <u> </u>	Alliou	iiit oi v	Contribution
government the contract is with:						
Is this contribution associated with a Method of contribution:	Data	Received	Aggregate Contributions			\$100.00
fundraising event listed in Section J1? Yes X Cash Personal Check						
If yes, list Event # X No Cash Personal Check Money Order Credit/Debit Card	03/	16/2012	\$100.00			

I. MONETARY RECEIPT	S (S	ection A-I)				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT			
Newton For Senator			April 10 Filing - Original			
B. Itemized Contributions from	ı Ind	ividuals				
Last Name	First			MI	Contribution ID #	
Bouchard	Bro	ok			0037	
Residential Street Address	City			State	Zip Code	
Rayo Drive	She	lton		СТ	06484	
Principal Occupation		Name of Employ	er			
Home Maker						
Is contributor a principal of a state contractor or prospective state contractor?	,	Is contributor a l	obbyist, spouse, or Yes	Amount	of Contribution	
Is yes, indicate which branch or branches of Executive Legislative		dependent child of				
government the contract is with:			_			
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions	\$100.00		
If yes, list Event #	03/	19/2012	\$100.00			
Money Order Credit/Debit Card						
Last Name Kaze	First			MI	Contribution ID #	
	Dav	vn			0055	
Residential Street Address	City			State	Zip Code	
15 Parsell Ln	Wes	stport		СТ	06880	
Principal Occupation		Name of Employ	er			
Hairdresser		Effies Saloon	1			
Is contributor a principal of a state contractor or prospective state contractor?	,	Is contributor a l	obbyist, spouse, or	Amount	of Contribution	
Is yes, indicate which branch or branches of Executive Legislative		dependent child of	of a lobbyist?			
government the contract is with:					±100.00	
Is this contribution associated with a Hethod of contribution: See Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		\$100.00	
fundraising event listed in Section J1? If yes, list Event # X No X Cash Personal Check Money Order Credit/Debit Card	03/	19/2012	\$100.00			
Money Order Credit/Debit Card						

I. MONETARY RECEIPT	S (S	ection A-I)				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT			
Newton For Senator			April 10 Filing - Original			
Newton For Senator			qui to t unig original			
B. Itemized Contributions from	Ind	ividuals				
Last Name	First			MI	Contribution ID #	
Chris	Tay				0049	
Residential Street Address	City			State	Zip Code	
PO Box 320427	Fair	field		СТ	06625	
Principal Occupation		Name of Employ	er			
Proprietor		Arcadia Cont	racting Group LLC			
Is contributor a principal of a state contractor or prospective state contractor?	,	Is contributor a l	obbyist, spouse, or Yes	Amou	nt of Contribution	
Is yes, indicate which branch or branches of Executive Legislative		dependent child of				
government the contract is with:						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	\$600.00		
fundraising event listed in Section J1? If yes, list Event # Yes Cash Personal Check	02/	20/2012	±C00.00			
If yes, list Event # No Money Order Credit/Debit Card	03/	20/2012	\$600.00			
Last Name					0 . 7	
Thompson	First	uilla		MI	Contribution ID # 0034	
	ΛIΨ	uma			0034	
Residential Street Address	City			State	Zip Code	
144 Bond St	Bric	lgeport		СТ	06610	
Principal Occupation		Name of Employ	er			
		Unemployed				
Is contributor a principal of a state contractor or prospective state contractor?	,	Is contributor a l	obbyist, spouse, or Yes	Amou	nt of Contribution	
Is yes indicate which branch or branches of		dependent child of				
government the contract is with: Executive Legislative						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		\$20.00	
fundraising event listed in Section J1? If yes list Event # Yes X No Personal Check	02.	20/2012				
If yes, list Event # No Money Order Credit/Debit Card	03/	20/2012	\$20.00			

I. MONETARY RECEIPT	S (S	ection A-I)				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT			
Newton For Senator			April 10 Filing - Original			
B. Itemized Contributions from	Ind	ividuals				
Last Name Little	First Cice			MI	Contribution ID #	
Residential Street Address 30 Winchester Ave	City Nev	v Haven		State CT	Zip Code 06511	
Principal Occupation Res. Asst.		Name of Employer Continuum of				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: Executive Legislative	X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Ye			Amount of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # Method of contribution: X Cash Personal Check Money Order Credit/Debit Card	Date Received Aggregate Contributions 03/25/2012 \$5.00			\$5.00		
Last Name Tenn	First	n		MI I	Contribution ID #	
Residential Street Address 155 Valley Ave	City Bric	lgeport		State CT	Zip Code 06606	
Principal Occupation		Name of Employer Retired	r			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: Executive Legislative	,	Is contributor a loi dependent child of		Amount	of Contribution	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # Wethod of contribution: X Cash Personal Check Money Order Credit/Debit Card		Received 30/2012	Aggregate Contributions \$10.00		\$10.00	
			Total of S	ection B	\$4,375.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Section 1)	ons A	+ B) (Total	al on Line 14 of Summary Page)		\$4.375.00	

I. 1	MONE'	TARY	RECEI	IPTS (S	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)						TYPE OF REPORT		
Newton For Senator							April 10 Filing - Origin	nal
C1. Contributions from Other Committees								
Name of Committee					Name of Treasurer			
Address Is this contribution associated with a Yes fundraising event listed in Section J1? If yes, list Event #						Yes No	Amount of Contribution	
City	State Zip Code Date Received Aggregate Co						tributions	
Total of Section C1								
I. MONE	TARY	RECE	EIPTS (S	Section A	A-I)			
NAME OF COMMITTEE							TYPE OF REPORT	,
Newton For Senator						April 10	Filing - Original	
C2. Reimbursements,	Paymen	its, or S	Surplus D	Distributi	ions from other	Committe	es	
Name of Committee Name of Treasurer								
Address						Date Rece	ived	Amount of Receipt
City State Zip Code Reimbursement for shared expense Payment for goods and services								
	•						Total of Section C2	

	I. MONI	ETARY RECEIP	ΓS (Section A-I)					
NAME OF COMMITTEE					TY	PE O	F REPORT	
Newton For Senator April 10 Filing - Original							- Original	
	D. Loan	s Received this Peri	iod					
Name of Lender			Source of Loan:					Date of Receipt
			Bank Candio	date	Indi	vidual	Other	
Street Address		City			Si	tate	Zip Code	Is there a cosigner or Guarantor of this loan?
Name of Cosigner/Guarantor (if applica	hle)							Yes No
Tunic of Cosigner Guarantos (ii apprica								Amount Received
Street Address		City			Si	tate	Zip Code	
		<u>'</u>					Total of Section	D
	I. MONE	CTARY RECEIPT	TS (Section A-I)					
NAME OF COMMITTEE TYPE OF REPORT								
Newton For Senator						April '	10 Filing - Original	
E. Personal	Funds of the Candidate Rec	ceived this Period (C	Candidate Committee	es ONI	LY)			
Date of Receipt	Method of Payment Cash	Personal Check	Credit/Deb	it Card				Amount
					Tot	tal of S	Section E	
							•	
	I. Mo	onetary Receipts (Section A-I)					
NAME OF COMMITTEE						TY	PE OF REPOR	Т
Newton For Senator					Apr	il 10 Fi	ling - Original	
	G. Interest fro	m Deposits in Auth	orized Accounts					
Name of Institution				Γ	ate Recei	ved		Amount
Street Address		City		State		Zip C	ode	
						Tot	al of Section G	

I. MONETARY RECEIPTS (Section A-K)						
	TYPE OF REPOR	Т				
	April 10 Filing - Original					
Funds Received from the Citizen's Election Fund						
Grant Cycle:	Date Received	Amount				
Primary General Election Special Electi	ion					
	Total of Section H					
MONETARY RECEIPTS (Section A-K)						
NAME OF COMMITTEE						
Newton For Senator						
us Monetary Receipts not Considered Contributions	ı					
	Funds Received from the Citizen's Election Fund Grant Cycle:	TYPE OF REPOR April 10 Filing - Original Funds Received from the Citizen's Election Fund Grant Cycle: Primary General Election Special Election Total of Section H MONETARY RECEIPTS (Section A-K) TYPE OF REPORMENTATION OF THE POST OF THE POS				

I. IVIONI	LIARY RECEIPTS (Section A-K)				
NAME OF COMMITTEE				TYPE OF REPORT	
Newton For Senator			April 1	0 Filing - Original	
I. Miscellaneous Mon	etary Receipts not Considered Contri	butions			
Name Bank of America				Transaction	Amount Received
Street Address 1234 Stratford Ave	City Bridgeport	State CT		Zip Code 06607	
Description Interest					\$0.06
Name Bank America				Transaction	Amount Received
Street Address 1234 Stratford Ave	City Bridgeport	State CT		Zip Code 06607	
Description Monthly Maintenance Fee					\$15.00
				Total of Section I	\$15.06

II. FUNDRAISING EVENT ACTIVITY (Sections J1 - J3)												
NAME OF COMMITTEE							TYPE OF	REPO	RT			
Newton For Senator							April 10 Filing - Origin	- Original				
	J1. Fund	raising Event Infor	mation									
Fundraising Event #	Description											
Date of Fundraiser Letter												
Location: Street Address						City			State	Zip Code		
Was this fundraising event hosted at a personal residence? Yes if yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information for puchases made by host(s) for food, beverage and No invitations.								and				
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100? Yes If yes, to to Section J3 In-Kind Donations not Consciously a complete required information. No							tions not Considered Con	Considered Contributions and				
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? Yes (If yes, enter Total Receipts here.) No												
						To	otal of Section J1					
	II. FUNDRAISI	NG EVENT ACT	IVITY	(Section	ns J1 - J	[3)						
NAME OF COMMITTEE (Provide	Complete Name as Reg	istered with Commission	on)				TYPE OF REI	PORT				
Newton For Senator						W	oril 10 Filing - Original					
	J3. In-Kind Donat	ions Not Considered	d Contri	butions								
Name of the Donor												
Street Address				City					State	Zip Code		
Donation Given by:	Description of Donation									ket Value of		
Individual								1	Ю	nation		
Business Entity	Date Received	Event #			Aş	ggregate value	for this event					
Sole Proprietorship												
							Total of Section J3					

III. NONMON	ETA	RY RE	CEIPTS (Section	ıs K - M)				
NAME OF COMMITTEE					TYI	PE OF REI	PORT	
Newton For Senator					April 10 Filing -	Original		
K. In-Ki	nd Co	ontributi	ons					
Name								
Street Address				City			State	Zip Code
Is this contribution associated with a fundraising event listed in Section 11? If yes, list Event# No		Description	of In-Kind Contribution					
	tractor?	indicate whi	of a state contractor or prosp ch branch or branches of attract is with:		utive	Yes No Legislative	I .	arket Value of this Contribution
Type of Contributor:			Date Received		Aggregate contril	outions		
Individual Committee Sole F	Proprieto	rship						
					Total of S	Section K		
III. Non Mor	netar	v Recei	pts (Sections K - N	M)	_			
NAME OF COMMITTEE (Provide Complete Name as Registered	l with	Commissi	on)		TYPE	OF REPO	RT	
Newton For Senator					April 10 Filing -	Original		
L. Refundable Deposit	to Te	lephone	Company					
Last Name of Individual		First Nam	ne		MI	Date Dep	osit Made	
Residential Street Address	C	ity		State	Zip Code			nount of Deposit
Name of Telephone company					1			
Street Address	City	,		State	Zip Code			
				_	Total of So	ection L		

III. NONMONETARY RECEIPTS (Sections K - M)										
NAME OF COMMITTEE		TYPE OF REPORT								
Newton For Senator	A	April 10 Filing - Original								
M. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus, and Party Committee - OPTIONAL See Public Act 11-48										
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONLY)	Name of Treasurer									
Street Address		Date Notice Received				Fair Market Value of Donation				
City	State	Zip Code		Aggregate Donations						
Description of Donation	Purpose of E	xpenditure B	С	D	Е					
Total of Section M										

IV. EXPENDITURES (Sections N - S)									
NAME OF COMMITTEE (Prov	vide Complete Name as Registered with Commission)			ТҮРЕ	OF REPORT				
Newton For Senator	Original								
Name of Payee Bank of America		_	Date of Payr			ment heck #			
Street Address 1234 Stratford Ave		City Bridgeport			State CT	Zip Code 06607			
Purpose of Expend BNK	Description cost of checks ordered					Amount			
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	X No (if a	enditure # oplicable)	Event #	ŧ		\$79.00			
Name of Payee Loretta Williams Date of Payment 03/22/2012						Method of Payment X Check # 1002 Debit Card			
Street Address 302 Wilmot Ave	_	City Bridgeport			State CT	Zip Code 06614-0660			
Purpose of Expend OFFICE	Description Toner and ream of paper for Treasurer					Amount			
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	X No (if a	enditure # oplicable)	Event #	ŧ		\$119.92			
Name of Payee Chris Taylor			Date of Payr 03/22/20			meck # 1001 ebit Card			
Street Address 270 Bronson Rd		City Southport			State CT	Zip Code 06890			
Purpose of Expend REF	Description State vendor solicitor replaced cash with company	check				Amount			
Is this expenditure coordinated with a which reimbursement is sought?	X No (if a	enditure # oplicable)	Event #	ŧ		\$600.00			
If yes, assign an Expenditure # and co	omplete Itemization in Addendum								

IV. EXPENDITURES (Sections N - S)										
NAME OF COMMITTEE (Prov	vide Complete Name as Registered with Commission	on)			TYPE	OF REPORT				
Newton For Senator	Original									
Name of Payee Tri-Fold Graphics				Date of Pays 03/23/20			ayment Check # Debit Card			
Street Address 1436 Barnum Ave			City Stratford	•		State CT	Zip Code 06614			
Purpose of Expend PRNT	Description Added cost for in color letter head						Amount			
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum							\$150.00			
Name of Payee Date of Payment Tri-Fold Graphics 03/23/2012							Method of Payment Check # Debit Card			
Street Address 1436 Barnum Ave			City Stratford			State CT	Zip Code 06614			
Purpose of Expend PRNT	Description Copies of Contribution forms/ Letterhead	•					Amount			
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	X No	Expend (if appli		Event #	i		\$144.64			
Name of Payee Staples				Date of Pays			ayment Check # Debit Card			
Street Address 955 Ferry Blvd			City Stratford			State CT	Zip Code 06614			
Purpose of Expend OFFICE	Description						Amount			
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	X No	Expend (if appli		Event #			\$110.88			
					Total o	f Section N	\$1,204.44			

Total of Section P

	IV.	EXPENDITU	JRES (Sectio	ns N - S)								
NAME OF COMMITTE	E (Provide Complete Name as Ro	egistered with Con	nmission)					TYPI	E OF	OF REPORT		
April 10 Filing - Orig								- Origii	nal			
	O. Expe	enses Paid By Ca	andidate									
Name of Payee (Name of vendor who candidate paid directly)						Date of Pa	ymer	nt	Is Rein	Reimbursement Claimed? Yes No		
Street Address		City			State	Zip	Code	:		A	mount	
Purpose of Expenditure (by code)	Description					Event #						
								Total	of Sec	tion O		
	IV. EXP	ENDITURES	(Sections N -	S)								
NAME OF COMMITTE	E (Provide Complete Name as R	egistered with Cor	mmission)					TYPE	OF R	EPORT		
Newton For Senator					April 10 Filing - Original							
	P. Expense	s Incurred on C	Committee Cred	lit Card								
Name of Issuing Institution				Type of C Vi			ster C	ard D	viscover	ſ	American E	xpress
Name of Vendor										Date of Trai	nsaction	
Street Address				City						State	Zip	Code
Purpose of Expenditure (by code)	Description										Amount	
Is this expenditure coordinat which reimbursement is sous	ed with another candidate for 2ht?	Y	es No	Expenditure (if applicabl		I	vent	#				
If yes, assign an Expenditure	# and complete Itemization in Adde	ndum										

IV. EXPENDITURES (Sections N - S)										
NAME OF COMMITTE	F REPORT									
Newton For Senator April 10 Filing - Origin						inal				
Q. Expenses Incurred By Committee but Not Paid During this Period										
Name of Creditor					Date Incurre	d				
Street Address	eet Address City									
Purpose of Expenditure (by code)	Description					unt Incurred ate or Actual)				
reimbursement is sought?	with another candidate for which another candidate for which and completes Itemization in Addendum Q	Expenditure # (if applicable)	Event#							
				Total of Section Q						

		IV. EXPENDITURES	(Sections N -	S)						
NAME OF COMMITTEE (Provide C	Complete N	Jame as Registered with Comr	nission)			TYPE OF REI	PORT			
Newton For Senator						April 10 Filing - Original				
R.	Itemizatio	on of Reimbursements to	Committee Wo	orkers and	Consu	ltants				
Last Name of Worker/Consultant Loretta		First MI Date of Payment Williams 03/22/2012				Method of Payment X Check # 1002 Debit Card				
Secondary Payee Staples				!	!					
Street Address			City				State	Zip Code		
955 Ferry Blvd	955 Ferry Blvd Stratford					СТ	06614			
Purpose of Expenditure (by code) OFFICE Description Large calendar for campaign scheduling								Amount		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes Expenditure # (if applicable) Event #							\$5.31			
If yes, assign an Expenditure # and completes	Itemization in	Addendum R						·		
Last Name of Worker/Consultant		First		MI	Date	e of Payment	Method of Payment			
Loretta		Williams			03,	/24/2012	Check # X Debit Card			
Secondary Payee Staples										
Street Address			City				State	Zip Code		
955 Ferry Blvd			Stratford				СТ	06614		
Purpose of Expenditure (by code) OFFICE	Description	on and Ream of Paper						Amount		
Is this expenditure coordinated with another cand which reimbursement is sought?	idate for	Yes No	Expenditure # (if applicable) Event #				\$114.61			
If yes, assign an Expenditure # and completes	Itemization in	Addendum R				<u> </u>		φ114.U1		
						Total of Section R		\$119.92		

IV. EXPENDITURES (Sectuibs N - S)								
NAME OF COMMITTEE (Provide Complete Name as Registere		TYPE OF REPORT						
Newton For Senator	April 10 I	Filing - Original						
S. Surplus Distribution of Equipment and Furniture								
Name of Recipient								
Street Address	City	State	Zip Code	Original Purchase Amount of Item				
Description of Item								
			Total of Section S					