

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 37

COVER PAGE

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

SEEC FORM 30

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised January 2012

SUMMARY PAGE TOTALS

NAME OF COMMITTEE	TYPE OF REPORT	
Newton For 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	

I. MONETARY RECEIPTS (Section A-I)

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

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

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

I. MONETARY RECEIPTS (Section A-I)

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

I. MONETARY RECEIPTS (Section A-I)

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

I. MONETARY RECEIPTS (Section A-I)

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

I. MONETARY RECEIPTS (Section A-I)

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

I. Monetary Receipts (Section A-I)

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

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE			TYPE OF REPORT	
Newton For Senator			Third Weekly Supplemental Filing Primary - Amendment	
H. Public Grant Funds Received from the Citizens' Election Fund				
Purpose of Grant: <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Grant Adjustment <input type="checkbox"/> Supplemental/Post Election Deficit		Grant Cycle: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Election <input type="checkbox"/> Special Election		Date Received 07/21/2012
				Amount \$80,805.00
Total of Section H				\$80,805.00

I. MONETARY RECEIPTS (Section A-K)

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

II. FUNDRAISING EVENT ACTIVITY (Sections J1 - J3)

NAME OF COMMITTEE		TYPE OF REPORT	
Newton For Senator		Third Weekly Supplemental Filing Primary - Amendment	
J1. Fundraising Event Information			
Fundraising Event # Date of Fundraiser	Description Letter		
Location: Street Address		City	State Zip Code
Was this fundraising event hosted at a personal residence?	Yes No	if yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.	
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?	Yes No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?	Yes No	(If yes, enter Total Receipts here.)	
Total of Section J1			

II. FUNDRAISING EVENT ACTIVITY (Sections J1 - J3)

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

III. NONMONETARY RECEIPTS (Sections K - M)

NAME OF COMMITTEE

TYPE OF REPORT

Newton For Senator

Third Weekly Supplemental Filing Primary -
Amendment**K. In-Kind Contributions**

Name

Street Address

City

State

Zip Code

Is this contribution associated with a fundraising event
listed in Section J1?

Yes

If yes, list Event#

No

Description of In-Kind Contribution

Is Contributor a lobbyist, spouse, or dependent child
of a lobbyist?

Yes

No

Is contributor a principal of a state contractor or prospective state
contractor?

Yes

No

If yes, indicate which branch or branches of
government the contract is with:

Executive

Legislative

Fair Market Value of this
Contribution

Type of Contributor:

Individual

Committee

Sole Proprietorship

Date Received

Aggregate contributions

Total of Section K**III. Non Monetary Receipts (Sections K - M)**

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

TYPE OF REPORT

Newton For Senator

Third Weekly Supplemental Filing Primary -
Amendment**L. Refundable Deposit to Telephone Company**

Last Name of Individual

First Name

MI

Date Deposit Made

Residential Street Address

City

State

Zip Code

Amount of
Deposit

Name of Telephone company

Street Address

City

State

Zip Code

Total of Section L

III. NONMONETARY RECEIPTS (Sections K - M)

NAME OF COMMITTEE	TYPE OF REPORT
Newton For Senator	Third Weekly Supplemental Filing Primary - 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	E

Total of Section M

IV. EXPENDITURES (Sections N - S)

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

Name of Payee CEF		Date of Payment 07/18/2012	Method of Payment <input checked="" type="checkbox"/> Check # 1033 <input type="checkbox"/> Debit Card	
Street Address 20 Trinity St		City Hartford		State CT Zip Code 06106
Purpose of Expend CEF	Description			Amount \$20.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	
Name of Payee Loretta Williams		Date of Payment 07/21/2012	Method of Payment <input checked="" type="checkbox"/> Check # 1044 <input type="checkbox"/> Debit Card	
Street Address 302 Wilmot Ave		City Bridgeport		State CT Zip Code 06607
Purpose of Expend WAGE	Description Treasurer - salary			Amount \$1,000.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	
Name of Payee Loretta Williams		Date of Payment 07/21/2012	Method of Payment <input checked="" type="checkbox"/> Check # 1050 <input type="checkbox"/> Debit 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 \$5,000.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee United Illuminum Co.		Date of Payment 07/21/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1122</u> <input type="checkbox"/> Debit Card	
Street Address PO 1564		City New Haven		State CT Zip Code 06506
Purpose of Expend OVHD	Description Electric Bill			Amount \$246.72
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	
Name of Payee Clement Young		Date of Payment 07/21/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1108</u> <input type="checkbox"/> Debit Card	
Street Address 50 Ridgefield Ave		City Bridgeport		State CT Zip Code 06610
Purpose of Expend WAGE	Description AB Coordinator			Amount \$500.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	
Name of Payee Charlie Coviello		Date of Payment 07/21/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1087</u> <input type="checkbox"/> Debit Card	
Street Address 72 Willow St		City Bridgeport		State CT Zip Code 06610
Purpose of Expend WAGE	Description AB coord/canvasser			Amount \$500.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Milton Peele		Date of Payment 07/21/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1035</u> <input type="checkbox"/> Debit 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$830.00
Name of Payee KFC		Date of Payment 07/21/2012	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit 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 another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$25.51
Name of Payee KFC		Date of Payment 07/21/2012	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit 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 and Hdqtr		Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$38.26

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Staple		Date of Payment 07/21/2012	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 955 Ferry Blvd		City Stratford		State CT
Zip Code 06614				
Purpose of Expend OFFICE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$399.79
Name of Payee KFC		Date of Payment 07/21/2012	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 1322 Barnum Ave		City Stratford		State CT
Zip Code 06614				
Purpose of Expend FOOD	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$14.43
Name of Payee Staple		Date of Payment 07/21/2012	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 955 Ferry Blvd		City Stratford		State CT
Zip Code 06614				
Purpose of Expend OFFICE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$39.35

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee Dollar Tree Store ,Inc.		Date of Payment 07/21/2012	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 955 Ferry Blvd		City Bridgeport	State CT	Zip Code 06615
Purpose of Expend Misc *	Description Cleaning Supplies for second Headquarter			Amount \$23.40
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	
Name of Payee Cell Touch		Date of Payment 07/21/2012	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 2127 Boston Ave		City Bridgeport	State CT	Zip Code 06610
Purpose of Expend OVHD	Description Phones			Amount \$202.80
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	
Name of Payee CandidateSigns.com		Date of Payment 07/21/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1034</u> <input type="checkbox"/> Debit Card	
Street Address PO Box 788		City Boys Town	State NE	Zip Code 06810
Purpose of Expend A-SIGN	Description			Amount \$2,402.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee C-Town		Date of Payment 07/21/2012	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	
			\$55.46	
Name of Payee Staples		Date of Payment 07/23/2012	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> 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 another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	
			\$213.00	
Name of Payee Frankies Diner		Date of Payment 07/23/2012	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 1660 Barnum Ave		City Bridgeport	State CT	Zip Code 06610
Purpose of Expend FOOD	Description Dinner for 3 campaign workers (headquarter)		Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	
			\$44.81	

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Ricky Gallimore		Date of Payment 07/23/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1091</u> <input type="checkbox"/> Debit Card		
Street Address 75 Garfield Ave		City Bridgeport	State CT	Zip Code 06610	
Purpose of Expend WAGE	Description Canvasser		Amount \$200.00		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)			Event #
Name of Payee Torun Wells		Date of Payment 07/23/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1090</u> <input type="checkbox"/> Debit Card		
Street Address 590 Wilmot Ave		City Bridgeport	State CT	Zip Code 06607	
Purpose of Expend WAGE	Description Canvasser		Amount \$172.00		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)			Event #
Name of Payee Marrya McNeil		Date of Payment 07/23/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1088</u> <input type="checkbox"/> Debit Card		
Street Address 353 Carroll Ave		City Bridgeport	State CT	Zip Code 06607	
Purpose of Expend WAGE	Description Data entry and canvassing		Amount \$435.00		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)			Event #

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Vanity Cartwright		Date of Payment 07/23/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1086</u> <input type="checkbox"/> Debit Card	
Street Address 42 Hillside Ave		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$50.00
Name of Payee Lisa Woodson		Date of Payment 07/23/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1083</u> <input type="checkbox"/> Debit Card	
Street Address 15 Ridgewood Ave		City Bridgeport	State CT	Zip Code 06606
Purpose of Expend WAGE	Description Phone Bank		Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$456.00
Name of Payee Freda Peterson		Date of Payment 07/23/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1081</u> <input type="checkbox"/> Debit Card	
Street Address 415 Kent Ave		City Bridgeport	State CT	Zip Code 06610
Purpose of Expend WAGE	Description Phone Bank		Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$795.00

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Cassie Ford		Date of Payment 07/23/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1080</u> <input type="checkbox"/> Debit 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	
			\$400.00	
Name of Payee Erica Pettway		Date of Payment 07/23/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1078</u> <input type="checkbox"/> 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 another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	
			\$572.00	
Name of Payee Tamara Sowell		Date of Payment 07/23/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1085</u> <input type="checkbox"/> Debit 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 another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	
			\$825.00	

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Zavon Billups		Date of Payment 07/23/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1077</u> <input type="checkbox"/> Debit 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$168.00
Name of Payee Montreatica Crespo		Date of Payment 07/23/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1082</u> <input type="checkbox"/> 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 another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$515.00
Name of Payee Allan Grimes		Date of Payment 07/23/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1076</u> <input type="checkbox"/> Debit 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 another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$216.00

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee Suzette Pettway		Date of Payment 07/23/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1075</u> <input type="checkbox"/> Debit Card	
Street Address 3 Cottage Pl		City Bridgeport		State CT Zip Code 06604
Purpose of Expend WAGE	Description Canvasser			Amount \$485.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	
Name of Payee Lidell Pettway		Date of Payment 07/23/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1072</u> <input type="checkbox"/> Debit Card	
Street Address 272 Wells St		City Bridgeport		State CT Zip Code 06608
Purpose of Expend WAGE	Description Canvasser			Amount \$560.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	
Name of Payee Jennifer Leary		Date of Payment 07/23/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1070</u> <input type="checkbox"/> Debit Card	
Street Address 1187 Park Ave		City Bridgeport		State CT Zip Code 06604
Purpose of Expend WAGE	Description Canvasser			Amount \$120.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

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

Name of Payee April Stevens		Date of Payment 07/23/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1070</u> <input type="checkbox"/> Debit 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	
			\$64.00	

Name of Payee Alfredo Serrano		Date of Payment 07/23/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1046</u> <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	
			\$335.00	

Name of Payee Jackie Pugh		Date of Payment 07/23/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1068</u> <input type="checkbox"/> Debit 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 another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	
			\$200.00	

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee Tiffany Harris		Date of Payment 07/23/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1067</u> <input type="checkbox"/> Debit Card	
Street Address 133 Prince St		City Bridgeport		State CT Zip Code 06610
Purpose of Expend WAGE	Description Canvasser		Amount \$218.00	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)		
Name of Payee Quintella Smart		Date of Payment 07/23/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1066</u> <input type="checkbox"/> Debit Card	
Street Address 1610 Barnum		City Bridgeport		State CT Zip Code 06610
Purpose of Expend WAGE	Description Canvasser		Amount \$246.00	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)		
Name of Payee Jerry Gatewood		Date of Payment 07/23/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1058</u> <input type="checkbox"/> Debit Card	
Street Address 266 Connecticut		City Bridgeport		State CT Zip Code 06604
Purpose of Expend WAGE	Description Canvasser		Amount \$188.00	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)		

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Keith Bush		Date of Payment 07/23/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1064</u> <input type="checkbox"/> Debit 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 another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$860.00
Name of Payee Luke Benedict		Date of Payment 07/23/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1063</u> <input type="checkbox"/> 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 another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$410.00
Name of Payee George Gholson		Date of Payment 07/23/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1062</u> <input type="checkbox"/> Debit 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 another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$720.00

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee Bryn Blackwell		Date of Payment 07/23/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1059</u> <input type="checkbox"/> Debit Card	
Street Address 377 Grand St		City Bridgeport		State CT Zip Code 06604
Purpose of Expend WAGE	Description Canvasser			Amount \$775.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	
Name of Payee Jesse Narvaez		Date of Payment 07/23/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1053</u> <input type="checkbox"/> Debit Card	
Street Address 386 Huntington Rd		City Bridgeport		State CT Zip Code 06610
Purpose of Expend WAGE	Description Canvasser			Amount \$188.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	
Name of Payee William Vines		Date of Payment 07/23/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1051</u> <input type="checkbox"/> Debit Card	
Street Address 1812 Barnum		City Bridgeport		State CT Zip Code 06610
Purpose of Expend WAGE	Description Canvasser			Amount \$160.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Janesha Rodriguez		Date of Payment 07/23/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1060</u> <input type="checkbox"/> Debit Card	
Street Address 70 Cottage St		City Bridgeport		State CT Zip Code 06604
Purpose of Expend WAGE	Description Canvasser/registrations/absentee appl.			Amount \$672.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	
Name of Payee Teresa Rodriguez		Date of Payment 07/23/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1057</u> <input type="checkbox"/> Debit Card	
Street Address 70 Cottage St		City Bridgeport		State CT Zip Code 06604
Purpose of Expend WAGE	Description Canvasser			Amount \$616.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	
Name of Payee Leeta Reed		Date of Payment 07/23/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1056</u> <input type="checkbox"/> Debit Card	
Street Address 189 Smith St		City Bridgeport		State CT Zip Code 06607
Purpose of Expend WAGE	Description Canvasser			Amount \$36.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Mark Borgues		Date of Payment 07/23/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1056</u> <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	
			\$124.00	
Name of Payee Sandra Brown		Date of Payment 07/23/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1045</u> <input type="checkbox"/> 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 another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	
			\$1,405.00	
Name of Payee Carl Nordi		Date of Payment 07/23/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1036</u> <input type="checkbox"/> Debit Card	
Street Address 1810 Stratford Ave Apt 1C		City Bridgeport	State CT	Zip Code 06607
Purpose of Expend WAGE	Description Canvasser/Phone bank		Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	
			\$184.00	

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee Carol Johnson		Date of Payment 07/23/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1037</u> <input type="checkbox"/> Debit Card	
Street Address 76 Birdsey St		City Bridgeport	State CT	Zip Code 06606
Purpose of Expend WAGE	Description Data Coordinator		Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	
			\$650.00	
Name of Payee William Brooks		Date of Payment 07/23/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1038</u> <input type="checkbox"/> 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 another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	
			\$344.00	
Name of Payee William Durham		Date of Payment 07/23/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1040</u> <input type="checkbox"/> Debit 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 another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	
			\$564.00	

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Clayton South		Date of Payment 07/23/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1041</u> <input type="checkbox"/> Debit Card	
Street Address 185 Saunder Ave		City Bridgeport	State CT	Zip Code 06606
Purpose of Expend WAGE	Description Data entry/ canvasser		Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$600.00
Name of Payee Watchdog Properties		Date of Payment 07/23/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1049</u> <input type="checkbox"/> 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 another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$750.00
Name of Payee Jackie Oliver		Date of Payment 07/23/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1065</u> <input type="checkbox"/> Debit Card	
Street Address 48 Highland Ave Bldg 4 . Apt.32		City Bridgeport	State CT	Zip Code 06604
Purpose of Expend WAGE	Description		Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$105.00

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Barbara Williams		Date of Payment 07/23/2012	Method of Payment <input checked="" type="checkbox"/> Check # 1054 <input type="checkbox"/> Debit Card	
Street Address 88 Kent St		City Bridgeport		State CT Zip Code 06610
Purpose of Expend WAGE	Description			Amount \$800.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	
Name of Payee Carmen Ashby		Date of Payment 07/23/2012	Method of Payment <input checked="" type="checkbox"/> Check # 1079 <input type="checkbox"/> Debit Card	
Street Address 1610 Barnum Ave		City Bridgeport		State CT Zip Code 06607
Purpose of Expend WAGE	Description			Amount \$244.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	
Name of Payee Ruby Pettway		Date of Payment 07/24/2012	Method of Payment <input checked="" type="checkbox"/> Check # 1089 <input type="checkbox"/> Debit Card	
Street Address 9 Cottage Pl		City Bridgeport		State CT Zip Code 06604
Purpose of Expend WAGE	Description			Amount \$745.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Panda Garden		Date of Payment 07/24/2012	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 2347 Barnum Ave		City Stratford	State CT	Zip Code 06615
Purpose of Expend FOOD	Description Lunch for 2 campaign workers in headquarters		Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$15.15
Name of Payee Glen Pettway		Date of Payment 07/24/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1121</u> <input type="checkbox"/> 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 another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$900.00
Name of Payee Sophie Hatzivasiliadis		Date of Payment 07/24/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1107</u> <input type="checkbox"/> Debit Card	
Street Address 170 West 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$252.00

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee Carol Thomas		Date of Payment 07/24/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1105</u> <input type="checkbox"/> Debit Card	
Street Address 43 Madison Ave		City Bridgeport	State CT	Zip Code 06606
Purpose of Expend WAGE	Description Canvasser		Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	
			\$148.00	

Name of Payee Tameekha Gee		Date of Payment 07/24/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1095</u> <input type="checkbox"/> Debit Card	
Street Address 125 Hillcrest Rd		City Bridgeport	State CT	Zip Code 06606
Purpose of Expend WAGE	Description Canvasser		Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	
			\$40.00	

Name of Payee Tiffany Smith		Date of Payment 07/24/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1096</u> <input type="checkbox"/> Debit Card	
Street Address 40 Ford Pl		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	
			\$40.00	

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Damien Sellers		Date of Payment 07/24/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1093</u> <input type="checkbox"/> 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 another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	
			\$96.00	
Name of Payee Tre Day		Date of Payment 07/24/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1092</u> <input type="checkbox"/> 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 another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	
			\$96.00	
Name of Payee James Worde		Date of Payment 07/24/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1097</u> <input type="checkbox"/> Debit 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	
			\$144.00	

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Mary Lee		Date of Payment 07/24/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1098</u> <input type="checkbox"/> Debit 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 another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$539.00
Name of Payee Natajah McClain		Date of Payment 07/24/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1099</u> <input type="checkbox"/> 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 another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$40.00
Name of Payee Jorge Cruz		Date of Payment 07/24/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1102</u> <input type="checkbox"/> Debit 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 another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$900.00

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Tarrano Cartwright		Date of Payment 07/24/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1116</u> <input type="checkbox"/> Debit Card	
Street Address UE0 Hillside Avenue		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$20.00
Name of Payee Rhonda Bush		Date of Payment 07/24/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1109</u> <input type="checkbox"/> Debit Card	
Street Address 200 Lyon Ter		City Bridgeport	State CT	Zip Code 06604
Purpose of Expend WAGE	Description Canvasser Coordinator		Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$1,000.00
Name of Payee Dorothy Raysor		Date of Payment 07/24/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1118</u> <input type="checkbox"/> Debit Card	
Street Address 415 Kent Ave		City Bridgeport	State CT	Zip Code 06610
Purpose of Expend WAGE	Description Phone Bank		Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$215.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Newton For Senator				Third Weekly Supplemental Filing Primary - Amendment	
N. Expenses Paid By Committee					
Name of Payee Mark Bush			Date of Payment 07/24/2012		Method of Payment <input checked="" type="checkbox"/> Check # <u>1115</u> <input type="checkbox"/> Debit Card
Street Address 154 Main St		City Bridgeport		State CT	Zip Code 06604
Purpose of Expend WAGE	Description Dist Canvasse Coord				Amount \$2,000.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #		
Total of Section N					\$36,172.68

IV. EXPENDITURES (Sections N - S)

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

IV. EXPENDITURES (Sections N - S)

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

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Newton For Senator				Third Weekly Supplemental Filing Primary - Amendment	
Q. Expenses Incurred By Committee but Not Paid During this Period					
Name of Creditor				Date Incurred	
Street Address			City		State Zip Code
Purpose of Expenditure (bv code)	Description				Amount Incurred (Estimate or Actual)
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Yes No	Expenditure # (if applicable)	Event #	
If yes, assign an Expenditure # and completes Itemization in Addendum Q					
Total of Section Q					

IV. EXPENDITURES (Sections N - S)

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

R. Itemization of Reimbursements to Committee Workers and Consultants

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment Check # Debit Card
Secondary Payee				
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Expenditure # (if applicable)	Event #	
Yes No If yes, assign an Expenditure # and completes Itemization in Addendum R				
Total of Section R				

IV. EXPENDITURES (Sectuibs N - S)

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

S. Surplus Distribution of Equipment and Furniture

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

