# **SEEC FORM 30**

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



# Electronic Filing

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# **COVER PAGE**

1.NAME OF COMMITTEE						2. TY	PE OF COMMITTEE		
Newton For Senator						x	Candidate Committee Exploratory Committee		
3. TREASURER NAME									
First Loretta			МІ <b>В.А.</b>	Last Williams			Suffix		
4. TREASURER ADDRESS					_		•		
Street Address		City			State		Zip Code		
302 Wilmot Ave		Bridge	eport		СТ		06607		
5. ELECTION DATE	6. OFFICE SOUGHT ( Co	mplete on	ly if Candidate	Committee)		7. DISTRICT NUMBER ( if applicable			
11/06/2012	State Senator					S023			
8. CANDIDATE NAME (Complete only if C	Candidate or Exploratory Co	ommittee	:)						
First			MI	Last <b>Newton</b>			Suffix		
Ernest			E.	Newton			II		
9. TYPE OF REPORT									
Third Weekly Supplemental Filing	Primary - Amendmen	nt							
10. PERIOD COVERED									
	Beginning Date			Ending Date					
	07/18/2012	thru	ı	07/24/2012					
11. CERTIFICATION									
I hereby certify and state, under penalties of false statement, that all of the information set forth on this <b>Itemized Campaign Finance Disclosure Statement</b> for the period covered is true, accurate and complete.									
Electronic Filing	Electronic Filing Loretta Williams 12/12/2012					2:17:05P	м		
SIGNATURE	NATURE PRINT NAME OF THE SIGNER DATE CERTIFIED			CERTIFIED					
PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.									

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

# **SUMMARY PAGE TOTALS**

NAME OF COMMITTEE	TYPE OF REPORT	
Newton For Senator	Third Weekly Supplemental Filing Primary -	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	\$701.44	
14. Contributions received from Individuals (Section A and B)	\$0.00	\$15,875.00
15. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00
16. Other Monetary Receipts (Section D through I)	\$80,805.00	\$80,825.06
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1)	\$0.00	\$0.00
18. Total Monetary Receipts (add totals for lines 14 through 17)	\$80,805.00	\$96,700.06
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$81,506.44	\$96,700.06
20. Expenses Paid by Committee (Section N)	\$36,172.68	\$51,366.30
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col	\$45,333.76	\$45,333.76
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$0.00	\$0.00
23. In-Kind Contributions Received (Section K)	\$0.00	\$0.00
24. Refundable Deposit to Telephone Company (Section L)	\$0.00	\$0.00
25. Receipts of Organization Expenditures (Section M) OPTIONAL	\$0.00	\$0.00
26. Beginning Loan Balance	\$0.00	
26a. + Loans Received (Section D)	\$0.00	\$0.00
26b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00
26c Payments on Loan(s)	\$0.00	\$0.00
26d. Total Outstanding Loan Amount	\$0.00	
27. Campaign Expenses Paid By Candidate (Section O)	\$0.00	\$0.00
28. Expenses Incurred on Committee Credit Card (Section P)	\$0.00	\$0.00
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$0.00	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$1,819.28	

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	I MONE	TARY RECEI	DTC (C	nation A D				
NAME OF COMMITTEE (Provide Complete N				ection A-1)	TYPE (	OF REPORT		
Newton For Senator			-)			Supplemental Fi	ling Primar	ry - Amendment
						For Nonpartic	inating Ca	ndidates ONLY
A. Total Contributions from Small C	ontributors-R	eceived this Pe	riod O	NLY		r or rronpartie	iputing cu	indidutes of the f
	B. Itemized	Contributions f	rom Inc	lividuals				
Last Name			First				MI	Contribution ID #
Residential Street Address			City					Zip Code
Principal Occupation Name of Employer								
Is contributor a principal of a state contractor or prospective state	e contractor?	Yes	No	Is contributor a lo		Yes	An	nount of Contribution
If yes, indicate which branch or branches of government the contract is with:	Executive	Legislative				No		
Is this contribution associated with a	Method of contributio	n:	Date	Received	Aggregate Contri	butions		
fundraising event listed in Section J1?	Cash	Personal Check						
No If yes, list Event #	Money Order	Credit/Debit Card	ı					
				•				
						Total of S	Section B	
TOTAL OF ALL CONTRIBUTIONS FR	OM INDIVIDUA	ALS (Se	ections A	(Tot	al on Line 14 of	Summary Page)		
	I. MONE	TARY RECEI	PTS (S	ection A-I)				
NAME OF COMMITTEE (Provide Complete Na	ame as Registered	with Commission)				TYPE	E OF REI	PORT
Newton For Senator						Third Weekly Amendment	Suppleme	ental Filing Primary -
	C1. Contributi	ions from Other	Commi	ttees		L		
Name of Committee				Name of Treasure	r			
Address		I	Is this contr	bution associated wi	ith a	Yes	No	Amount of Contribution
		f	fundraisin	g event listed in Sect				
	State	Tin Code	D-4- B	If yes, list Event #	1	tributions		
City	State	Zip Code	Date R	eceivea	Aggregate Con	UIUUUONS		
						Total of Secti	on C1	

	I. MONETA	ARY RECE	IPTS (S	ection A	<b>A-I</b> )			
NAME OF COMMITTEE						Т	YPE OF REPOI	RT
Newton For Senator						Third Wee	kly Supplemental F	iling Primary -
	C2. Reimbursements, Pa	yments, or S	urplus D	istributi	ions from other Co	•		
Name of Committee					Name of Treasurer			
Address						Date Received	I	Amount of Receipt
City		State	Zip Code		Reimbursement for spoods a			
						То	tal of Section C	2
	I. MON	ETARY R	ECEIPT	ΓS (Sect	tion A-I)			
NAME OF COMMITTEE						TYPE	OF REPORT	
Newton For Senator						Third Weekly Amendment	/ Supplemental Fili	ng Primary -
	D. Loa	ns Received	this Peri	od				
Name of Lender				Source of		Individua	ıl Other	Date of Receipt
Street Address			City	Dum	Cundidate	State	Zip Code	Is there a cosigner or Guarantor of this loan?  Yes No
Name of Cosigner/Guarantor (if applical	ble)		•			•	•	Amount Received
Street Address			City			State	Zip Code	
						I	Total of Section	n D
	I. MON	ETARY R	ECEIPT	S (Sect	ion A-I)			
NAME OF COMMITTEE							TYPE OF REPO	ORT
Newton For Senator							d Weekly Supplem endment	ental Filing Primary -
E. Personal I	Funds of the Candidate Ro	eceived this	Period (C	Candidat	e Committees ON	LY)		
Date of Receipt	Method of Payment  Cash	Pers	sonal Check		Credit/Debit Card			Amount
						Total o	f Section E	

I.	Mone	tary Receipts (Section A-I)				
NAME OF COMMITTEE					TYPE OF REPOR	Т
Newton For Senator					ird Weekly Supplemental nendment	Filing Primary -
G. Interest	from I	Deposits in Authorized Accounts				
Name of Institution				Date Rece	ived	Amount
Street Address	С	ity	State		Zip Code	
					Total of Section G	
					Total of Section G	
I. MO	NETA	RY RECEIPTS (Section A-K)				
NAME OF COMMITTEE					TYPE OF REPORT	[
Newton For Senator					nird Weekly Supplementa mendment	I Filing Primary -
H. Public Grant F	unds F	Received from the Citizens' Election I	und			
Purpose of Grant:	Grant C	ycle:			Date Received	Amount
X Initial Grant Adjustment	X	Primary General Election S	Special I	Election		
Supplemental/Post Election Deficit					07/21/2012	\$80,805.00
					Total of Section H	\$80,805.00
						<b>\$00,003.00</b>
I. N	<b>10NE</b>	TARY RECEIPTS (Section A-K)	)			
NAME OF COMMITTEE					TYPE OF REPOR	Т
Newton For Senator					ird Weekly Supplemental nendment	Filing Primary -
I. Miscellaneou	s Mon	etary Receipts not Considered Contr	ibutio	ns		
Name				Dat	te of Transaction	Amount Received
Street Address		City	Si	ate	Zip Code	
Description					•	
					Total of Section	т

Total of Section J3

	II. FUNDRAISIN	NG EVENT ACTI	VITY (	Section	ns J1 - J3)						
NAME OF COMMITTEE							ТҮРЕ ОР	REP	ORT		
Newton For Senator							Third Weekly Supple Amendment	ementa	ıl Filing I	Primary -	
	J1. Fund	raising Event Inforn	mation								
Fundraising Event # Date of Fundraiser Letter	Description										
Location: Street Address					City	y			State	Zip Code	
Was this fundraising event hosted at a personal	residence?		Yes No		required informati		tions not Considered Co			e 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											
						То	tal of Section J1				
	II. FUNDRAISI	NG EVENT ACTI	IVITY (	Section	ns J1 - J3)	<u> </u>					
NAME OF COMMITTEE (Provide 0	Complete Name as Reg	istered with Commissio	on)				TYPE OF RE	POR	PORT		
Newton For Senator							ird Weekly Suppleme nendment	ntal Fili	ng Prim	ary -	
	J3. In-Kind Donat	ions Not Considered	l Contril	outions		, , , , , , , , , , , , , , , , , , ,					
Name of the Donor											
Street Address				City					State	Zip Code	
Donation Given by:  Individual	Description of Donation									arket Value of Oonation	
Business Entity	Date Received	Event #			Aggreg	ate value	for this event				
Sole Proprietorship											

III. NONMON	ETA	ARY RE	CEIPTS (Section	ns K - M)				
NAME OF COMMITTEE					TY	PE OF REP	ORT	
Newton For Senator					Third Weekly S Amendment	supplemental F	Filing Prin	nary -
K. In-Kii	nd C	Contributi	ons					
Name								
Street Address				City			State	Zip Code
Is this contribution associated with a fundraising event listed in Section J1?  If yes, list Event#  No		Description	of In-Kind Contribution			,	•	
	tractor		of a state contractor or prosp ch branch or branches of stract is with:		cutive	Yes No Legislative		arket Value of this Contribution
Type of Contributor:			Date Received		Aggregate contri	butions		
Individual Committee Sole P	roprie	etorship						
					Total of	Section K		
III. Non Mon	ieta	rv Recei	ots (Sections K - I	M)				
NAME OF COMMITTEE (Provide Complete Name as Registered	with	n Commissi	on)		TYPI	E OF REPO	RT	
Newton For Senator					Third Weekly S Amendment	upplemental f	Filing Prin	nary -
L. Refundable Deposit	to T	elephone	Company					
Last Name of Individual		First Nam	ie		MI	Date Depo	osit Made	
Residential Street Address	,	City		State	Zip Code			mount of Deposit
Name of Telephone company								
Street Address	Ci	ity		State	Zip Code			
					Total of S	ection L		

III. NONMONETARY RECEIPTS (Sections K - M)											
NAME OF COMMITTEE				TYPE OF REPORT							
Newton For Senator		hird Wee mendme		nental F	iling Primary -						
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	Zip Code Aggregate Donations			ıs							
Description of Donation		Purpose of Ex	spenditure B	С	D	Е					
Total of Section M											

	IV. EXPENDITURES (	Sections N - S)					
NAME OF COMMITTEE (Prov	vide Complete Name as Registered with Commission)			TYPE	OF REPORT		
Newton For Senator				Third Weekly S	Supplemental Filing Primary -		
	N. Expenses Paid By Com	nittee					
Name of Payee  CEF			Date of Payn 07/18/2		_	ment eck# <u>1033</u> ebit Card	
Street Address 20 Trinity St		City Hartford			State CT	Zip Code <b>06106</b>	
Purpose of Expend	Description					Amount	
CEF							
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co	x No (if	enditure # pplicable)	Event #			\$20.00	
Name of Payee Loretta Williams			Date of Payn 07/21/20		1 —	ment seck # <u>1044</u> sbit Card	
Street Address 302 Wilmot Ave		City Bridgeport			State CT	Zip Code 06607	
Purpose of Expend WAGE	Description Treasurer - salary					Amount	
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co	X No (if	enditure # pplicable)	Event#			\$1,000.00	
Name of Payee Loretta Williams			Date of Payn 07/21/20			ment seck # <u>1050</u> sbit Card	
Street Address 302 Wilmot Ave		City Bridgeport			State CT	Zip Code 06614-0660	
Purpose of Expend WAGE	Description Full payment for Treasures salary per contract					Amount	
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co	X No (if	enditure # pplicable)	Event#			\$5,000.00	

	IV. EXPENDITURES	(Sections N - S)					
NAME OF COMMITTEE (Prov	vide Complete Name as Registered with Commission)			TYPE	OF REPORT		
Newton For Senator				Third Weekly S Amendment	Supplemental Filing Primary -		
	N. Expenses Paid By Com	mittee					
Name of Payee United Illuminum Co.			Date of Payn 07/21/20			rment neck # <u>1122</u> ebit Card	
Street Address PO 1564		City New Haven			State CT	Zip Code 06506	
Purpose of Expend OVHD	Description Electric Bill					Amount	
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co	X No (if	penditure # applicable)	Event #			\$246.72	
Name of Payee Clement Young			Date of Payr 07/21/20			rment neck# <u>1108</u> ebit Card	
Street Address 50 Ridgefield Ave		City Bridgeport			State CT	Zip Code 06610	
Purpose of Expend WAGE	Description AB Coordinator					Amount	
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co	X No (if	penditure # applicable)	Event #			\$500.00	
Name of Payee Charlie Coviello			Date of Payn 07/21/20			rment neck# <u>1087</u> ebit Card	
Street Address 72 Willow St		City Bridgeport			State CT	Zip Code 06610	
Purpose of Expend WAGE	Description AB coord/canvasser					Amount	
Is this expenditure coordinated with a which reimbursement is sought?		penditure # applicable)	Event #			\$500.00	

	IV. EXPENDITURES (	Sections N - S)					
NAME OF COMMITTEE (Prov	vide Complete Name as Registered with Commission)			TYPE	OF REPORT		
Newton For Senator				ird Weekly S nendment	Supplemental Filing Primary -		
	N. Expenses Paid By Com	nittee	•				
Name of Payee Milton Peele			Date of Paymer 07/21/2012		ı =	ment seck # <u>1035</u> sbit Card	
Street Address 955 Connecticut Ave		City Bridgeport			State CT	Zip Code 06607	
Purpose of Expend Misc *	Description Payment to Photographer					Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought?  If yes, assign an Expenditure # and complete Itemization in Addendum  Yes  Expenditure #  (if applicable)  Event #						\$830.00	
Name of Payee KFC			Date of Paymer 07/21/2012			ment eck # bit Card	
Street Address 1322 Barnum Ave		City Stratford			State CT	Zip Code 06614	
Purpose of Expend FOOD	Description  Lunch for Canvassers and headquarter campaign	workers			Amount		
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co	X No (if a	enditure # pplicable)	Event#			\$25.51	
Name of Payee KFC			Date of Paymer 07/21/2012		ı =	ment teck # ebit Card	
Street Address 1322 Barnum Ave		City Stratford			State CT	Zip Code 06614	
Purpose of Expend FOOD	Description addition to previous order for lunch Canvassers ar	nd Hdqtr				Amount	
Is this expenditure coordinated with a which reimbursement is sought?		enditure # pplicable)	Event #			\$38.26	

	IV. EXPENI	DITURES	(Sections N - S	)				
NAME OF COMMITTEE (Prov	ride Complete Name as Registered with	(Commission)			TYPE	OF REPORT		
Newton For Senator					Third Weekly S Amendment	Supplemental Fi	ling Primary -	
	N. Expenses P	Paid By Com	mittee					
Name of Payee Staple				Date of Pay 07/21/20		ı	ment neck # ebit Card	
Street Address 955 Ferry Blvd			City Stratford			State CT	Zip Code 06614	
Purpose of Expend OFFICE	Description						Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought?  If yes, assign an Expenditure # and complete Itemization in Addendum  Yes  Expenditure #  (if applicable)  Event #  (if applicable)						\$399.79		
Name of Payee KFC				Date of Pay 07/21/20			ment neck # ebit Card	
Street Address 1322 Barnum Ave			City Stratford			State CT	Zip Code 06614	
Purpose of Expend FOOD	Description						Amount	
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co	x		penditure # applicable)	Event :	¥	\$14.43		
Name of Payee Staple				Date of Pay 07/21/20		. =	ment neck # ebit Card	
Street Address 955 Ferry Blvd			City Stratford			State CT	Zip Code 06614	
Purpose of Expend OFFICE	Description						Amount	
Is this expenditure coordinated with a which reimbursement is sought?	nother candidate for X		penditure # applicable)	Event :	<del></del>		\$39.35	

IV. EXPENDITURES (Sections N - S)							
NAME OF COMMITTEE (Prov	ride Complete Name as Registered with Commission)			TYPE	OF REPORT	OF REPORT	
Newton For Senator				Third Weekly S Amendment	Supplemental Fi	ling Primary -	
	N. Expenses Paid By Com	nittee					
Name of Payee  Dollar Tree Store ,Inc.			Date of Payn 07/21/20		ı =	vment neck # ebit Card	
Street Address 955 Ferry Blvd		City Bridgeport			State CT	Zip Code 06615	
Purpose of Expend  Misc *	Description Cleaning Supplies for second Headquarter					Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought?  If yes, assign an Expenditure # and complete Itemization in Addendum  Yes  Expenditure #  (if applicable)  Event #					\$23.40		
Name of Payee Cell Touch Date of Payment 07/21/2012					Method of Payment  Check #  X Debit Card		
Street Address 2127 Boston Ave		City Bridgeport			State CT	Zip Code 06610	
Purpose of Expend OVHD	Description Phones					Amount	
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co	X No (if	enditure # pplicable)	Event #			\$202.80	
Name of Payee CandidateSigns.com			Date of Payn 07/21/20		ı	rment neck# <u>1034</u> ebit Card	
Street Address PO Box 788		City Boys Town			State NE	Zip Code 06810	
Purpose of Expend A-SIGN	Description					Amount	
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co	X No (if	enditure # pplicable)	Event#			\$2,402.00	

	IV. EXPENDITU	JRES (S	ections N - S	)				
NAME OF COMMITTEE (Prov	ride Complete Name as Registered with Com	mission)			TYPE	OF REPORT		
Newton For Senator					Third Weekly S Amendment	Supplemental Fil	upplemental Filing Primary -	
	N. Expenses Paid I	By Comm	ittee					
Name of Payee C-Town				Date of Pay 07/21/20		ı =	ment eck # bit Card	
Street Address 360 Boston Ave			City Stratford			State CT	Zip Code 06614	
Purpose of Expend FOOD	Description Beverages and Ice for Canvassers						Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought?  If yes, assign an Expenditure # and complete Itemization in Addendum					\$55.46			
Name of Payee Staples Date of Payment 07/23/2012				Method of Payment  Check #  X Debit Card				
Street Address 4543 Main St			City Bridgeport			State CT	Zip Code 06606	
Purpose of Expend OFFICE	Description Paper, envelope, for mailing						Amount	
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	X No	-	diture # slicable)	Event #	ŧ		\$213.00	
Name of Payee Frankies Diner				Date of Pay 07/23/20		ı =	ment eck # bit Card	
Street Address 1660 Barnum Ave			City Bridgeport			State CT	Zip Code 06610	
Purpose of Expend FOOD	Description Dinner for 3 campaign workers (headqua	ırter)					Amount	
Is this expenditure coordinated with a which reimbursement is sought?	nother candidate for Yes X No		diture # slicable)	Event #	ŧ		\$44.81	

IV. EXPENDITURES (Sections N - S)									
NAME OF COMMITTEE (Prov	ride Complete Name as Registered w	vith Commiss	sion)			TYPE	OF REPORT		
Newton For Senator						Third Weekly S Amendment	Supplemental Fi	upplemental Filing Primary -	
	N. Expense	s Paid By C	Commit	ttee					
Name of Payee Ricky Gallimore					Date of Pay 07/23/20			rment neck # <u>1091</u> ebit Card	
Street Address 75 Garfield Ave	City Bridgeport				State CT	Zip Code 06610			
Purpose of Expend WAGE	Description Canvasser							Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought?  If yes, assign an Expenditure # and complete Itemization in Addendum  Yes Expenditure # (if applicable)  Event # (if applicable)					\$200.00				
Name of Payee Date of Payment Torun Wells 07/23/2012				Method of Payment  X Check # 1090  Debit Card					
Street Address 590 Wilmot Ave				City Bridgeport			State CT	Zip Code 06607	
Purpose of Expend WAGE	Description Canvasser							Amount	
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co	[	Yes X No	Expend (if appli		Event :	#		\$172.00	
Name of Payee Marrya McNeil					Date of Pay 07/23/20		. —	rment neck # <u>1088</u> ebit Card	
Street Address 353 Carroll Ave				City Bridgeport			State CT	Zip Code 06607	
Purpose of Expend WAGE	Description  Data entry and canvassing							Amount	
Is this expenditure coordinated with a which reimbursement is sought?		Yes X No	Expend (if appli		Event	<del></del>		\$435.00	

	IV. EXPENDITURES			
NAME OF COMMITTEE (Prov	vide Complete Name as Registered with Commission)			TYPE OF REPORT
Newton For Senator			Third \	Neekly Supplemental Filing Primary -
	N. Expenses Paid By Com	mittee		
Name of Payee  Vanity Cartwright			Date of Payment 07/23/2012	Method of Payment  X Check # 1086  Debit Card
Street Address 42 Hillside Ave		City Bridgeport		State Zip Code CT 06604
Purpose of Expend WAGE	Description Canvasser			Amount
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co	\$50.00			
Name of Payee Lisa Woodson			Date of Payment 07/23/2012	Method of Payment  X Check # 1083  Debit Card
Street Address 15 Ridgewood Ave		City Bridgeport		State Zip Code CT 06606
Purpose of Expend WAGE	Description Phone Bank			Amount
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co	X No (if	penditure # applicable)	Event #	\$456.00
Name of Payee Freda Peterson			Date of Payment 07/23/2012	Method of Payment  X Check # 1081  Debit Card
Street Address 415 Kent Ave		City Bridgeport		State Zip Code CT 06610
Purpose of Expend WAGE	Description Phone Bank			Amount
Is this expenditure coordinated with a which reimbursement is sought?		penditure # applicable)	Event #	\$795.00

IV. EXPENDITURES (Sections N - S)						
NAME OF COMMITTEE (Prov	ride Complete Name as Registered with Commission)		ТҮРЕ	OF REPORT		
Newton For Senator			Third Weekly S Amendment	Weekly Supplemental Filing Primary -		
	N. Expenses Paid By Comn	nittee	, anonamon			
Name of Payee Cassie Ford			ate of Payment 7/23/2012		rment neck # <u>1080</u> ebit Card	
Street Address 410 Mill Hill Ave		City Bridgeport		State CT	Zip Code 06610	
Purpose of Expend WAGE	Description  Data entry and canvasser				Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought?  If yes, assign an Expenditure # and complete Itemization in Addendum  Event #  Event #  (if applicable)					\$400.00	
Name of Payee Erica Pettway  Date of Payment 07/23/2012				Method of Payment  X Check # 1078  Debit Card		
Street Address 9 Cottage Pl		City Bridgeport		State CT	Zip Code 06604	
Purpose of Expend WAGE	Description Canvasser				Amount	
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co	x No (if ap	nditure # plicable)	Event#		\$572.00	
Name of Payee Tamara Sowell			ate of Payment 7/23/2012		ment neck# <u>1085</u> ebit Card	
Street Address 221 Hintinton Rd		City Bridgeport		State CT	Zip Code 06610	
Purpose of Expend WAGE	Description Canvasser				Amount	
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co	x No (if ap	nditure # plicable)	Event #		\$825.00	

IV. EXPENDITURES (Sections N - S)							
NAME OF COMMITTEE (Prov	vide Complete Name as Registered with Con	mmission)			TYPE	OF REPORT	
Newton For Senator					Third Weekly S Amendment	Supplemental Fi	ling Primary -
Name of Payee Zavon Billups				Date of Pay 07/23/20			ment neck # <u>1077</u> ebit Card
Street Address 857 Pearl Harbor St			City Bridgeport			State CT	Zip Code 06610
Purpose of Expend WAGE	Description Canvasser						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)					\$168.00		
Name of Payee Date of Payment Montreatica Crespo 07/23/2012					Method of Payment  X Check # 1082  Debit Card		
Street Address 494 Atlantic St			City Bridgeport			State CT	Zip Code 06605
Purpose of Expend WAGE	Description Canvasser						Amount
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co	x No		diture # licable)	Event #	<b>#</b>		\$515.00
Name of Payee Allan Grimes				Date of Pay 07/23/20		. –	rment neck # <u>1076</u> ebit Card
Street Address 134 Chalmer Ave			City Bridgeport			State CT	Zip Code 06606
Purpose of Expend WAGE	Description Canvasser						Amount
Is this expenditure coordinated with a which reimbursement is sought?	nother candidate for Yes  X No		diture # licable)	Event #			\$216.00

IV. EXPENDITURES (Sections N - S)							
NAME OF COMMITTEE (Prov	vide Complete Name as Registered with Commission)			TYPE	OF REPORT	OF REPORT	
Newton For Senator				Third Weekly S Amendment	Supplemental F	iling Primary -	
	N. Expenses Paid By Comm	nittee					
Name of Payee Suzette Pettway			Date of Payr 07/23/20			yment Theck # <u>1075</u> Debit Card	
Street Address 3 Cottage Pl		City Bridgeport			State CT	Zip Code 06604	
Purpose of Expend WAGE	Description Canvasser					Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought?  If yes, assign an Expenditure # and complete Itemization in Addendum  Expenditure # (if applicable)  Expenditure # (if applicable)					\$485.00		
Name of Payee Lidell Pettway  Date of Payment 07/23/2012				Method of Payment  X Check # 1072  Debit Card			
Street Address 272 Wells St		City Bridgeport			State CT	Zip Code 06608	
Purpose of Expend WAGE	Description Canvasser					Amount	
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co	X No (if a	enditure # oplicable)	Event #	:	\$560.00		
Name of Payee Jennifer Leary			Date of Payr 07/23/20		ı	yment heck# <u>1070</u> bebit Card	
Street Address 1187 Park Ave		City Bridgeport			State CT	Zip Code 06604	
Purpose of Expend WAGE	Description Canvasser					Amount	
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co	X No (if a	enditure # oplicable)	Event #			\$120.00	

IV. EXPENDITURES (Sections N - S)							
NAME OF COMMITTEE (Prov	vide Complete Name as Registered with Commission)	· · · · · · · · · · · · · · · · · · ·		TYPE	OF REPORT		
Newton For Senator				nird Weekly S	Supplemental Fi	upplemental Filing Primary -	
	N. Expenses Paid By Com	mittee	<u>r</u>	nenament			
Name of Payee April Stevens			Date of Payme 07/23/2012			rment neck # <u>1070</u> ebit Card	
Street Address 46 Hamilton St Unit 1		City Bridgeport			State CT	Zip Code 06608	
Purpose of Expend WAGE	Description Canvasser					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)					\$64.00		
Name of Payee Date of Payment 07/23/2012				Method of Payment  X Check # 1046  Debit Card			
Street Address 3 Cottage Pl		City Bridgeport			State CT	Zip Code 06604	
Purpose of Expend WAGE	Description Canvasser					Amount	
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co	X No (if	penditure # applicable)	Event #		\$335.00		
Name of Payee Jackie Pugh			Date of Payme 07/23/2011		. —	rment neck# <u>1068</u> ebit Card	
Street Address 26 Summerfield Ave		City Bridgeport			State CT	Zip Code 06610	
Purpose of Expend WAGE	Description Canvasser					Amount	
Is this expenditure coordinated with a which reimbursement is sought?		penditure # applicable)	Event #			\$200.00	

	IV. EXPENDITURES					
NAME OF COMMITTEE (Prov	ride Complete Name as Registered with Commission	1)		TYPE	OF REPORT	
Newton For Senator				nird Weekly S	Supplemental Fi	ling Primary -
	N. Expenses Paid By Con	nmittee				
Name of Payee Tiffany Harris			Date of Payme 07/23/201			rment neck# <u>1067</u> ebit Card
Street Address 133 Prince St		City Bridgeport			State CT	Zip Code 06610
Purpose of Expend WAGE	Description Canvasser					Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought?  If yes, assign an Expenditure # and complete Itemization in Addendum  Yes Expenditure # (if applicable)  Event # (if applicable)					\$218.00	
Name of Payee Quintella Smart			Date of Payme 07/23/201			rment neck# <u>1066</u> ebit Card
Street Address 1610 Barnum		City Bridgeport			State CT	Zip Code 06610
Purpose of Expend WAGE	Description Canvasser					Amount
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co	X No (i	xpenditure # f applicable)	Event #			\$246.00
Name of Payee Jerry Gatewood			Date of Payme 07/23/201			rment neck# <u>1058</u> ebit Card
Street Address 266 Connecticut		City Bridgeport			State CT	Zip Code 06604
Purpose of Expend WAGE	Description Canvasser					Amount
Is this expenditure coordinated with a which reimbursement is sought?	I	xpenditure # f applicable)	Event #			\$188.00

IV. EXPENDITURES (Sections N - S)						
NAME OF COMMITTEE (Prov	vide Complete Name as Registered with Commission)		TYPE	OF REPORT		
Newton For Senator			Third Weekly S	d Weekly Supplemental Filing Primary -		
	N. Expenses Paid By Comm	ittee	unchamen			
Name of Payee Keith Bush			of Payment 3/2012		rment neck# <u>1064</u> ebit Card	
Street Address 200 Lyon Ter		City Bridgeport		State CT	Zip Code 06604	
Purpose of Expend WAGE	Description Canvasser				Amount	
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co	x No (if ap	aditure # E blicable)	event #		\$860.00	
Name of Payee Luke Benedict  Date of Payment 07/23/2012				Method of Payment  X Check # 1063  Debit Card		
Street Address 375 Grand St		City Bridgeport		State CT	Zip Code 06604	
Purpose of Expend WAGE	Description Canvasser				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 #	\$410.00		
Name of Payee George Gholson			of Payment 3/2012		ment neck # <u>1062</u> ebit Card	
Street Address 223 Norman St		City Bridgeport		State CT	Zip Code 06605	
Purpose of Expend WAGE	Description Canvasser				Amount	
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co	x No (if ap	nditure # E	event #		\$720.00	

	IV. EXPENDITURES	(Sections N - S)				
NAME OF COMMITTEE (Prov	vide Complete Name as Registered with Commission	on)		TYPE	OF REPORT	
Newton For Senator				Third Weekly S Amendment	Supplemental Fi	ling Primary -
	N. Expenses Paid By Co	mmittee				
Name of Payee Bryn Blackwell			Date of Payr 07/23/20			vment neck # <u>1059</u> ebit Card
Street Address 377 Grand St		City Bridgeport			State CT	Zip Code 06604
Purpose of Expend WAGE	Description Canvasser					Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought?  If yes, assign an Expenditure # and complete Itemization in Addendum  Yes  Expenditure #  (if applicable)  Event #					\$775.00	
Name of Payee Jesse Narvaez			Date of Payn 07/23/20			rment neck# <u>1053</u> ebit Card
Street Address 386 Huntington Rd		City Bridgeport			State CT	Zip Code 06610
Purpose of Expend WAGE	Description Canvasser					Amount
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co	x No	Expenditure # (if applicable)	Event #			\$188.00
Name of Payee William Vines			Date of Payn 07/23/20			ment neck# <u>1051</u> ebit Card
Street Address 1812 Barnum		City Bridgeport			State CT	Zip Code 06610
Purpose of Expend WAGE	Description Canvasser					Amount
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co	X No	Expenditure # (if applicable)	Event #			\$160.00

	IV. EXPENDITURES (S	ections N - S)	1				
NAME OF COMMITTEE (Prov	vide Complete Name as Registered with Commission)		TYPE (	OF REPORT			
Newton For Senator			Third Weekly S Amendment	Supplemental Fil	ing Primary -		
	N. Expenses Paid By Comm	ittee	•				
Name of Payee Janesha Rodriguez			ate of Payment 7/23/2012		ment seck# <u>1060</u> sbit Card		
Street Address 70 Cottage St		City Bridgeport		State CT	Zip Code 06604		
Purpose of Expend WAGE	Description Canvasser/registrations/abscentee appl.				Amount		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  If yes, assign an Expenditure # and complete Itemization in Addendum  Yes Expenditure # (if applicable)  Event # (if applicable)					\$672.00		
Name of Payee Teresa Rodriguez			ate of Payment 7/23/2012		ment eck# <u>1057</u> bit Card		
Street Address 70 Cottage St		City Bridgeport		State CT	Zip Code 06604		
Purpose of Expend WAGE	Description Canvasser				Amount		
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co	x No (if ap	nditure # plicable)	Event#		\$616.00		
Name of Payee Leeta Reed			ate of Payment 7/23/2012		ment neck # <u>1056</u> bit Card		
Street Address 189 Smith St		City Bridgeport		State CT	Zip Code 06607		
Purpose of Expend WAGE	Description Canvasser				Amount		
Is this expenditure coordinated with a which reimbursement is sought?		nditure # plicable)	Event #		\$36.00		

IV. EXPENDITURES (Sections N - S)								
NAME OF COMMITTEE (Prox	ride Complete Name as Registered with Commis		ections N - 8)		TVPE	OF REPORT		
	The Complete Public as Registered with Commission	331011)				Supplemental Filing Primary -		
Newton For Senator	N.E. D.I.D.	<u> </u>			Amendment	Supplemental Fi	ling Primary -	
	N. Expenses Paid By	Commi	ttee					
Name of Payee Mark Borgues				Date of Pay 07/23/20		Method of Payment  X Check # 1056  Debit Card		
Street Address 18 Second Ave Apt 2			City Waterbury			State CT	Zip Code 06710	
Purpose of Expend WAGE	Description Canvasser						Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought?  If yes, assign an Expenditure # and complete Itemization in Addendum  Event #  Expenditure #  (if applicable)						\$124.00		
Name of Payee Date of Payment O7/23/2012					Method of Payment  X Check # 1045  Debit Card			
Street Address 155 Harding Ave			City Stratford			State CT	Zip Code 06615	
Purpose of Expend WAGE	Description Canvase Coordinator					Amount		
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co	x <sub>No</sub>	Expend (if appl		Event #	#		\$1,405.00	
Name of Payee Carl Nordi				Date of Pay 07/23/20			ment neck# <u>1036</u> ebit Card	
Street Address 1810 Stratford Ave Apt 1C			City Bridgeport			State CT	Zip Code 06607	
Purpose of Expend WAGE	Description Canvasser/Phone bank						Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Event #  (if applicable)						\$184.00		

IV. EXPENDITURES (Sections N - S)								
NAME OF COMMITTEE (Prov	ride Complete Name as Registered with Commission)		TYPE	OF REPORT				
Newton For Senator			Third Weekly S	Supplemental Filing Primary -				
	N. Expenses Paid By Comm	ittee	unerament					
Name of Payee Carol Johnson			of Payment 23/2012		rment neck# <u>1037</u> ebit Card			
Street Address 76 Birdsey St		City Bridgeport		State CT	Zip Code 06606			
Purpose of Expend WAGE	Description  Date Coordinator		Amount					
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co	Event #	\$650.00						
Name of Payee William Brooks Date of Payment 07/23/2012					Method of Payment  X Check # 1038  Debit Card			
Street Address 224 Judson St .		City Bridgeport		State CT	Zip Code 06610			
Purpose of Expend WAGE	Description Canvasser/ Driver				Amount			
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co	X No (if app	diture# I	Event #		\$344.00			
Name of Payee William Durham			of Payment 23/2012		rment neck# <u>1040</u> ebit Card			
Street Address 229 City View Ave		City Bridgeport		State CT	Zip Code 06606			
Purpose of Expend WAGE	Description  Data entry/ canvasser				Amount			
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co		\$564.00						

	IV. EXPENDITURES (Se	ections N - S)				
NAME OF COMMITTEE (Prov	vide Complete Name as Registered with Commission)		TYPE	E OF REPORT		
Newton For Senator			Third Weekly S Amendment	Supplemental Filing Primary -		
	N. Expenses Paid By Commi	ttee				
Name of Payee Clayton South			e of Payment /23/2012	$\overline{}$	ment seck # <u>1041</u> sbit Card	
Street Address 185 Saunder Ave		City Bridgeport		State CT	Zip Code 06606	
Purpose of Expend WAGE	Data entry/ canvasser					
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co	\$600.00					
Name of Payee Date of Payment Watchdog Properties 07/23/2012				Method of Payment  X Check # 1049  Debit Card		
Street Address PO Box 473		City Stratford		State CT	Zip Code 06615	
Purpose of Expend OVHD	Description Rent for July			Amount		
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co	X No (if app	liture # icable)	Event #		\$750.00	
Name of Payee  Jackie Oliver			e of Payment		ment ack# <u>1065</u> bit Card	
Street Address 48 Highland Ave Bldg 4 . Apt	:.32	City Bridgeport		State CT	Zip Code <b>06604</b>	
Purpose of Expend	Description				Amount	
WAGE						
Is this expenditure coordinated with a which reimbursement is sought?  If we assign an Expenditure # and co	X No (if app	liture # licable)	Event #		\$105.00	

	IV. EXPENDITURES	S (Sections N - S)	)			
NAME OF COMMITTEE (Prov	vide Complete Name as Registered with Commission	on)		TYPE (	OF REPORT	
Newton For Senator				Third Weekly S	Supplemental Fil	ing Primary -
	N. Expenses Paid By Co	mmittee				
Name of Payee  Barbara Williams			Date of Paym <b>07/23/2</b>		_	ment seck # <b>1054</b> ebit Card
Street Address 88 Kent St		City Bridgeport			State CT	Zip Code <b>06610</b>
Purpose of Expend	Description					Amount
WAGE						
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co		\$800.00				
Name of Payee Date of Payment Carmen Ashby 07/23/2012						ment eck# <b>1079</b> bit Card
Street Address 1610 Barnum Ave		City Bridgeport			State CT	Zip Code <b>06607</b>
Purpose of Expend	Description					Amount
WAGE						
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co	x No	Expenditure # (if applicable)	Event#			\$244.00
Name of Payee  Ruby Pettway			Date of Paym 07/24/2			ment seck # <b>1089</b> sbit Card
Street Address  9 Cottage Pl		City Bridgeport			State CT	Zip Code <b>06604</b>
Purpose of Expend	Description					Amount
WAGE						
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co	X No	Expenditure # (if applicable)	Event #			\$745.00

IV. EXPENDITURES (Sections N - S)								
NAME OF COMMITTEE (Prov	vide Complete Name as Registered with Commission)		ТҮРІ	E OF REPORT				
Newton For Senator			Third Weekly Amendment	Supplemental Fili	Supplemental Filing Primary -			
	N. Expenses Paid By Comm	ittee	, anonamon					
Name of Payee Panda Garden			Date of Payment 07/24/2012	Method of Payment  Check #  X Debit Card				
Street Address 2347 Barnum Ave		City Stratford		State CT	Zip Code 06615			
Purpose of Expend FOOD	Expend Description Lunch for 2 campaign workers in headquarters							
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co	\$15.15							
Name of Payee Glen Pettway  Date of Payment 07/24/2012					Method of Payment  X Check # 1121  Debit Card			
Street Address 414 Atlantic St		City Bridgeport		State CT	Zip Code 06604			
Purpose of Expend WAGE	Description Southend canvass coordinator			Amount				
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co	x No (if ap	nditure # plicable)	Event#		\$900.00			
Name of Payee Sophie Hatzivasiliadis			Date of Payment 07/24/2012		nent rck # <u>1107</u> oit Card			
Street Address 170 West Ave		City Bridgeport		State CT	Zip Code 06610			
Purpose of Expend WAGE	Description Canvasser			Ā	Amount			
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes Expenditure # (if applicable)  Event #					\$252.00			

	IV. EXPENDITURES (Sections N - S)							
NAME OF COMMITTEE (Prov	vide Complete Name as Registered with Commission)		,	ГҮРЕ OF REPORT				
Newton For Senator			Third V Amend	Veekly Supplemental Filing Primary - ment				
	N. Expenses Paid By Comm	nittee						
Name of Payee Carol Thomas			Date of Payment 07/24/2012	Method of Payment  X Check # 1105  Debit Card				
Street Address 43 Madison Ave		City Bridgeport		State Zip Code CT 06606				
Purpose of Expend WAGE	Description Canvasser	Amount						
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co	\$148.00							
Name of Payee Tameekha Gee Date of Payme 07/24/201				Method of Payment  X Check # 1095  Debit Card				
Street Address 125 Hillcrest Rd		City Bridgeport		State Zin Code CT 06606				
Purpose of Expend WAGE	Description Canvasser			Amount				
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co	X No (if a)	enditure # oplicable)	Event #	\$40.00				
Name of Payee Tiffany Smith			Date of Payment 07/24/2012	Method of Payment  X Check # 1096  Debit Card				
Street Address 40 Ford Pl		City Bridgeport		State Zip Code CT 06610				
Purpose of Expend WAGE	Description Canvasser			Amount				
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co	\$40.00							

	IV. EXPENDITURES	(Sections N - S)	T				
NAME OF COMMITTEE (Prov	ride Complete Name as Registered with Commission	)		TYPE	OF REPORT		
Newton For Senator				Third Weekly S	Supplemental Fi	ling Primary -	
	N. Expenses Paid By Con	nmittee					
Name of Payee  Damien Sellers			Date of Payn 07/24/20		Method of Payment  X Check # 1093  Debit Card		
Street Address 1586 Barnum Ave		City Bridgeport			State CT	Zip Code 06610	
Purpose of Expend WAGE	Description Canvasser					Amount	
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co	\$96.00						
Name of Payee Tre Day Date of Payment 07/24/2012					Method of Payment  X Check # 1092  Debit Card		
Street Address 1586 Barnum Ave		City Bridgeport			State CT	Zip Code 06610	
Purpose of Expend WAGE	Description Canvasser					Amount	
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co	X No (i	xpenditure # f applicable)	Event#			\$96.00	
Name of Payee James Worde			Date of Payn 07/24/20			ment neck# <u>1097</u> ebit Card	
Street Address 485 Jane St		City Bridgeport			State CT	Zip Code 06608	
Purpose of Expend WAGE	Description canvasser					Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes Expenditure # (if applicable)  Event #						\$144.00	

IV. EXPENDITURES (Sections N - S)							
NAME OF COMMITTEE (Prov	vide Complete Name as Registered with Commission)		ТҮРЕ	OF REPORT			
Newton For Senator			Third Weekly S Amendment	Supplemental Fi	ling Primary -		
	N. Expenses Paid By Comm	ittee	unchament				
Name of Payee Mary Lee			of Payment 24/2012		rment neck # <u>1098</u> ebit Card		
Street Address 125 Hillcrest Rd		City Bridgeport		State CT	Zip Code 06606		
Purpose of Expend WAGE	Description Canvasser/Phone bank			Amount			
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co	\$539.00						
Name of Payee Date of Payment Natajah McClain 07/24/2012					Method of Payment  X Check # 1099  Debit Card		
Street Address 290 Willow St		City Bridgeport		State CT	Zip Code 06610		
Purpose of Expend WAGE	Description Canvasser				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 #		\$40.00		
Name of Payee Jorge Cruz			of Payment 24/2012		rment neck# <u>1102</u> ebit Card		
Street Address 616 Kossuth St		City Bridgeport		State CT	Zip Code 06608		
Purpose of Expend WAGE	Description Dist Canvasse Coord				Amount		
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co	Event #		\$900.00				

	IV. EXPENDITURES (	Sections N - S)					
NAME OF COMMITTEE (Prov	vide Complete Name as Registered with Commission)		TYPE	OF REPORT			
Newton For Senator			Third Weekly Amendment	Supplemental Filing Primary -			
	N. Expenses Paid By Com	nittee					
Name of Payee  Tarrano Cartwright			Date of Payment 07/24/2012	Method of Payment  X Check # 1116  Debit Card			
Street Address UE0 Hillside Avene		City Bridgeport		State Zip Code CT 06604			
Purpose of Expend WAGE	Description Canvasser	Amount					
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co	\$20.00						
Name of Payee Date of Payment O7/24/2012				Method of Payment  X Check # 1109  Debit Card			
Street Address 200 Lyon Ter		City Bridgeport		State Zip Code CT 06604			
Purpose of Expend WAGE	Description Canvasse Coordinator			Amount			
Is this expenditure coordinated with a which reimbursement is sought?  If yes, assign an Expenditure # and co	X No (if a	enditure # pplicable)	Event #	\$1,000.00			
Name of Payee Dorothy Raysor			Date of Payment 07/24/2012	Method of Payment  X Check # 1118  Debit Card			
Street Address 415 Kent Ave		City Bridgeport		State Zip Code CT 06610			
Purpose of Expend WAGE	Description Phone Bank			Amount			
Is this expenditure coordinated with a which reimbursement is sought?	\$215.00						

IV. EXPENDITURES (Sections N - S)										
NAME OF COMMITTE	E (Provide Complete Name as R	egistered with Commis	ssion)				ТҮРЕ	OF REPORT		
Newton For Senator							Third Weekly S Amendment	upplemental F	iling Primary -	
	N	. Expenses Paid By	Commi	ttee						
Name of Payee Mark Bush						Date of Pays 07/24/20				
Street Address 154 Main St	City Bridgeport							State CT	Zip Code 06604	
Purpose of Expend Description WAGE Description Dist Canvasse Coord								Amount		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  If yes, assign an Expenditure # and complete Itemization in Addendum  Yes  Expenditure #  (if applicable)  Event #								\$2,000.00		
							Total of	Section N	\$36,17	72.68
NAME OF COMMITTE	IV	EXPENDITURE		etions N - S)			Ty	PE OF REP	ORT	
NAME OF COMMITTE	E (Flovide Complete Name as Re	egistered with Commis	551011)					y Supplementa	I Filing Primary -	
	O. Expe	enses Paid By Cand	idate							
Name of Payee (Name of vendor	who candidate paid directly)					Date of Payn	nent	Is Reimburse	ment Claimed? Yes	No
Street Address		City			State	Zip Co	de		Amount	
Purpose of Expenditure (by code)	Description					Event #				
							Tota	al of Section C		

	IV. EXPENDITU	RES (Section	s N - S)	•					
NAME OF COMMITTEE (F	Provide Complete Name as Registered w	rith Commission)				TYPE OF	REPORT		
Newton For Senator						Third Weekly Supplemental Filing Primary - Amendment			
	P. Expenses Incurred	l on Committee	e Credit	Card					
Name of Issuing Institution				Type of Credit Card: Visa Other	Master (	Card Discov	over American Express		
Name of Vendor			Į.				Date of Transaction		
Street Address			City	7			State	Zip Code	
Purpose of Expenditure (by code)	Description		•					Amount	
Is this expenditure coordinated w which reimbursement is sought? If yes, assign an Expenditure # ar	rith another candidate for and complete Itemization in Addendum	Yes No		xpenditure # f applicable)	Event	#			
Total of Section P									
							•		
	IV. EXPENDIT	URES (Section	ons N - S	S)					
NAME OF COMMITTEE (P.	rovide Complete Name as Registered wi	ith Commission)				TYPE OF	REPORT		
Newton For Senator						Third Weekly Supple Amendment	emental Filin	g Primary -	
	Q. Expenses Incurred By Comm	nittee but Not I	Paid Dur	ing this Period					
Name of Creditor							Date Incurre	ed	
Street Address		C	City				State	Zip Code	
Purpose of Expenditure (bv code)	cription							unt Incurred ate or Actual)	
Is this expenditure coordinated with an reimbursement is sought?  If yes, assign an Expenditure # and con		Yes No	-	enditure # oplicable)	Event #				
y s, sange as any order of the con-	r								
					Tota	l of Section Q			

IV. EXPENDITURES (Sections N - S)										
NAME OF COMMITTEE (Provide Complete N	lame as Registered wi	ith Comn	nission)				TYPE OF REP	ORT		
Newton For Senator						Third W	eekly Supplementa	al Filing Pri	mary -	
R. Itemizatio	on of Reimburseme	ents to C	Committee Wo	rkers and (	Consu	ıltants				
Last Name of Worker/Consultant	First	First MI Date of			ate of Payment		Method of Payment  Check #			
									Debit Card	
Secondary Payee					•		•			
Street Address			City					State	Zip Code	
Purpose of Expenditure Description (by code)							Amount			
Is this expenditure coordinated with another candidate for Yes Expenditure # (if applicable)  No  If yes, assign an Expenditure # and completes Itemization in Addendum R					nt#					
it yes, assign an experience it and completes remization in	Addition R					<u> </u>				
						Total o	f Section R			
	IV. EXPEND	ITURE	CS (Sectuibs	N - S)						
NAME OF COMMITTEE (Provide Complete N	ame as Registered wi	ith Comm	nission)				TYPE OF REPO	ORT	RT	
Newton For Senator						Third We	ekly Supplementa ent	I Filing Prir	mary -	
S. S	Surplus Distributio	on of Eq	uipment and F	Furniture	•					
Name of Recipient										
Street Address	City	City			Sta	te	Zip Code		Original Purchase Amount of Item	
Description of Item	<u> </u>									
							Total of Sect	tion S		