



COVER PAGE

1. NAME OF COMMITTEE			2. TYPE OF COMMITTEE		
Newton For State Rep			<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee		
3. TREASURER NAME					
First Christopher	MI J	Last Taylor		Suffix	
4. TREASURER ADDRESS					
Street Address 270 Bronson Rd	City Southport	State CT	Zip Code 06890		
5. ELECTION DATE	6. OFFICE SOUGHT <i>(Complete only if Candidate Committee)</i>			7. DISTRICT NUMBER <i>(if applicable)</i>	
11/04/2014	State Representative			R124	
8. CANDIDATE NAME <i>(Complete only if Candidate or Exploratory Committee)</i>					
First Ernest	MI E.	Last Newton		Suffix II	
9. TYPE OF REPORT					
July 10 Filing - Amendment					
10. PERIOD COVERED					
Beginning Date		Ending Date			
06/01/2014		thru		06/30/2014	
11. CERTIFICATION					
<input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.					
Electronic Filing	Christopher Taylor	07/10/2014 4:39:25PM			
SIGNATURE	PRINT NAME OF THE SIGNER	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 State Rep	July 10 Filing - Amendment	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		\$0.00
13. Balance on hand at the beginning of Reporting Period	\$0.00	
14. Contributions received from Individuals (Section A and B)	\$3,035.00	\$3,035.00
15. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00
16. Other Monetary Receipts (Section D through I)	\$0.00	\$0.00
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)	\$3,035.00	\$3,035.00
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$3,035.00	\$3,035.00
20. Expenses Paid by Committee (Section N)	\$2,763.23	\$2,763.23
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col)	\$271.77	\$271.77
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	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Newton For State Rep	July 10 Filing - Amendment

A. Total Contributions from Small Contributors-Received this Period ONLYFor Nonparticipating Candidates ONLY
\$0.00**B. Itemized Contributions from Individuals**

Last Name Goldson	First Bruce	MI	Contribution ID # 0026
Residential Street Address 29 Glen Dr	City Ansonia	State CT	Zip Code 06401
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/10/2014	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Donofrio	First Dahill	MI A	Contribution ID # 0029
Residential Street Address 530 B Success Ave	City Bridgeport	State CT	Zip Code 06610
Principal Occupation Disable	Name of Employer Disable		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/11/2014	Aggregate Contributions \$250.00
		Amount of Contribution \$250.00	

Last Name Curcio	First Gus	MI	Contribution ID # 0030
Residential Street Address 530 B Success Ave	City Bridgeport	State CT	Zip Code 06610
Principal Occupation Consulting	Name of Employer Self Employed		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/11/2014	Aggregate Contributions \$250.00
		Amount of Contribution \$250.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Newton For State Rep	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Kish	First Julia	MI	Contribution ID # 0031
Residential Street Address 530 B Success Ave	City Bridgeport	State CT	Zip Code 06610
Principal Occupation Consulting	Name of Employer Self Employed		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/11/2014	Aggregate Contributions \$250.00
		Amount of Contribution \$250.00	

Last Name Williams	First Bryon	MI N	Contribution ID # 0027
Residential Street Address 505 Jewett Ave	City Bridgeport	State CT	Zip Code 06606
Principal Occupation Teacher	Name of Employer Bridgeport Public School		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/11/2014	Aggregate Contributions \$250.00
		Amount of Contribution \$250.00	

Last Name Depiano	First Salvatore	MI	Contribution ID # 0028
Residential Street Address 220 Stillson Rd	City Fairfield	State CT	Zip Code 06824
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/12/2014	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name England	First Randie	MI L	Contribution ID # 0003
Residential Street Address 580 Canaan Rd	City Stratford	State CT	Zip Code 06614
Principal Occupation Senior Administrative	Name of Employer Yellow Rose		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/16/2014	Aggregate Contributions \$250.00
		Amount of Contribution \$250.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Newton For State Rep	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Hasan	First Zubi	MI	Contribution ID # 0008
Residential Street Address 629 Berkshire Ave	City Bridgeport	State CT	Zip Code 06607
Principal Occupation	Name of Employer Self Employed		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/19/2014	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name Gonzalez	First Joel	MI	Contribution ID # 0009
Residential Street Address 909 Maplewood Ave	City Bridgeport	State CT	Zip Code 06605
Principal Occupation	Name of Employer City Of Bridgeport		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/19/2014	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name Moussawian	First Christine	MI	Contribution ID # 0022
Residential Street Address 11 Vintage Rd	City Trumbull	State CT	Zip Code 06611
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/19/2014	Aggregate Contributions \$20.00
			Amount of Contribution \$20.00

Last Name Smith	First Devin	MI D	Contribution ID # 0020
Residential Street Address 604 Newfield Ave	City Bridgeport	State CT	Zip Code 06607
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/20/2014	Aggregate Contributions \$10.00
			Amount of Contribution \$10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Newton For State Rep	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Levy	First Sam	MI	Contribution ID # 0021
Residential Street Address 104 Jackson Ave	City Bridgeport	State CT	Zip Code 06615
Principal Occupation Constuctor	Name of Employer Self Employed		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/20/2014	Aggregate Contributions \$150.00
			Amount of Contribution \$150.00

Last Name Curcio	First Vicent Jr	MI	Contribution ID # 0001
Residential Street Address 258 Congress St	City Bridgeport	State CT	Zip Code 06604
Principal Occupation Bail enforcement	Name of Employer Curcio Bailbonds		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/20/2014	Aggregate Contributions \$350.00
			Amount of Contribution \$350.00

Last Name Martin	First Raymond JR	MI	Contribution ID # 0002
Residential Street Address 39 Deerfield	City Easton	State CT	Zip Code 06615
Principal Occupation Realitor	Name of Employer Martin Real Estate		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/20/2014	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Lemdon	First Sharon	MI D	Contribution ID # 0010
Residential Street Address 10 Asia Cir	City Bridgeport	State CT	Zip Code 06610
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/20/2014	Aggregate Contributions \$40.00
			Amount of Contribution \$40.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Newton For State Rep	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Gardner	First Howard	MI I	Contribution ID # 0011
Residential Street Address 25 Cartright St Unit 8G	City Bridgeport	State CT	Zip Code 06604
Principal Occupation	Name of Employer Self Employed		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 06/20/2014	Aggregate Contributions \$40.00
			Amount of Contribution \$40.00

Last Name Davidson	First Teresa	MI CT	Contribution ID # 0012
Residential Street Address 974 William St	City Bridgeport	State CT	Zip Code 06608
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 06/20/2014	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name Regensburger	First Joseph	MI CT	Contribution ID # 0004
Residential Street Address 921 Valley Rd	City Fairfield	State CT	Zip Code 06825
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 06/20/2014	Aggregate Contributions \$250.00
			Amount of Contribution \$250.00

Last Name Maignan	First Cynthia	MI S	Contribution ID # 0005
Residential Street Address 518 N Summerfield Ave	City Bridgeport	State CT	Zip Code 06610
Principal Occupation	Name of Employer DCF		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date Received 06/20/2014	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Newton For State Rep	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Newton	First Tommy	MI	Contribution ID # 0006
Residential Street Address 191 Sixth St	City Bridgeport	State CT	Zip Code 06607
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #		Date Received 06/20/2014	Aggregate Contributions \$50.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$50.00	

Last Name McLanughlin	First Kim	MI E	Contribution ID # 0007
Residential Street Address 110 Hale Ter	City Bridgeport	State CT	Zip Code 06610
Principal Occupation	Name of Employer CT Housing Coalition		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #		Date Received 06/20/2014	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

Last Name Williams	First Keith	MI E	Contribution ID # 0023
Residential Street Address 92 Waterman St	City Bridgeport	State CT	Zip Code 06607
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #		Date Received 06/20/2014	Aggregate Contributions \$25.00
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$25.00	

Last Name Newton-Foster	First Patricia	MI	Contribution ID # 0019
Residential Street Address 92 Arch St	City New Haven	State CT	Zip Code 06519
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #		Date Received 06/20/2014	Aggregate Contributions \$30.00
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Amount of Contribution \$30.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Newton For State Rep	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Goodman	First Lolo	MI S	Contribution ID # 0024
Residential Street Address 99 Lakeside Dr	City Bridgeport	State CT	Zip Code 06606
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Amount of Contribution Date Received 06/20/2014 Aggregate Contributions \$20.00 \$20.00

Last Name Gibson	First Willene	MI CT	Contribution ID # 0014
Residential Street Address 355 Carroll Ave	City Bridgeport	State CT	Zip Code 06607
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Amount of Contribution Date Received 06/20/2014 Aggregate Contributions \$10.00 \$10.00

Last Name Johnson	First Twana	MI M	Contribution ID # 0015
Residential Street Address 49B Mencil Cir	City Bridgeport	State CT	Zip Code 06610
Principal Occupation	Name of Employer Family Care Visiting Nurse		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Amount of Contribution Date Received 06/20/2014 Aggregate Contributions \$25.00 \$25.00

Last Name Martinez-Walker	First Eneida	MI L	Contribution ID # 0016
Residential Street Address 999 Broad St	City Bridgeport	State CT	Zip Code 06604
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Amount of Contribution Date Received 06/20/2014 Aggregate Contributions \$25.00 \$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Newton For State Rep	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Holloway	First James	MI	Contribution ID # 0017
Residential Street Address 427 Wilmont Ave	City Bridgeport	State CT	Zip Code 06607
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/20/2014	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Mitchell	First Robies	MI	Contribution ID # 0018
Residential Street Address 993 State St	City Bridgeport	State CT	Zip Code 06605
Principal Occupation	Name of Employer Shereff		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/20/2014	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Lee	First Mary	MI A	Contribution ID # 0013
Residential Street Address 125 Hillcrest Rd	City Bridgeport	State CT	Zip Code 06606
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/21/2014	Aggregate Contributions \$40.00
		Amount of Contribution \$40.00	

Last Name Leaphat	First Harry	MI O	Contribution ID # 0025
Residential Street Address 44 Lynn Dr	City Monroe	State CT	Zip Code 06468
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 06/26/2014	Aggregate Contributions \$75.00
		Amount of Contribution \$75.00	

Total of Section B			\$3,035.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS	(Sections A + B)	(Total on Line 14 of Summary Page)	\$3,035.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Newton For State Rep	July 10 Filing - Amendment

C1. Contributions from Other Committees

Name of Committee				Name of Treasurer		
Address		Is this contribution associated with a fundraising event listed in Section J1?		Yes	No	Amount of Contribution
		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 State Rep	July 10 Filing - Amendment

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 State Rep	July 10 Filing - Amendment

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 State Rep	July 10 Filing - Amendment

E. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)

Date of Receipt	Method of Payment	Amount
	Cash Personal Check Credit/Debit Card	
Total of Section E		

I. Monetary Receipts (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Newton For State Rep	July 10 Filing - Amendment

G. Interest from Deposits in Authorized Accounts

Name of Institution	Date Received	Amount
Street Address	City	State Zip Code
Total of Section G		

I. MONETARY RECEIPTS (Section A-K)			
NAME OF COMMITTEE			TYPE OF REPORT
Newton For State Rep			July 10 Filing - Amendment
H. Public Grant Funds Received from the Citizens' Election Fund			
Purpose of Grant:	Grant Cycle:	Date Received	Amount
Initial Grant Adjustment Supplemental/Post Election Deficit	Primary General Election Special Election		
Total of Section H			

I. MONETARY RECEIPTS (Section A-K)				
NAME OF COMMITTEE				TYPE OF REPORT
Newton For State Rep				July 10 Filing - Amendment
I. Miscellaneous Monetary Receipts not Considered Contributions				
Name			Date of Transaction	Amount Received
Street Address	City	State	Zip Code	
Description				
Total of Section I				

II. FUNDRAISING EVENT ACTIVITY (Sections J1 - J3)

NAME OF COMMITTEE	TYPE OF REPORT
Newton For State Rep	July 10 Filing - Amendment

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	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.		
		No			
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		Yes	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.		
		No			
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		Yes	(If yes, enter Total Receipts here.)		
		No			

Total of Section J1**II. FUNDRAISING EVENT ACTIVITY (Sections J1 - J3)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Newton For State Rep	July 10 Filing - Amendment

J3. In-Kind Donations Not Considered Contributions

Name of the Donor					
Street Address			City	State	Zip Code
Donation Given by:	Description of Donation				Fair Market Value of Donation
Individual					
Business Entity	Date Received	Event #	Aggregate value for this event		
Sole Proprietorship					

Total of Section J3

III. NONMONETARY RECEIPTS (Sections K - M)

NAME OF COMMITTEE	TYPE OF REPORT
Newton For State Rep	July 10 Filing - Amendment

K. In-Kind Contributions

Name			
Street Address		City	State Zip Code
Is this contribution associated with a fundraising event listed in Section I1? 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 State Rep	July 10 Filing - Amendment

L. Refundable Deposit to Telephone Company

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

Total of Section L

III. NONMONETARY RECEIPTS (Sections K - M)

NAME OF COMMITTEE	TYPE OF REPORT
Newton For State Rep	July 10 Filing - Amendment

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		

Total of Section M

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Newton For State Rep	July 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Bank Of America		Date of Payment 06/12/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address PO Box 25118		City Tampa	State FL	Zip Code 33622-5118
Purpose of Expend BNK	Description Check Order		Amount \$89.58	
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)		

Name of Payee Supreme Printing		Date of Payment 06/21/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>1002</u> <input type="checkbox"/> Debit Card	
Street Address 1219 Main St		City Bridgeport	State CT	Zip Code 06604
Purpose of Expend A-SIGN	Description Lawn Signs & Flyers		Amount \$1,300.00	
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)		

Name of Payee Ernest Newton		Date of Payment 06/21/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>1001</u> <input type="checkbox"/> Debit Card	
Street Address 190 Read St		City Bridgeport	State CT	Zip Code
Purpose of Expend RCW	Description Candidate Reimbursement		Amount \$100.00	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)		

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Newton For State Rep	July 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee Ernest Newton		Date of Payment 06/21/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>1003</u> <input type="checkbox"/> Debit Card	
Street Address 19		City Bridgeport		State CT
Zip Code 06607				
Purpose of Expend RCW	Description Candidate Reimbursement		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 #	\$99.86
Name of Payee Supreme Printing		Date of Payment 06/24/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>1005</u> <input type="checkbox"/> Debit Card	
Street Address 1219 Main St		City Bridgeport		State CT
Zip Code 06604				
Purpose of Expend PRNT	Description Flyers		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 #	\$549.00
Name of Payee Willene		Date of Payment 06/24/2014	Method of Payment <input checked="" type="checkbox"/> Check # 1004 <input type="checkbox"/> Debit Card	
Street Address Gibson		City Bridgeport		State CT
Zip Code 06607				
Purpose of Expend A PH-BNK	Description Phone Bank		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 #	\$27.29

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Newton For State Rep	July 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee Willene Gibson		Date of Payment 06/24/2014	Method of Payment <input checked="" type="checkbox"/> Check # 1005 <input type="checkbox"/> Debit Card	
Street Address 355 Carroll Ave		City Bridgeport		State CT
Zip Code 06607				
Purpose of Expend A-PH-BNK	Description Phone Bank			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 Willene Gibson		Date of Payment 06/24/2014	Method of Payment <input checked="" type="checkbox"/> Check # 1004 <input type="checkbox"/> Debit Card	
Street Address 355 Carroll Ave		City Bridgeport		State CT
Zip Code 06607				
Purpose of Expend A-PH-BNK	Description Phone Bank			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 #	\$27.29
Name of Payee Willene		Date of Payment 06/24/2014	Method of Payment <input checked="" type="checkbox"/> Check # 1005 <input type="checkbox"/> Debit Card	
Street Address Gibson		City Bridgeport		State CT
Zip Code 06607				
Purpose of Expend A-PH-BNK	Description Phone Bank			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$200.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Newton For State Rep	July 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee Curico Bail Bonds		Date of Payment 06/24/2014	Method of Payment <input checked="" type="checkbox"/> Check # 1007 <input type="checkbox"/> Debit Card	
Street Address 580 Congress St		City Bridgeport		State CT
Zip Code 06604				
Purpose of Expend REF	Description Refund over Contribution		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 Jeannette Torres		Date of Payment 06/24/2014	Method of Payment <input checked="" type="checkbox"/> Check # 1010 <input type="checkbox"/> Debit Card	
Street Address 355 Carroll Ave		City Bridgeport		State CT
Zip Code 06607				
Purpose of Expend A-OTH	Description Phone Bank		Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$124.50
Name of Payee Willene Gibson		Date of Payment 06/24/2014	Method of Payment <input checked="" type="checkbox"/> Check # 1011 <input type="checkbox"/> Debit Card	
Street Address 355 Carroll Ave		City Bridgeport		State CT
Zip Code 06607				
Purpose of Expend A-PH-BNK	Description Phone Bank		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 #	\$133.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Newton For State Rep	July 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee Lamont Finney	Date of Payment 06/24/2014	Method of Payment <input checked="" type="checkbox"/> Check # 1012 <input type="checkbox"/> Debit Card	
Street Address 240 Adam St	City Bridgeport	State CT	Zip Code 06607
Purpose of Expend Misc *	Description bookkeeping	Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
			\$40.00

Total of Section N	\$2,763.23
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IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
	July 10 Filing - Amendment

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
Purpose of Expenditure (by code)	Description	Event #	
			Amount

Total of Section O	
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IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Newton For State Rep				July 10 Filing - Amendment	
P. Expenses Incurred on Committee Credit Card					
Name of Issuing Institution			Type of Credit Card: Visa Master Card Discover American Express Other		
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 State Rep				July 10 Filing - Amendment	
Q. Expenses Incurred By Committee but Not Paid During this Period					
Name of Creditor				Date Incurred	
Street Address			City		State Zip Code
Purpose of Expenditure (by 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 State Rep	July 10 Filing - Amendment

R. Itemization of Reimbursements to Committee Workers and Consultants

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment Check # Debit Card
Secondary Payee				
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 completes Itemization in Addendum R				

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Newton For State Rep	July 10 Filing - Amendment

S. Surplus Distribution of Equipment and Furniture

Name of Recipient				
Street Address	City	State	Zip Code	Original Purchase Amount of Item
Description of Item				

Total of Section S	
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