

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 30

COVER PAGE

1. NAME OF COMMITTEE				2. TYPE OF COMMITTEE	
Newton For Senator				<input checked="checked" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee	
3. TREASURER NAME					
First Loretta		MI B.A.	Last Williams		Suffix
4. TREASURER ADDRESS					
Street Address 302 Wilmot Ave		City Bridgeport	State CT	Zip Code 06607	
5. ELECTION DATE 11/06/2012		6. OFFICE SOUGHT (Complete only if Candidate Committee) State Senator		7. DISTRICT NUMBER (if applicable) S023	
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)					
First Ernest		MI E.	Last Newton		Suffix II
9. TYPE OF REPORT Fourth Weekly Supplemental Filing Primary - Original					
10. PERIOD COVERED					
Beginning Date Ending Date 07/25/2012 thru 07/31/2012					
11. CERTIFICATION					
<input checked="checked" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.					
Electronic Filing SIGNATURE		Loretta Williams PRINT NAME OF THE SIGNER		08/01/2012 9:22:18PM DATE CERTIFIED	
PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.					

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	Fourth Weekly Supplemental Filing Primary - Original	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		\$0.00
13. Balance on hand at the beginning of Reporting Period	\$-32,807.24	
14. Contributions received from Individuals (Section A and B)	\$0.00	\$15,875.00
15. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00
16. Other Monetary Receipts (Section D through I)	\$0.00	\$20.06
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)	\$0.00	\$15,895.06
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$-32,807.24	\$15,895.06
20. Expenses Paid by Committee (Section N)	\$21,481.72	\$70,184.02
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col	(\$54,288.96)	(\$54,288.96)
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)	\$1,819.28	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Newton For Senator		Fourth Weekly Supplemental Filing Primary - Original	
A. Total Contributions from Small Contributors-Received this Period ONLY			For Nonparticipating Candidates ONLY
B. Itemized Contributions from Individuals			

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

Total of Section B			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS	(Sections A + B)	(Total on Line 14 of Summary Page)	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Newton For Senator				Fourth Weekly Supplemental Filing Primary - Original	
C1. Contributions from Other Committees					
Name of Committee			Name of Treasurer		
Address			Is this contribution associated with a fundraising event listed in Section J1?		Amount of Contribution
			Yes No If yes, list Event #		
City	State	Zip Code	Date Received	Aggregate Contributions	
Total of Section C1					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
Newton For Senator				Fourth Weekly Supplemental Filing Primary - Original	
C2. Reimbursements, Payments, or Surplus Distributions from other Committees					
Name of Committee			Name of Treasurer		
Address			Date Received		Amount of Receipt
City	State	Zip Code	Reimbursement for shared expense Payment for goods and services		
Total of Section C2					

I. MONETARY RECEIPTS (Section A-I)

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

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
Newton For Senator				Fourth Weekly Supplemental Filing Primary - Original	
E. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)					
Date of Receipt	Method of Payment			Amount	
	Cash	Personal Check	Credit/Debit Card		
Total of Section E					

I. Monetary Receipts (Section A-I)

NAME OF COMMITTEE			TYPE OF REPORT	
Newton For Senator			Fourth Weekly Supplemental Filing Primary - Original	
G. Interest from Deposits in Authorized Accounts				
Name of Institution			Date Received	
Street Address		City	State	Zip Code
Total of Section G				

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE			TYPE OF REPORT	
Newton For Senator			Fourth Weekly Supplemental Filing Primary - Original	
H. Public Grant Funds Received from the Citizen's Election Fund				
Purpose of Grant:		Grant Cycle:		Date Received
Initial	Grant Adjustment	Primary	General Election	Special Election
Supplemental/Post Election Deficit				
Total of Section H				

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE			TYPE OF REPORT	
Newton For Senator			Fourth Weekly Supplemental Filing Primary - Original	
I. Miscellaneous Monetary Receipts not Considered Contributions				
Name			Date of Transaction	
Street Address		City	State	Zip Code
Description				Amount Received
Total of Section I				

II. FUNDRAISING EVENT ACTIVITY (Sections J1 - J3)

NAME OF COMMITTEE		TYPE OF REPORT	
Newton For Senator		Fourth Weekly Supplemental Filing Primary - Original	
J1. Fundraising Event Information			
Fundraising Event # Date of Fundraiser	Letter Description		
Location: Street Address		City	State Zip Code
Was this fundraising event hosted at a personal residence?	Yes No	if yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.	
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 No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.	
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 No	(If yes, enter Total Receipts here.)	
Total of Section J1			

II. FUNDRAISING EVENT ACTIVITY (Sections J1 - J3)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Newton For Senator		Fourth Weekly Supplemental Filing Primary - Original	
J3. In-Kind Donations Not Considered Contributions			
Name of the Donor			
Street Address		City	State Zip Code
Donation Given by: Individual Business Entity Sole Proprietorship	Description of Donation Date Received Event #		Fair Market Value of Donation
Aggregate value for this event			
Total of Section J3			

III. NONMONETARY RECEIPTS (Sections K - M)

NAME OF COMMITTEE	TYPE OF REPORT
Newton For Senator	Fourth Weekly Supplemental Filing Primary - Original
K. In-Kind Contributions	

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

Total of Section K

III. Non Monetary Receipts (Sections K - M)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Newton For Senator	Fourth Weekly Supplemental Filing Primary - Original
L. Refundable Deposit to Telephone Company	

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

III. NONMONETARY RECEIPTS (Sections K - M)

NAME OF COMMITTEE	TYPE OF REPORT
Newton For Senator	Fourth Weekly Supplemental Filing Primary - 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 Expenditure A B C D E		

Total of Section M

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Newton For Senator	Fourth Weekly Supplemental Filing Primary - Original
N. Expenses Paid By Committee	

Name of Payee Bridgeport MPO		Date of Payment 07/25/2012	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 120 Middle St		City Bridgeport	State CT	Zip Code 06602
Purpose of Expend POST	Description Stamps		Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$135.00
Name of Payee Tri-Fold Graphics		Date of Payment 07/25/2012	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 1436 Barnum Ave		City Stratford	State CT	Zip Code 06614
Purpose of Expend PRNT	Description		Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$691.00
Name of Payee Staple		Date of Payment 07/25/2012	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> 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 another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$81.79

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Newton For Senator	Fourth Weekly Supplemental Filing Primary - Original
N. Expenses Paid By Committee	

Name of Payee Staples		Date of Payment 07/27/2012	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> 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 another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$27.84
Name of Payee Staples		Date of Payment 07/27/2012	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> 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 another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$222.21
Name of Payee Thomlinson		Date of Payment 07/27/2012	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 1400 Noble Ave		City Bridgeport		State CT
Zip Code 06608				
Purpose of Expend FOOD	Description Dinner for 4 workers in Headquarters			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$21.80

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Newton For Senator	Fourth Weekly Supplemental Filing Primary - Original
N. Expenses Paid By Committee	

Name of Payee Tri-Fold Graphics		Date of Payment 07/27/2012	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 1436 Barnum Ave		City Stratford	State CT	Zip Code 06614
Purpose of Expend PRNT	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$1,116.68
Name of Payee Joyce Carter		Date of Payment 07/27/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1139</u> <input type="checkbox"/> Debit Card	
Street Address 46B Nob Hill Cir		City Bridgeport	State CT	Zip Code 06610
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$80.00
Name of Payee Ricky Gallimore		Date of Payment 07/27/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1156</u> <input type="checkbox"/> Debit Card	
Street Address 75 Garfield Ave		City Bridgeport	State CT	Zip Code 06606
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$305.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Newton For Senator	Fourth Weekly Supplemental Filing Primary - Original
N. Expenses Paid By Committee	

Name of Payee Cassie Ford		Date of Payment 07/27/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1135</u> <input type="checkbox"/> Debit Card	
Street Address 410 Mill Hill Ave		City Bridgeport	State CT	Zip Code 06610
Purpose of Expend WAGE	Description			Amount \$161.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	
Name of Payee William Durham		Date of Payment 07/27/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1142</u> <input type="checkbox"/> Debit Card	
Street Address 229 City View Ave		City Bridgeport	State CT	Zip Code 06606
Purpose of Expend WAGE	Description			Amount \$205.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	
Name of Payee William Brooks		Date of Payment 07/27/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1147</u> <input type="checkbox"/> Debit Card	
Street Address 224 Judson St .		City Bridgeport	State CT	Zip Code 06610
Purpose of Expend WAGE	Description			Amount \$170.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Newton For Senator	Fourth Weekly Supplemental Filing Primary - Original
N. Expenses Paid By Committee	

Name of Payee Lillian Wade		Date of Payment 07/27/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1144</u> <input type="checkbox"/> Debit Card	
Street Address 240 Adams St		City Bridgeport	State CT	Zip Code
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$200.00
Name of Payee Dorothy Martin		Date of Payment 07/27/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1143</u> <input type="checkbox"/> Debit Card	
Street Address 457 Midland St		City Bridgeport	State CT	Zip Code 06605
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$100.00
Name of Payee Takia Hunt		Date of Payment 07/27/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1137</u> <input type="checkbox"/> Debit Card	
Street Address 115 Caroline St		City Bridgeport	State CT	Zip Code 06608
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$80.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Newton For Senator	Fourth Weekly Supplemental Filing Primary - Original

N. Expenses Paid By Committee

Name of Payee Randy Wade		Date of Payment 07/27/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1155</u> <input type="checkbox"/> Debit Card	
Street Address 74 Anson St		City Bridgeport	State CT	Zip Code 06606
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$82.00
Name of Payee Staples		Date of Payment 07/28/2012	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> 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 another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$12.76
Name of Payee Loretta Williams		Date of Payment 07/30/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1177</u> <input type="checkbox"/> Debit Card	
Street Address 302 Wilmot Ave		City Bridgeport	State CT	Zip Code 06614-0660
Purpose of Expend RCW	Description Office Supplies			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$429.78

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Newton For Senator	Fourth Weekly Supplemental Filing Primary - Original
N. Expenses Paid By Committee	

Name of Payee Clayton South		Date of Payment 07/30/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1140</u> <input type="checkbox"/> Debit Card	
Street Address 185 Saunders Ave		City Bridgeport	State CT	Zip Code 06606
Purpose of Expend WAGE	Description			Amount \$200.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	
Name of Payee Lillian Wade		Date of Payment 07/30/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1164</u> <input type="checkbox"/> Debit Card	
Street Address 240 Adams St		City Bridgeport	State CT	Zip Code 06607
Purpose of Expend WAGE	Description Balance Owed for check issue for 200 ck #1144			Amount \$10.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	
Name of Payee Lennea Dawson		Date of Payment 07/30/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1173</u> <input type="checkbox"/> Debit Card	
Street Address 40 Soundview Ave		City Bridgeport	State CT	Zip Code 06606
Purpose of Expend WAGE	Description North End Campaign manager			Amount \$375.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Newton For Senator	Fourth Weekly Supplemental Filing Primary - Original
N. Expenses Paid By Committee	

Name of Payee Nicole Patterson		Date of Payment 07/30/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1163</u> <input type="checkbox"/> Debit Card	
Street Address 736 Brooks St		City Bridgeport	State CT	Zip Code 06608
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	
			\$76.00	
Name of Payee Nakisha Cadore		Date of Payment 07/30/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1179</u> <input type="checkbox"/> Debit Card	
Street Address 74 Anson St		City Bridgeport	State CT	Zip Code 06606
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	
			\$60.00	
Name of Payee Arquilla Thompson		Date of Payment 07/30/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1165</u> <input type="checkbox"/> Debit Card	
Street Address 144 Bond St		City Bridgeport	State CT	Zip Code 06610
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	
			\$281.00	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Newton For Senator	Fourth Weekly Supplemental Filing Primary - Original
N. Expenses Paid By Committee	

Name of Payee Jesse Narvaez		Date of Payment 07/30/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1159</u> <input type="checkbox"/> Debit Card	
Street Address 386 Huntington Rd		City Bridgeport	State CT	Zip Code 06610
Purpose of Expend WAGE	Description			Amount \$205.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	
Name of Payee William Vines		Date of Payment 07/30/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1158</u> <input type="checkbox"/> Debit Card	
Street Address 1812 Barnum		City Bridgeport	State CT	Zip Code 06610
Purpose of Expend WAGE	Description			Amount \$205.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	
Name of Payee Columbus Barnes		Date of Payment 07/30/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1141</u> <input type="checkbox"/> Debit Card	
Street Address 128 East Ave		City Bridgeport	State CT	Zip Code 06610
Purpose of Expend WAGE	Description			Amount \$105.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Newton For Senator	Fourth Weekly Supplemental Filing Primary - Original
N. Expenses Paid By Committee	

Name of Payee Cecalie Cooper		Date of Payment 07/30/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1146</u> <input type="checkbox"/> Debit Card	
Street Address 3 Edwin St		City Bridgeport	State CT	Zip Code 06607
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$115.00
Name of Payee Barbara Williams		Date of Payment 07/30/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1181</u> <input type="checkbox"/> Debit Card	
Street Address 88 Kent St		City Bridgeport	State CT	Zip Code 06610
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$435.00
Name of Payee Sandra Brown		Date of Payment 07/30/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1182</u> <input type="checkbox"/> Debit Card	
Street Address 155 Harding Ave		City Stratford	State CT	Zip Code 06615
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$500.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Newton For Senator	Fourth Weekly Supplemental Filing Primary - Original
N. Expenses Paid By Committee	

Name of Payee Tasha Lewis		Date of Payment 07/30/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1136</u> <input type="checkbox"/> Debit Card	
Street Address Trumbull Ave		City Bridgeport	State CT	Zip Code 06607
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$300.00
Name of Payee Tasha Lewis		Date of Payment 07/30/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1128</u> <input type="checkbox"/> Debit Card	
Street Address Trumbull Ave		City Bridgeport	State CT	Zip Code 06607
Purpose of Expend WAGE	Description additional ck due to calculation correction			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$140.00
Name of Payee Dontrell Pierce		Date of Payment 07/30/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1102</u> <input type="checkbox"/> Debit Card	
Street Address 340 Putnam St		City Bridgeport	State CT	Zip Code 06608
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$28.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Newton For Senator	Fourth Weekly Supplemental Filing Primary - Original
N. Expenses Paid By Committee	

Name of Payee Zavon Billups		Date of Payment 07/30/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1170</u> <input type="checkbox"/> Debit Card	
Street Address 857 Pearl Harbor St		City Bridgeport	State CT	Zip Code 06610
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	
			\$30.00	
Name of Payee Jamie Thompson		Date of Payment 07/30/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1151</u> <input type="checkbox"/> Debit Card	
Street Address 120 Elizabeth St		City Bridgeport	State CT	Zip Code 06610
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	
			\$72.00	
Name of Payee Maryann Hajducky		Date of Payment 07/30/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1168</u> <input type="checkbox"/> Debit Card	
Street Address 2395 E Main St		City Bridgeport	State CT	Zip Code 06608
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	
			\$32.00	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Newton For Senator	Fourth Weekly Supplemental Filing Primary - Original
N. Expenses Paid By Committee	

Name of Payee Torun Wells		Date of Payment 07/30/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1162</u> <input type="checkbox"/> Debit Card	
Street Address 590 Wilmot Ave		City Bridgeport		State CT Zip Code 06607
Purpose of Expend WAGE	Description			Amount \$116.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	
Name of Payee Jerry Gatewood		Date of Payment 07/30/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1153</u> <input type="checkbox"/> Debit Card	
Street Address 266 Connecticut		City Bridgeport		State CT Zip Code 06607
Purpose of Expend WAGE	Description			Amount \$258.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	
Name of Payee Kryson McCallaster		Date of Payment 07/30/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1126</u> <input type="checkbox"/> Debit Card	
Street Address 180 A Yaremich Dr		City Bridgeport		State CT Zip Code 06606
Purpose of Expend WAGE	Description			Amount \$120.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Newton For Senator	Fourth Weekly Supplemental Filing Primary - Original
N. Expenses Paid By Committee	

Name of Payee Freda Peterson		Date of Payment 07/30/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1167</u> <input type="checkbox"/> Debit Card	
Street Address 415 Kent Ave		City Bridgeport	State CT	Zip Code 06610
Purpose of Expend WAGE	Description			Amount \$125.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	
Name of Payee Joyce Carter		Date of Payment 07/30/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1139</u> <input type="checkbox"/> Debit Card	
Street Address 46 B Nob Hill Cir		City Bridgeport	State CT	Zip Code 06610
Purpose of Expend WAGE	Description			Amount \$80.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	
Name of Payee Carl Nordi		Date of Payment 07/30/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1168</u> <input type="checkbox"/> Debit Card	
Street Address 1810 Stratford Ave Apt 1C		City Bridgeport	State CT	Zip Code 06607
Purpose of Expend WAGE	Description			Amount \$50.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Newton For Senator	Fourth Weekly Supplemental Filing Primary - Original

N. Expenses Paid By Committee

Name of Payee Carleen Thomas		Date of Payment 07/30/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1171</u> <input type="checkbox"/> Debit Card	
Street Address 135 Skokorort St		City Seymour	State CT	Zip Code 06483
Purpose of Expend WAGE	Description			Amount \$208.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	
Name of Payee Zip Bar		Date of Payment 07/30/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1131</u> <input type="checkbox"/> Debit Card	
Street Address 7 Old Farm Rd		City Oxford	State CT	Zip Code 06478
Purpose of Expend A-DM	Description Mail House			Amount \$1,241.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	
Name of Payee James Worde		Date of Payment 07/30/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1169</u> <input type="checkbox"/> Debit Card	
Street Address 485 Jane St		City Bridgeport	State CT	Zip Code 06608
Purpose of Expend WAGE	Description			Amount \$170.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Newton For Senator	Fourth Weekly Supplemental Filing Primary - Original

N. Expenses Paid By Committee

Name of Payee Tom Coble		Date of Payment 07/30/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1175</u> <input type="checkbox"/> Debit Card	
Street Address 63 Larkey Rd		City Oxford	State CT	Zip Code 06478
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$4,000.00
Name of Payee Ralph Ford		Date of Payment 07/30/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1176</u> <input type="checkbox"/> Debit Card	
Street Address 410 Mill Hill Ave		City Bridgeport	State CT	Zip Code 06610
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$2,800.00
Name of Payee Tom Coble		Date of Payment 07/30/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1180</u> <input type="checkbox"/> Debit Card	
Street Address 63 Larkey Rd		City Oxford	State CT	Zip Code 06478
Purpose of Expend RCW	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$72.36

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Newton For Senator	Fourth Weekly Supplemental Filing Primary - Original
N. Expenses Paid By Committee	

Name of Payee CandidateSigns.com		Date of Payment 07/31/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1183</u> <input type="checkbox"/> Debit Card	
Street Address PO Box 788		City Boys Town	State NE	Zip Code 06810
Purpose of Expend PRNT	Description Design and print		Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$850.00
Name of Payee Lisa Woodson		Date of Payment 07/31/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1184</u> <input type="checkbox"/> Debit Card	
Street Address 15 Ridgewood Ave		City Bridgeport	State CT	Zip Code 06606
Purpose of Expend WAGE	Description		Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$30.00
Name of Payee Dorothy Raysor		Date of Payment 07/31/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1184</u> <input type="checkbox"/> Debit Card	
Street Address 415 Kent Ave		City Bridgeport	State CT	Zip Code 06610
Purpose of Expend WAGE	Description		Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$60.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Newton For Senator	Fourth Weekly Supplemental Filing Primary - Original

N. Expenses Paid By Committee

Name of Payee Natajah McClain		Date of Payment 07/31/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1186</u> <input type="checkbox"/> Debit Card	
Street Address 290 Willow St		City Bridgeport	State CT	Zip Code 06610
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$10.00
Name of Payee The Preferred Group		Date of Payment 07/31/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1124</u> <input type="checkbox"/> Debit Card	
Street Address 8 Thistle Rd		City Norwalk	State CT	Zip Code 06851
Purpose of Expend CNSLT	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$4,000.00
Total of Section N				\$21,481.72

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)					TYPE OF REPORT	
					Fourth Weekly Supplemental Filing Primary - Original	
O. Expenses Paid By Candidate						
Name of Payee (Name of vendor who candidate paid directly)				Date of Payment		Is Reimbursement Claimed? Yes No
Street Address		City		State	Zip Code	Amount
Purpose of Expenditure (by code)	Description			Event #		
Total of Section O						

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)					TYPE OF REPORT	
Newton For Senator					Fourth Weekly Supplemental Filing Primary - Original	
P. Expenses Incurred on Committee Credit Card						
Name of Issuing Institution				Type of Credit Card: <div> <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other </div>		
Name of Vendor					Date of Transaction	
Street Address			City		State	Zip Code
Purpose of Expenditure (by code)	Description				Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Yes No	Expenditure # (if applicable)	Event #		
If yes, assign an Expenditure # and complete Itemization in Addendum						
Total of Section P						

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)

TYPE OF REPORT

Newton For Senator

Fourth Weekly Supplemental Filing Primary - Original

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

Name of Creditor

Date Incurred

Street Address

City

State

Zip Code

Purpose of Expenditure
(bv code)

Description

Amount Incurred
(Estimate or Actual)Is this expenditure coordinated with another candidate for which
reimbursement is sought?

Yes

No

Expenditure #
(if applicable)

Event #

If yes, assign an Expenditure # and completes Itemization in Addendum Q

Total of Section Q

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Newton For Senator	Fourth Weekly Supplemental Filing Primary - Original
R. Itemization of Reimbursements to Committee Workers and Consultants	

Last Name of Worker/Consultant Williams	First Loretta	MI	Date of Payment 07/30/2012	Method of Payment <input checked="" type="checkbox"/> Check # 1177 <input type="checkbox"/> Debit Card
Secondary Payee Walmart				
Street Address 150 Barnum Ave	City Stratford		State CT	Zip Code 06514
Purpose of Expenditure (by code) OFFICE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and completes Itemization in Addendum R		Expenditure # (if applicable)	Event #	\$398.56

Last Name of Worker/Consultant Williams	First Loretta	MI	Date of Payment 07/30/2012	Method of Payment <input checked="" type="checkbox"/> Check # 1177 <input type="checkbox"/> Debit Card
Secondary Payee Walmart				
Street Address 150 Barnum Ave	City Stratford		State CT	Zip Code 06614
Purpose of Expenditure (by code) OFFICE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and completes Itemization in Addendum R		Expenditure # (if applicable)	Event #	\$31.78

Total of Section R	\$430.34
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IV. EXPENDITURES (Sectuibs N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Newton For Senator	Fourth Weekly Supplemental Filing Primary - 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				