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 24

COVER PAGE

1.NAME OF COMMITTEE						2. TYP	PE OF COMMITTEE	
Newton For State Rep						x	Candidate Committee Exploratory Committee	
3. TREASURER NAME								
First Christopher			MI J	Last Taylor			Suffix	
4. TREASURER ADDRESS								
Street Address 270 Bronson Rd		City South	iport		State CT		Zip Code 06890	
5. ELECTION DATE	6. OFFICE SOUGHT (Ca	omplete or	nly if Candidate	Committee)	•	7. DISTR	ICT NUMBER (if applicable	
11/04/2014	State Representativ	/e				R124		
8. CANDIDATE NAME (Complete only if C	Candidate or Exploratory Co	ommittee	e)				_	
First Ernest			MI E.	Last Newton			Suffix II	
9. TYPE OF REPORT								
July 10 Filing - Amendment								
10. PERIOD COVERED								
	Beginning Date			Ending Date				
	06/01/2014	thru	1	06/30/2014				
11 CEDTIEICATION								
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 Taylo	r		07/	10/2014 4	l:39:25PM	 	
SIGNATURE	PRINT NAME OF THE	E SIGNE	ìR	DATI	E 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						
T							
	COLUMN A	COLUMN B					
	This Period	Aggregate					
12. Balance on hand from day Committee was formed		\$0.00					
13. Balance on hand at the beginning of Reporting Period	\$0.00						
14. Contributions received from Individuals (Section A and B)	\$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						

							Page 3 01 24	
I. MON	ETARY RECEIPTS	S (Se	ction A-I)					
NAME OF COMMITTEE (Provide Complete Name as Registe	ered with Commission)				TYPE OF REPORT			
Newton For State Rep				July 10	Filing - Amendment			
A. Total Contributions from Small Contributors-	Received this Period	d Ol	NLY		For Nonpartic	cipating Cand	lidates ONLY	
B. Itemize	ed Contributions from	1 Ind	ividuals					
Last Name		First				MI	Contribution ID #	
Goldson			Bruce				0026	
Residential Street Address		City				State	Zip Code	
29 Glen Dr			Ansonia			СТ	06401	
Principal Occupation			Name of Employe	r				
						_		
Is contributor a principal of a state contractor or prospective state contractor?	Yes X No		Is contributor a lo		se, or Yes	Amou	ant of Contribution	
If yes, indicate which branch or branches of	1		dependent child of	a lobbyist?				
government the contract is with:	Legislative				x _{No}	1		
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribu	ition:	Date	Received	Aggregate	Contributions			
X No Cash	X Personal Check	06/	0/2014		+50.00		+50.00	
If yes, list Event # No Money Order	Credit/Debit Card	06/.	.0/2014		\$50.00	\$50.00		
Last Name		First	•			MI	Contribution ID #	
Donofrio		riist	Dahill			A	0029	
Residential Street Address		City	Dariiii			State	Zip Code	
530 B Success Ave		City	Bridgeport			CT	06610	
Principal Occupation	ļ		Name of Employe	r		1	1 00010	
Disable			Disable	e				
Is contributor a principal of a state contractor or prospective state contractor?	Yes X No		Is contributor a lo	bbyist, spou	se, or Yes	Amou	ant of Contribution	
	Yes X No		dependent child of	a lobbyist?	_			
If yes, indicate which branch or branches of government the contract is with:	Legislative				x No			
Is this contribution associated with a Method of contribu	ition:	Date	Received	Aggregate	Contributions			
rundraising event listed in Section J1?	X Personal Check							
If yes, list Event # Cash Money Order	Credit/Debit Card	06/1	.1/2014		\$250.00		\$250.00	
money of the							1	
Last Name		First				MI	Contribution ID #	
Curcio			Gus				0030	
Residential Street Address		City	5.1			State	Zip Code	
530 B Success Ave			Bridgeport			СТ	06610	
Principal Occupation Consulting			Name of Employe	r nployed				
Is contributor a principal of a state contractor or prospective state contractor?			Is contributor a lo		se or	Amou	unt of Contribution	
is contributor a principal of a state contractor of prospective state contractor:	Yes X No		dependent child of		se, or Yes	Amot	int of Contribution	
If yes, indicate which branch or branches of government the contract is with:	Legislative				x _{No}			
Is this contribution associated with a fundraising event listed in Section 112	ition:	Date	Received	Aggregate	Contributions			
landraising event instea in section 31:	X Personal Check							
If yes, list Event # X No Annual Cash Money Order	Credit/Debit Card	06/1	.1/2014		\$250.00		\$250.00	

Page 4 of 24

L MONETARY RECEIPT	S (Se	ection A-D			
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	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Kish		Julia			0031
Residential Street Address	City			State	Zip Code
530 B Success Ave	<u> </u>	Bridgeport		СТ	06610
Principal Occupation		Name of Employ			
Consulting Is contributor a principal of a state contractor or prospective state contractor?			mployed obbyist, spouse, or	Amou	ant of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	Vac	Aillot	ant of Contribution
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
Tulidasing event insect in Section 71:					
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	06/	11/2014	\$250.00		\$250.00
Last Name	First	_		MI	Contribution ID #
Williams	City	Bryon		N	O027 Zip Code
Residential Street Address 505 Jewett Ave	City	Bridgeport		State CT	06606
Principal Occupation	<u> </u>	Name of Employ	er	CI	00000
Teacher			eport Public School		
			obbyist, spouse, or	Amou	ınt of Contribution
	0	dependent child of	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:			x No		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
Tunidialising event instead in Section 71:					
If yes, list Event # Cash Cash Personal Check Money Order Credit/Debit Card	06/	11/2014	\$250.00		\$250.00
					La va va mu
Last Name	First	Salvatore		MI	Contribution ID # 0028
Depiano Residential Street Address	City	Jaivatore		State	Zip Code
220 Stillson Rd	City	Fairfield		CT	06824
Principal Occupation		Name of Employ	er		
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of	5	dependent child of	or a robbyist?		
government the contract is with:			x _{No}		
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
X No Cash Personal Check	0.51	42/2044	+400.00		+100.00
If yes, list Event # Money Order Credit/Debit Card	06/	12/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
England		Randie		L	0003
Residential Street Address	City			State	Zip Code
580 Canaan Rd		Stratford		СТ	06614
Principal Occupation		Name of Employ	er	•	•
Seniot Administrative		Yellov	v Rose		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of		acpendent child (x No		
government the contract is with: Legislative Legislative Mathed of contribution:	D-4	P. osoivad			
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions		
X No Cash X Personal Check	06/	16/2014	\$250.00		\$250.00
If yes, list Event # Money Order	1	-,	4250.00		, ,

Page 5 of 24

L MONETARY RECEIPT	S (Se	ection A-D			
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	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Hasan		Zubi			0008
Residential Street Address	City			State	Zip Code
629 Berkshire Ave		Bridgeport		СТ	06607
Principal Occupation		Name of Employ	er mployed		
Is contributor a principal of a state contractor or prospective state contractor?			11.11	Amou	unt of Contribution
Yes X No	О	dependent child of	Voc		
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with a fundraising event listed in Section 112	Date	Received	Aggregate Contributions		
Tundralising event insect in Section 31:					
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	06/	19/2014	\$50.00		\$50.00
Last Name	First			MI	Contribution ID #
Gonzalez	Thist	Joel		IVII	0009
Residential Street Address	City	300.		State	Zip Code
909 Maplewood Ave		Bridgeport		СТ	06605
Principal Occupation		Name of Employ	er		•
		City C	of Bridgeport		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a le dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of		dependent enna e			
government the contract is with: Is this contribution associated with a Method of contribution: Method of contribution:	Doto	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
X No Cash X Personal Check	06/	19/2014	\$50.00		\$50.00
If yes, list Event #			1.1.1.1		
Last Name	First			MI	Contribution ID #
Moussawian		Christine			0022
Residential Street Address	City			State	Zip Code
11 Vintage Rd	<u> </u>	Trumbull		СТ	06611
Principal Occupation		Name of Employ	er		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	ant of Contribution
Yes 🔼 No	О	dependent child of			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
Tundraising event listed in Section 31?					
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	06/	19/2014	\$20.00		\$20.00
Last Name	First			MI	Contribution ID #
Smith	Thist	Devin		D	0020
Residential Street Address	City			State	Zip Code
604 Newfield Ave		Bridgeport		СТ	06607
Principal Occupation	-	Name of Employ	er	•	
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.	o	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative			x No		
government the contract is with.	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?			•		
X No X Cash Personal Check If yes, list Event #	06/	20/2014	\$10.00		\$10.00

Page 6 of 24

L MONETARY RECEIPT	S (Se	ection A-D			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	(,	TYPE OF REPORT		
Newton For State Rep					
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Levy		Sam			0021
Residential Street Address	City			State	Zip Code
104 Jackson Ave		Bridgeport		СТ	06615
Principal Occupation		Name of Employ			
Constuctior			mployed		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent ennu (x _{No}		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
X No Cash Personal Check	06/	20/2014	\$150.00		\$150.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
Curcio		Vicent Jr			0001
Residential Street Address	City			State	Zip Code
258 Congress St		Bridgeport		СТ	06604
Principal Occupation		Name of Employ	er		
Bail enforcement		Curcio	Bailbonds		
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of		dependent child (<u></u>		
government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
Cash X Personal Check	06/	20/2014	#350.00		+250.00
If yes, list Event # Money Order Credit/Debit Card	06/.	20/2014	\$350.00		\$350.00
Last Name	First			MI	Contribution ID #
Martin	1 1100	Raymond JR			0002
Residential Street Address	City			State	Zip Code
39 Deerfield		Easton		СТ	06615
Principal Occupation	•	Name of Employ	er		
Realitor		Martir	n Real Estate		
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of	5	dependent child of	or a robbyist?		
government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions		
X No Cash Personal Check					
If yes, list Event # No Money Order Credit/Debit Card	06/.	20/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Lemdon		Sharon		D	0010
Residential Street Address	City			State	Zip Code
10 Asia Cir		Bridgeport		СТ	06610
Principal Occupation		Name of Employ	er		•
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of		dependent child of	or a robbyist?		
government the contract is with: Executive Legislative		<u> </u>	X No		
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
X No Cash X Personal Check	067	20/2014	¢40 00		\$40.00
If yes, list Event # Money Order Credit/Debit Card	1 00/	20/2014	\$40.00		\$40.00

I. MONETARY RECEIPT	S (Se	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT July 10 Filing - Amendment		
Newton For State Rep			July 10 1 ming - Amendment		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Gardner		Howard		I	0011
Residential Street Address 25 Cartright St Unit 8G	City	Pridagnort		State CT	Zip Code 06604
Principal Occupation	<u> </u>	Bridgeport Name of Employ	er	CI	00004
			mployed		
Is contributor a principal of a state contractor or prospective state contractor?	_	Is contributor a l	obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of	0	dependent child of	of a lobbyist?		
government the contract is with:			x _{No}		
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
TX Na Cash Personal Check	06/	20/2014	\$40.00		\$40.00
If yes, list Event # X Money Order Credit/Debit Card	00/.	20,2011	¥ 10.00		
Last Name	First			MI	Contribution ID #
Davidson		Teresa			0012
Residential Street Address	City			State	Zip Code
974 William St	L	Bridgeport		СТ	06608
Principal Occupation		Name of Employ	er		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	ant of Contribution
Yes X N	0	dependent child of	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:			x No		
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions		
Tundraising event listed in Section 31? Cash X Personal Check					
If yes, list Event # Money Order Credit/Debit Card	06/2	20/2014	\$50.00		\$50.00
Last Name	First			MI	Contribution ID #
Regensburger		Joseph			0004
Residential Street Address	City			State	Zip Code
921 Valley Rd	<u>L</u>	Fairfield		СТ	06825
Principal Occupation		Name of Employ			
Retired		Retire		Amou	ant of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	0	dependent child of		Amou	iit of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1	
Tundraising event listed in Section 31?					
If yes, list Event # Cash Cash Personal Check Money Order Credit/Debit Card	06/2	20/2014	\$250.00		\$250.00
Last Name	First			MI	Contribution ID #
Maignan	FIISt	Cynthia		S	0005
Residential Street Address	City			State	Zip Code
518 N Summerfield Ave		Bridgeport		СТ	06610
Principal Occupation		Name of Employ	er		
		DCF			
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		cinu	x No		
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?			30 0		
If yes, list Event # Cash X Personal Check No Money Order Credit/Debit Card	06/2	20/2014	\$25.00		\$25.00

Page 8 of 24

I. MONETARY RECEIPT	S (Se	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT July 10 Filing - Amendment		
Newton For State Rep			outy to t liling - Americanient		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Newton		Tommy			0006
Residential Street Address	City	D : 1		State	Zip Code
191 Sixth St		Bridgeport Name of Employe	ON .	СТ	06607
Principal Occupation		Name of Employ	ei		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a le	obbyist, spouse, or	Amou	ınt of Contribution
	0	dependent child of			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions		
iundraising event listed in Section 31?					
If yes, list Event # Cash Cash Personal Check Money Order Credit/Debit Card	06/2	20/2014	\$50.00		\$50.00
					La . a . i . m "
Last Name McLanughlin	First	Kim		MI E	Contribution ID # 0007
Residential Street Address	City	KIIII		State	Zip Code
110 Hale Ter	City	Bridgeport		CT	06610
Principal Occupation		Name of Employ	er		
		CT Ho	ousing Coalition		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of		dependent child of	of a lobbyist?		
government the contract is with:			x _{No}		
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
X No Cash X Personal Check	06/	20/2014	\$100.00		\$100.00
If yes, list Event # Money Order Credit/Debit Card	06/.	20/2014	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Williams		Keith		Е	0023
Residential Street Address	City			State	Zip Code
92 Waterman St		Bridgeport		СТ	06607
Principal Occupation		Name of Employe	er		
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		i	x _{No}		
government the contract is with.	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
X No	06/2	20/2014	\$25.00		\$25.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
Newton-Foster		Patricia			0019
Residential Street Address	City	N		State	Zip Code
92 Arch St Principal Occupation	L	New Haven Name of Employe	or	СТ	06519
гипера оссираноп		Name of Employ	ei		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a le	obbyist, spouse, or	Amou	unt of Contribution
Yes X N	0	dependent child of	Vac		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
Tundraising event fisted in Section 31?					
If yes, list Event #	06/2	20/2014	\$30.00		\$30.00

Page 9 of 24

I. MONETARY RECEIPTS (Section A-I)	
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPO Newton For State Rep July 10 Filing - Amendm	
Newton For State Rep July 10 Filing - Amenda	mont
B. Itemized Contributions from Individuals	
Last Name First	MI Contribution ID #
Goodman Lolo	S 0024
Residential Street Address City	State Zip Code
99 Lakeside Dr Bridgeport Principal Occupation Name of Employer	CT 06606
Trincipal occupation	
Is contributor a principal of a state contractor or prospective state contractor? Yes No Is contributor a lobbyist, spouse, or Is contributor a l	Amount of Contribution
dependent child of a fobbyist?	
If yes, indicate which branch or branches of government the contract is with: Executive Legislative	No No
Is this contribution associated with a Yes Method of contribution: Date Received Aggregate Contributions	
fundraising event listed in Section J1? X No Cash Personal Check 06/20/2014 \$20.00	
If yes, list Event # No Money Order Credit/Debit Card 06/20/2014 \$20.00	\$20.00
Last Name First	MI Contribution ID #
Gibson Willene	0014
Residential Street Address City	State Zip Code
355 Carroll Ave Bridgeport	CT 06607
Principal Occupation Name of Employer	•
Is contributor a principal of a state contractor or prospective state contractor? Yes X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes Amount of Contribution
If yes, indicate which branch or branches of	a
government the contract is with: Is this contribution associated with a Method of contribution: Date Received Aggregate Contributions	No No
fundraising event listed in Section J1?	
X No Cash	\$10.00
If yes, list Event #	
Last Name First	MI Contribution ID #
Johnson Twana	M 0015
Residential Street Address City	State Zip Code
49B Mencel Cir Bridgeport	CT 06610
Principal Occupation Name of Employer Family Care Visiting Nurse	
· · · · · · · · · · · · · · · · · · ·	Amount of Contribution
Yes No dependent child of a lobbyist?	Yes Amount of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative	No No
Is this contribution associated with a Section 112 Yes Method of contribution: Date Received Aggregate Contributions	
Tuindraising event issed in section 31? X Cash Personal Check	
If yes, list Event # Vo Cash Personal Check O6/20/2014 \$25.00	\$25.00
Last Name First	MI Contribution ID #
Martinez-Walker Eneida	L 0016
Residential Street Address City	State Zip Code
999 Broad St Bridgeport	CT 06604
Principal Occupation Name of Employer	•
Is contributor a principal of a state contractor or prospective state contractor? Yes X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes Amount of Contribution
If yes, indicate which branch or branches of	d v.
government the contract is with: Is this contribution associated with a Method of contribution: Date Received Aggregate Contributions	No No
fundraising event listed in Section J1? Yes Method of contribution: Date Received Aggregate Contributions	
▼ Cash Personal Check	

Page 10 of 24

I. MONETARY RECEIPT	S (Se	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT July 10 Filing - Amendment		
Newton For State Rep			odiy 10 1 iiiig - Amendment		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Holloway		James			0017
Residential Street Address	City	D : 1		State	Zip Code
427 Wilmont Ave Principal Occupation	L .	Bridgeport Name of Employe		СТ	06607
гипсіраї Оссирацоїї		Name of Employ	cı		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a le	obbyist, spouse, or Yes	Amou	ant of Contribution
If was indicate which beaugh as broughes of	o	dependent child of	if a lobbyist?		
government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with a fundraising event listed in Section 112	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1? X No					
If yes, list Event # No Money Order Credit/Debit Card	06/2	20/2014	\$50.00		\$50.00
Last Name	First			MI	Contribution ID #
Mitchell	1 1100	Robies			0018
Residential Street Address	City			State	Zip Code
993 State St		Bridgeport		СТ	06605
Principal Occupation		Name of Employ	er	•	•
		Shere	ff		
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of		dependent cinia o			
government the contract is with: Is this contribution associated with a Method of contribution:	Doto	Received		ļ	
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
X No Cash Personal Check	06/	20/2014	\$50.00		\$50.00
If yes, list Event#		-, -	1.1.1.1		
Last Name	First			MI	Contribution ID #
Lee		Mary		Α	0013
Residential Street Address	City			State	Zip Code
125 Hillcrest Rd	<u> </u>	Bridgeport		СТ	06606
Principal Occupation		Name of Employe	er		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a le	obbyist, spouse, or	Amou	unt of Contribution
Yes 🔼 N	o	dependent child o		7 111100	an of controunon
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1	
tundraising event instead in Section 71:					
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	06/2	21/2014	\$40.00		\$40.00
				l	I
Last Name	First	Harn.		MI O	Contribution ID # 0025
Leaphat Residential Street Address	City	Harry		State	Zip Code
44 Lynn Dr		Monroe		CT	06468
Principal Occupation		Name of Employ	er		!
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or So Johnwigt? Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of	~	dependent child of	a loodyist?		
government the contract is with:			x _{No}]	
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
X No Cash X Personal Check	06/	26/2014	\$75.00		\$75.00
If yes list Event # Money Order Credit/Debit Card	1	.,	4,5.55	I	,

			Page 11 of 24
		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. I	MONE	TARY	RECEI	PTS (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Re	egistered	with Co	ommission)			TYPE OF R	EPORT
Newton For State Rep							July 10 Filing - Amen	dment
C1. Co	ntributi	ions fro	om Other	Commi	ttees			
Name of Committee	1011040		ym Other	Commi	Name of Treasurer			
Address Is this contribution associated with a Ye fundraising event listed in Section J1? If yes, list Event #					Yes No	Amount of Contribution		
City	State	Zip Cod	le	Date Ro	eceived	· ·		
							Total of Section C1	
I. MONE	TARY	RECE	EIPTS (S	Section A	A-I)			
NAME OF COMMITTEE							TYPE OF REPORT	
Newton For State Rep						July 10	Filing - Amendment	
C2. Reimbursements,	Paymen	its, or S	Surplus D	istributi	ons from other (Committee	es	
Name of Committee					Name of Treasurer			
Address						Date Rece	ved	Amount of Receipt
City	State		Zip Code		Reimbursement for good		ise	
							Total of Section C2	

	I. MONI	ETARY RECEIP	ΓS (Section A-I)						
NAME OF COMMITTEE					TYPE	OF REPORT			
Newton For State Rep				J	uly 10 Filing	g - Amendment			
	D. Loan	s Received this Peri	od						
Name of Lender			Source of Loan:				Date of Receipt		
rame of Eciaci			Bank Candid	date	Individua	ıl Other	Bute of receipt		
Street Address		City			State	Zip Code	Is there a cosigner or Guarantor of this loan? Yes No		
Name of Cosigner/Guarantor (if applica	ble)	I			<u> </u>	<u> </u>	Amount Received		
Street Address		City			State	Zip Code			
Total of Section D									
I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE TYPE OF REPORT							ORT		
Newton For State Rep					July	10 Filing - Amendm	nent		
E. Personal	Funds of the Candidate Rec	ceived this Period (C	Candidate Committed	es ONLY	<i>Y</i>)				
Date of Receipt	Method of Payment Cash	Personal Check	Credit/Deb	it Card			Amount		
					Total of	f Section E			
	I. Mo	netary Receipts (Section A-I)						
NAME OF COMMITTEE					Т	YPE OF REPOR	Т		
Newton For State Rep					July 10 I	Filing - Amendment			
	G. Interest fro	m Deposits in Auth	orized Accounts						
Name of Institution				Date	e Received		Amount		
Street Address		City		State	Zip	Code			
		<u> </u>			To	otal of Section G			

Total of Section I

I. MO	NETARY RECEIPTS (Section A-K)				
NAME OF COMMITTEE			TYPE OF REPORT		
Newton For State Rep		Ju	ly 10 Filing - Amendmen	t	
H. Public Grant l	Funds Received from the Citizens' Election F	und			
Purpose of Grant:	Grant Cycle:		Date Received	Amount	
Initial Grant Adjustment	Primary General Election Sp	pecial Election			
Supplemental/Post Election Deficit					
			Total of Section H		
I. 1	MONETARY RECEIPTS (Section A-K)				
NAME OF COMMITTEE			TYPE OF REPORT		
Newton For State Rep		Jul	y 10 Filing - Amendment		
I. Miscellaneou	us Monetary Receipts not Considered Contril	butions			
Name		Dat	e of Transaction	Amount Received	
Street Address	City	State	Zip Code		
Description	•	 	•		

	II. FUNDRAISIN	NG EVENT ACTI	VITY	Section	ns J1 - J3)				
NAME OF COMMITTEE						TYPE OF	REP	ORT	
Newton For State Rep						July 10 Filing - Amen	dmen	t	
	J1. Fund	raising Event Infor	mation						
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 puchases made by host(s) for food, beverage and No invitations.						and			
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100? Yes If yes, to to Section J3 In-Kind Donations not 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									
					1	Total of Section J1			
	II. FUNDRAISI	NG EVENT ACT	IVITY	(Section	ns J1 - J3)				
NAME OF COMMITTEE (Provide	Complete Name as Reg	istered with Commission	on)			TYPE OF REF	PORT		
Newton For State Rep						luly 10 Filing - Amendme	nt		
	J3. In-Kind Donat	ions Not Considered	d Contri	butions					
Name of the Donor									
Street Address City							State	Zip Code	
Donation Given by:	Description of Donation			Ī					rket Value of
Individual		Dor					onation		
Business Entity	Date Received	Event #			Aggregate valu	ne for this event			
Sole Proprietorship									
						Total of Section J3			

III. NONMONETARY RECEIPTS (Sections K - M)									
NAME OF COMMITTEE					TY.	PE OF REP	ORT		
Newton For State Rep					July 10 Filing -	Amendment			
K. In-Kin	ıd Co	ntributi	ons						
Name									
Street Address	Street Address City					State	Zip Code		
Is this contribution associated with a fundraising event listed in Section 11? If yes, list Event# No		Description	of In-Kind Contribution						
of a lobbyist?	contractor? contribution fryes, indicate which branch or branches of No Contribution								
Type of Contributor:			Date Received	Date Received Aggregate contributions					
Individual Committee Sole Pr	oprieto	rship							
					Total of	Section K			
III. Non Mon	etar	v Recei	pts (Sections K - N	M)					
NAME OF COMMITTEE (Provide Complete Name as Registered	with (Commissi	ion)		TYPI	E OF REPO	RT		
Newton For State Rep					July 10 Filing -	Amendment			
L. Refundable Deposit t	o Tel	lephone	Company						
Last Name of Individual		First Nam	ne		MI	Date Dep	osit Made		
Residential Street Address	Ci	ity		State	Zip Code			mount of Deposit	
Name of Telephone company									
Street Address	City			State	Zip Code				
_					Total of S	ection 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 (Prov	ride Complete Name as Registered with Commission)			TYPE	OF REPORT			
Newton For State Rep			Ju	ıly 10 Filing -	Amendment			
	N. Expenses Paid By Com	mittee						
Name of Payee Bank Of America			Date of Payme 06/12/20		_ =	ment neck #		
Street Address PO Box 25118		City Tampa			State FL	Zip Code 33622-5118		
Purpose of Expend BNK	of Expend Description Check Order					Amount		
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum Event # (if applicable)						\$89.58		
Name of Payee Date of Payment O6/21/2014					Method of Payment X Check # 1002 Debit Card			
Street Address 1219 Main St		City Bridgeport			State CT	Zip Code 06604		
Purpose of Expend A-SIGN	Description Lawn Signs & Flyers					Amount		
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	X No (if	penditure # applicable)	Event#		\$1,300.00			
Name of Payee Ernest Newton			Date of Payme 06/21/201			ment neck# <u>1001</u> ebit Card		
Street Address 190 Read St		City Bridgeport			State CT	Zip Code		
Purpose of Expend RCW	Description Candidate Reimbursement					Amount		
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	No (if	penditure # applicable)	Event #			\$100.00		

	IV. EXPENDITURES (S	ections N - S)					
NAME OF COMMITTEE (Prov	ride Complete Name as Registered with Commission)		TYPE	OF REPORT			
Newton For State Rep			July 10 Filing -	Amendment			
	N. Expenses Paid By Comm	ittee					
Name of Payee Ernest Newton			of Payment		rment neck # <u>1003</u> ebit Card		
Street Address 19		City Bridgeport		State CT	Zip Code 06607		
Purpose of Expend RCW	Description Candidate Reimbursement				Amount		
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	\$99.86						
Name of Payee Date of Payment Supreme Printing 06/24/2014					Method of Payment X Check # 1005 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 a which reimbursement is sought? If yes, assign an Expenditure # and co	X No (if ap	oditure # E	Event #		\$549.00		
Name of Payee Willene			of Payment 14/2014	. —	rment neck# 1994 ebit 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 a which reimbursement is sought? If yes, assign an Expenditure # and co	x No (if ap.	nditure # E plicable)	Event #		\$27.29		

	IV. EXPENDITURES (Se	ections N - S)					
NAME OF COMMITTEE (Prov	vide Complete Name as Registered with Commission)			TYPE	OF REPORT	Γ	
Newton For State Rep				July 10 Filing -	Amendment		
	N. Expenses Paid By Commi	ttee					
Name of Payee Willene Gibson			Date of Payr 06/24/2		Method of Payment X Check # 1005 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 a which reimbursement is sought? If yes, assign an Expenditure # and co	:	\$200.00					
Name of Payee Date of Payment Willene Gibson 06/24/2014						nyment Check# 1004 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 a which reimbursement is sought? If yes, assign an Expenditure # and co	X No (if app	diture # licable)	Event #			\$27.29	
Name of Payee Willene			Date of Payr 06/24/20		. —	nyment Check# <u>1005</u> 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 a which reimbursement is sought? If yes, assign an Expenditure # and co	No (if app	liture # licable)	Event #			\$200.00	

	IV. EXPENDITURES (Se	ections N - S)				
NAME OF COMMITTEE (Prov	ride Complete Name as Registered with Commission)		TYPE	OF REPORT		
Newton For State Rep			July 10 Filing -	Amendment		
	N. Expenses Paid By Commi	ittee				
Name of Payee Curico Bail Bonds			of Payment 24/2014		ment eck # <u>1007</u> bit Card	
Street Address 580 Congress St		City Bridgeport		State CT	Zip Code 06604	
Purpose of Expend REF	Description Refund over Contrbution				Amount	
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	\$100.00					
Name of Payee Jeannette Torres	Method of Payment X Check # 1010 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 a which reimbursement is sought? If yes, assign an Expenditure # and co	No (if app	diture # I	Event #		\$124.50	
Name of Payee Willene Gibson			of Payment 24/2014		ment eck # 1011 bit 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 a which reimbursement is sought?	I	diture # I	Event#		\$133.00	

IV. EXPENDITURES (Sections N - S)									
NAME OF COMMITTEE (Provide Complete Name	e as Registered with Commi	ssion)			ТҮРЕ	OF REPORT			
Newton For State Rep					July 10 Filing	Amendment			
	N. Expenses Paid By	Committee							
Name of Payee Lamont Finney				Date of I	ayment /2014		yment heck # 1012 ebit Card		
Street Address 240 Adam St							Zip Code 06607		
Purpose of Expend Description Misc * Description bookkepping							Amount		
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum							\$40.00		
Total of Section N \$2,763.23									
NAME OF COMMITTEE (Provide Complete Name	IV. EXPENDITURE		s N - S)		T	/PE OF REP	ORT		
					July 10 Filir	ng - Amendmen	t		
0.	Expenses Paid By Cand	idate							
Name of Payee (Name of vendor who candidate paid directly)				Date of P	yment	Is Reimburse	ment Claimed? Yes No		
Street Address	City		Stat	te Zip	Code		Amount		
Purpose of Expenditure (by code) Description	<u> </u>		1	Event#		al of Section C			

	IV. EXPEN	DITURES (Sections 1	N - S)						
NAME OF COMMITTE	EE (Provide Complete Name as Regis	stered with Commission)		ТҮРЕ	OF REPORT				
Newton For State Re	р			July 10 Filing - A	July 10 Filing - Amendment				
	P. Expenses In	ncurred on Committee C	Credit Card						
Name of Issuing Institution			Type of Credit Card Visa Other		iscover	er American Express			
Name of Vendor			•		Date of Tr	Date of Transaction			
Street Address			City		State	Zip Code			
Purpose of Expenditure (by code)	Description					Amount			
Is this expenditure coordinated with another candidate for Yes Expenditure # (if applicable) If yes, assign an Expenditure # and complete Itemization in Addendum									
If yes, assign an Expenditur	re # and complete Itemization in Addendur	n							
Total of Section P									
	IV. EXPENDITURES (Sections N - S)								
NAME OF COMMITTE	E (Provide Complete Name as Regis	tered with Commission)		ТҮРГ	OF REPORT	REPORT			
Newton For State Rep)			July 10 Filing -	Amendment				
	Q. Expenses Incurred By	Committee but Not Pa	id During this Period	d					
Name of Creditor					Date Incurr	ed			
Street Address		City			State	Zip Code			
Purpose of Expenditure (by code)	Description					ount Incurred nate or Actual)			
reimbursement is sought?	with another candidate for which	Yes No	Expenditure # (if applicable)	Event #					
11 yes, assign an Expenditure # 8	and completes Itemization in Addendum Q								
				Total of Section O					

	IV. EXPENDITURES (Sections N - S)								
NAME OF COMMITTEE (Provide Complete N	Tame as Registered with Com	nmission)				TYPE OF REF	PORT		
Newton For State Rep					July 10	Filing - Amendme	nt		
R. Itemization	on of Reimbursements to	Committee Wo	orkers and (Consu	ltants				
Last Name of Worker/Consultant	First	rst MI Date of			e of Paym	ent		of Payment Check #	
Secondary Payee								Debit Card	
		1				-		<u> </u>	
Street Address		City					State	Zip Code	
Purpose of Expenditure Descripti (by code)	re Description						Amount		
Is this expenditure coordinated with another candidate for Yes Expenditure # (if applicable)				Eve	nt#				
No If yes, assign an Expenditure # and completes Itemization in Addendum R									
					Total o	of Section R			
	IV. EXPENDITUR	ES (Sectuibs	N - S)						
NAME OF COMMITTEE (Provide Complete N	ame as Registered with Com	mission)				TYPE OF REP	ORT		
Newton For State Rep					July 10 F	Filing - Amendmen	t		
S. 5	Surplus Distribution of E	quipment and l	Furniture						
Name of Recipient									
Street Address	City	City			e	Zip Code		Original Purchase Amount of Item	
Description of Item	•			•					
Total of Section S							tion S		