



**COVER PAGE**

1. NAME OF COMMITTEE			2. TYPE OF COMMITTEE		
<b>Mark for Comptroller</b>			<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee		
3. TREASURER NAME					
First <b>J Kenneth</b>	MI	Last <b>Nowell</b>		Suffix	
4. TREASURER ADDRESS					
Street Address <b>97 Hickory Rd</b>	City <b>Torrington</b>	State <b>CT</b>	Zip Code <b>06790</b>		
5. ELECTION DATE <b>11/06/2018</b>	6. OFFICE SOUGHT (Complete only if Candidate Committee) <b>State Comptroller</b>			7. DISTRICT NUMBER (if applicable)	
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)					
First <b>Mark</b>	MI <b>D</b>	Last <b>Greenberg</b>		Suffix	
9. TYPE OF REPORT					
<b>July 10 Filing - Amendment</b>					
10. PERIOD COVERED					
Beginning Date		Ending Date			
<b>04/01/2018</b>		thru		<b>06/30/2018</b>	
11. CERTIFICATION					
<input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this <b>Itemized Campaign Finance Disclosure Statement</b> for the period covered is true, accurate and complete.					
<b>Electronic Filing</b>	<b>J Kenneth Nowell</b>	<b>09/11/2018 2:41:22PM</b>			
SIGNATURE	PRINT NAME OF THE SIGNER	DATE CERTIFIED			
<b>A Person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty of up to \$25,000, unless a fine of a larger amount is otherwise provided for as a maximum fine in the Connecticut General Statutes.</b>					

**SEEC FORM 30**

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised February 2015

**SUMMARY PAGE TOTALS**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT	
<b>Mark for Comptroller</b>	July 10 Filing - Amendment	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		<b>\$0.00</b>
13. Balance on hand at the beginning of Reporting Period	<b>\$1,022.34</b>	
14. Contributions received from Individuals (Section A and B)	<b>\$510.00</b>	<b>\$27,025.00</b>
15. Receipts from Other Committees (Sections C1 and C2)	<b>\$0.00</b>	<b>\$0.00</b>
16. Other Monetary Receipts (Section D through I)	<b>\$0.00</b>	<b>\$8,061.00</b>
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1)	<b>\$0.00</b>	<b>\$0.00</b>
18. Total Monetary Receipts (add totals for lines 14 through 17)	<b>\$510.00</b>	<b>\$35,086.00</b>
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	<b>\$1,532.34</b>	<b>\$35,086.00</b>
20. Expenses Paid by Committee (Section N)	<b>\$1,222.86</b>	<b>\$34,776.52</b>
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col)	<b>\$309.48</b>	<b>\$309.48</b>
22. In-Kind Donations not Considered Contributions Received (Section J3)	<b>\$0.00</b>	<b>\$0.00</b>
23. In-Kind Donations not Considered Contributions - House Party (Section J4)	<b>\$0.00</b>	<b>\$0.00</b>
24. In-Kind Contributions Received (Section K)	<b>\$0.00</b>	<b>\$0.00</b>
25. Refundable Deposit to Telephone Company (Section L)	<b>\$0.00</b>	<b>\$0.00</b>
26. Beginning Loan Balance	<b>\$0.00</b>	
26a. + Loans Received (Section D)	<b>\$0.00</b>	<b>\$0.00</b>
26b. + Interest and Penalties on Loan(s)	<b>\$0.00</b>	<b>\$0.00</b>
26c. - Payments on Loan(s)	<b>\$0.00</b>	<b>\$0.00</b>
26d. Total Outstanding Loan Amount	<b>\$0.00</b>	
27. Campaign Expenses Paid By Candidate (Section O)	<b>\$0.00</b>	<b>\$1,827.59</b>
28. Expenses Incurred on Committee Credit Card (Section P)	<b>\$0.00</b>	<b>\$0.00</b>
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	<b>\$12,521.10</b>	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	<b>\$20,775.10</b>	

**I. MONETARY RECEIPTS (Section A-I)**

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

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

Last Name Chludzinski	First Lois	MI J	Contribution ID # 0322
Residential Street Address 32 Pine Dr	City New Milford	State CT	Zip Code 06776
Principal Occupation Office Coordinator	Name of Employer Town of New Milford		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 04/27/2018	Aggregate Contributions \$10.00
		Amount of Contribution \$10.00	

Last Name Oneglia	First Rhonda	MI CT	Contribution ID # 0323
Residential Street Address 267 Woodchuck Ln	City Harwinton	State CT	Zip Code 06791
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/02/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name St. John	First Diana	MI CT	Contribution ID # 0324
Residential Street Address 75 Woodruff Ave	City Thomaston	State CT	Zip Code 06787
Principal Occupation Clinical Chemist	Name of Employer Waterbury Hospital		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/02/2018	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

**I. MONETARY RECEIPTS (Section A-I)**

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

**B. Itemized Contributions from Individuals**

Last Name Bronson, Jr.	First William	MI R	Contribution ID # 0325
Residential Street Address 31 Prattling Pond Rd	City Farmington	State CT	Zip Code 06032
Principal Occupation Real Estate	Name of Employer CBRE/New England		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 05/08/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Dias	First Art	MI	Contribution ID # 0326
Residential Street Address 100 Brookside Dr	City Suffield	State CT	Zip Code 06078
Principal Occupation Contractor	Name of Employer Eagle Rivet Roof Service		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 05/31/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Neckermann	First Jim	MI	Contribution ID # 0327
Residential Street Address 2350 Chamberlain Hwy	City Berlin	State CT	Zip Code 06037
Principal Occupation Real Estate	Name of Employer Commercial Real Estate Group		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 06/29/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

<b>Total of Section B</b>			<b>\$510.00</b>
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS</b>			<b>\$510.00</b>

(Sections A + B) (Total on Line 14, Column A of Summary Page)

**I. MONETARY RECEIPTS (Section A-I)**

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

**C1. Contributions from Other Committees**

Name of Committee			Name of Treasurer			
Address		Is this contribution associated with an event reported in Section J1?		Yes	No	Amount of Contribution
		If yes, list Event #				
City	State	Zip Code	Date Received	Aggregate Contributions		

**Total of Section C1****I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	TYPE OF REPORT
Mark for Comptroller	July 10 Filing - Amendment

**C2. Reimbursements or Surplus Distributions from other Committees**

Name of Committee			Name of Treasurer		
Address				Date Received	Amount of Receipt
City	State	Zip Code	Payment Type		
			Reimbursement for shared expense		
			Surplus distribution from exploratory committee		
Expenditure #	Description				

**Total of Section C2**

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	TYPE OF REPORT
Mark for Comptroller	July 10 Filing - Amendment

**D. Loans Received this Period**

Name of Lender	Source of Loan:				Date of Receipt
	Bank	Candidate	Individual	Other	
Street Address	City	State	Zip Code	Is there a cosigner or Guarantor of this loan?	
				Yes No	
Name of Cosigner/Guarantor (if applicable)				Amount Received	
Street Address	City	State	Zip Code		
<b>Total of Section D</b>					

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	TYPE OF REPORT
Mark for Comptroller	July 10 Filing - Amendment

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

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

**I. Monetary Receipts (Section A-I)**

NAME OF COMMITTEE	TYPE OF REPORT
Mark for Comptroller	July 10 Filing - Amendment

**G. Interest from Deposits in Authorized Accounts**

Name of Institution	Date Received	Amount
Street Address	City	State      Zip Code
<b>Total of Section G</b>		

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	TYPE OF REPORT
Mark for Comptroller	July 10 Filing - Amendment

**H. Public Grant Funds Received from the Citizens' Election Fund**

Purpose of Grant:	Grant Cycle:	Date Received	Amount
Initial                      Grant Adjustment Supplemental/Post Election Deficit	Primary                      General Election                      Special Election		

**Total of Section H**

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	TYPE OF REPORT
Mark for Comptroller	July 10 Filing - Amendment

**I. Miscellaneous Monetary Receipts not Considered Contributions**

Name	Date of Transaction	Amount Received	
Street Address	City	State	Zip Code
Description			

**Total of Section I**

**II. EVENT ACTIVITY (Sections J1 - J4)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Mark for Comptroller		July 10 Filing - Amendment	
<b>J1. Event Information</b>			
Event # Date of Event	Letter	Description	Was this a fundraising event? Yes      No
Location: Street Address		City	State      Zip Code
Was this event hosted at a personal residence?		Yes	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.
		No	
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		Yes	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.
		No	
<b>Subpart 1:</b> 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	
<b>Total of Section J1</b>			

**II. EVENT ACTIVITY (Sections J1 - J4)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Mark for Comptroller		July 10 Filing - Amendment	
<b>J3. In-Kind Donations Not Considered Contributions</b>			
Name of the Donor			
Street Address		City	State      Zip Code
Donation Given by:	Description of Donation		Fair Market Value of Donation
Individual			
Business Entity	Date Received	Event #	Aggregate value for this event
Sole Proprietorship			
<b>Total of Section J3</b>			



**II. EVENT ACTIVITY (Sections J1 - J4)**

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

**J4. In-Kind Donations Not Considered Contributions Associated with a House Party**

Name of Host		Is this event supporting more than one candidate?	
		Yes	No
		If yes, complete Itemization in Addendum J4	
Street Address	City	State	Zip Code
Description of Donation			Fair Market Value of Donation
Event #	Aggregate value of this Event - all hosts	Aggregate value of all Events - this host/candidate	

**Total of Section J4****III. NONMONETARY RECEIPTS (Sections K - L)**

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

**K. In-Kind Contributions**

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

**Total of Section K**

### III. Non Monetary Receipts (Sections K - L)

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

#### L. Refundable Deposit to Telephone Company

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

### IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mark for Comptroller	July 10 Filing - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee J Kenneth Nowell		Date of Payment 04/24/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1050</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 97 Hickory Rd		City Torrington	State CT	Zip Code 06790
Purpose of Expend RMB	Description Reimburse for WIX.COM and Constant Contact Web Maintenance			Amount  \$547.41
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

Name of Payee Anedot LLC		Date of Payment 05/02/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expend BNK	Description Fees for processing credit card deposits			Amount  \$8.40
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

Name of Payee Universal Printing & Mailing Services Inc		Date of Payment 05/29/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1051</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 75 Ardmore St		City Fairfield	State CT	Zip Code 06824
Purpose of Expend PRNT	Description Palm cards for campaign			Amount  \$113.79
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

### IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mark for Comptroller	July 10 Filing - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee Anedot LLC		Date of Payment 05/31/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expend BNK	Description Credit Card Deposit fee			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$4.20

Name of Payee J Kenneth Nowell		Date of Payment 06/05/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1052</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 97 Hickory Rd		City Torrington	State CT	Zip Code 06790
Purpose of Expend RMB	Description Reimburse for Constant Contact, WIX.COM Web Maintenance & Facebook Campaign Ads			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$160.65

Name of Payee Anedot LLC		Date of Payment 06/29/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expend BNK	Description Processing cost for credit card contribution			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$4.20

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mark for Comptroller	July 10 Filing - Amendment
<b>N. Expenses Paid By Committee</b>	

Name of Payee J Kenneth Nowell	Date of Payment 06/30/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1053</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 97 Hickory Rd	City Torrington	State CT	Zip Code 06790
Purpose of Expend RMB	Description Reimbursement for Campaign Facebook Ads, Web Maintenance Constant Contact/WIX.COM	Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #  \$384.21
<b>Total of Section N</b>			<b>\$1,222.86</b>

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT		
	July 10 Filing - Amendment		
<b>O. Expenses Paid By Candidate</b>			
Name of Payee (Name of vendor who candidate paid directly)	Date of Payment	Is Reimbursement Claimed? Yes      No	
Street Address	City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	
<b>Total of Section O</b>			

#### IV. EXPENDITURES (Sections N - S)

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

#### P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution		Type of Credit Card:			
		<input type="checkbox"/> Visa	<input type="checkbox"/> Master Card	<input type="checkbox"/> Discover	<input type="checkbox"/> American Express
		<input type="checkbox"/> Other			
Name of Vendor				Date of Transaction	
Street Address			City		State
					Zip Code
Purpose of Expenditure (by code)	Description				Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought?		<input type="checkbox"/> Yes <input type="checkbox"/> 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	
Mark for Comptroller		July 10 Filing - Amendment	
<b>Q. Expenses Incurred By Committee but Not Paid During this Period</b>			
Name of Creditor Capitol B Strategies, LLC		Date Incurred 04/01/2018	
Street Address 129 College Pl	City Fairfield	State CT	Zip Code 06824
Purpose of Expenditure (by code)  CNSLT	Description  General campaign management	Amount Incurred (Estimate or Actual)	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Expenditure # (if applicable)	Event #
If yes, assign an Expenditure # and completes Itemization in Addendum Q			\$1,063.50
Name of Creditor Cooper Communications, LLC		Date Incurred 04/01/2018	
Street Address 77 Ripley Hill Rd	City Coventry	State CT	Zip Code 06238
Purpose of Expenditure (by code)  CNSLT	Description  Communications consulting	Amount Incurred (Estimate or Actual)	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Expenditure # (if applicable)	Event #
If yes, assign an Expenditure # and completes Itemization in Addendum Q			\$1,063.50







#### IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Mark for Comptroller		July 10 Filing - Amendment	
<b>Q. Expenses Incurred By Committee but Not Paid During this Period</b>			
Name of Creditor Cooper Communications, LLC		Date Incurred 05/01/2018	
Street Address 77 Ripley Hill Rd	City Coventry	State CT	Zip Code 06238
Purpose of Expenditure (by code)  CNSLT	Description  Communications consulting	Amount Incurred (Estimate or Actual)	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and completes Itemization in Addendum Q		Expenditure # (if applicable)	Event #
		\$1,063.50	
Name of Creditor Capitol B Strategies, LLC		Date Incurred 05/01/2018	
Street Address 129 College Pl	City Fairfield	State CT	Zip Code 06824
Purpose of Expenditure (by code)  CNSLT	Description  General campaign management	Amount Incurred (Estimate or Actual)	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and completes Itemization in Addendum Q		Expenditure # (if applicable)	Event #
		\$1,063.50	

#### IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT	
Mark for Comptroller			July 10 Filing - Amendment	
<b>Q. Expenses Incurred By Committee but Not Paid During this Period</b>				
Name of Creditor Capitol B Strategies, LLC			Date Incurred 06/01/2018	
Street Address 129 College Pl		City Fairfield	State CT	Zip Code 06824
Purpose of Expenditure (by code)  CNSLT	Description  General campaign management		Amount Incurred (Estimate or Actual)	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and completes Itemization in Addendum Q		Expenditure # (if applicable)	Event #	\$1,063.50
Name of Creditor Cooper Communications, LLC			Date Incurred 06/01/2018	
Street Address 77 Ripley Hill Rd		City Coventry	State CT	Zip Code 06238
Purpose of Expenditure (by code)  CNSLT	Description  Communications consulting		Amount Incurred (Estimate or Actual)	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and completes Itemization in Addendum Q		Expenditure # (if applicable)	Event #	\$1,063.50



### IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Mark for Comptroller		July 10 Filing - Amendment	
<b>Q. Expenses Incurred By Committee but Not Paid During this Period</b>			
Name of Creditor <b>J Kenneth Nowell</b>		Date Incurred <b>06/30/2018</b>	
Street Address <b>97 Hickory Rd</b>	City <b>Torrington</b>	State <b>CT</b>	Zip Code <b>06790</b>
Purpose of Expenditure (bv code) <b>A-WEB</b>	Description <b>Credit card charges-Facebook ads</b>	Amount Incurred (Estimate or Actual)	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)		
If yes, assign an Expenditure # and completes Itemization in Addendum Q		<b>\$140.10</b>	
<b>Total of Section Q</b>			<b>\$12,521.10</b>

### IV. EXPENDITURES (Sections N - S)

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

#### R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant  Nowell	First  James	MI  K	Date of Payment to Vendor  04/01/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N:  <input checked="" type="checkbox"/> Check # 1050 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant Constant Contact
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Street Address of Vendor 1601 Trapelo Rd	City Waltham	State MA	Zip Code 02451
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Purpose of Expenditure (by code) WEB	Description website maintenance
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Is this expenditure coordinated with another candidate for which reimbursement is sought?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount  \$65.65
If yes, assign an Expenditure # and completes Itemization in Addendum R			

Last Name of Worker/Consultant  Nowell	First  James	MI  K	Date of Payment to Vendor  04/08/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N:  <input checked="" type="checkbox"/> Check # 1050 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant WIX.COM
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Street Address of Vendor 10 W 18th St	City New York	State NY	Zip Code 10011
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Purpose of Expenditure (by code) WEB	Description website maintenance
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Is this expenditure coordinated with another candidate for which reimbursement is sought?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount  \$481.76
If yes, assign an Expenditure # and completes Itemization in Addendum R			

### IV. EXPENDITURES (Sections N - S)

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

#### R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Nowell	First James	MI K	Date of Payment to Vendor 05/01/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 1052 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant Constant Contact
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Street Address of Vendor 1601 Trapelo Rd	City Waltham	State MA	Zip Code 02451
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Purpose of Expenditure (by code) WEB	Description website maintenance
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$65.65
If yes, assign an Expenditure # and completes Itemization in Addendum R			

Last Name of Worker/Consultant Nowell	First James	MI K	Date of Payment to Vendor 05/09/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 1052 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant WIX.COM
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Street Address of Vendor 10 W 18th St	City New York	State NY	Zip Code 10011
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Purpose of Expenditure (by code) WEB	Description website maintenance
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$20.00
If yes, assign an Expenditure # and completes Itemization in Addendum R			

### IV. EXPENDITURES (Sections N - S)

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

#### R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant  Nowell	First  James	MI  K	Date of Payment to Vendor  05/12/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N:  <input checked="" type="checkbox"/> Check # 1052 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Name of Vendor Paid by Committee Worker/Consultant Facebook				
Street Address of Vendor 1 Hacker Way		City Menlo Park	State CA	Zip Code 94025
Purpose of Expenditure (by code) A-WEB	Description Web Campaign Ads			
Is this expenditure coordinated with another candidate for which reimbursement is sought?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and completes Itemization in Addendum R		Expenditure # (if applicable)	Event #	Amount  \$25.00

Last Name of Worker/Consultant  Nowell	First  James	MI  K	Date of Payment to Vendor  05/14/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N:  <input checked="" type="checkbox"/> Check # 1052 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Name of Vendor Paid by Committee Worker/Consultant Facebook				
Street Address of Vendor 1 Hacker Way		City Menlo Park	State CA	Zip Code 94025
Purpose of Expenditure (by code) A-WEB	Description Web Campaign Ads			
Is this expenditure coordinated with another candidate for which reimbursement is sought?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and completes Itemization in Addendum R		Expenditure # (if applicable)	Event #	Amount  \$50.00



### IV. EXPENDITURES (Sections N - S)

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

#### R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Nowell	First James	MI K	Date of Payment to Vendor 06/30/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 1053 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Name of Vendor Paid by Committee Worker/Consultant WIX.COM				
Street Address of Vendor 10 W 18th St		City New York		State NY
		Zip Code 10011		
Purpose of Expenditure (by code) WEB	Description Web Maintenance			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Expenditure # (if applicable)	Event #	Amount \$20.00
If yes, assign an Expenditure # and completes Itemization in Addendum R				

Last Name of Worker/Consultant Nowell	First James	MI K	Date of Payment to Vendor 06/30/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 1053 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Name of Vendor Paid by Committee Worker/Consultant Constant Contact				
Street Address of Vendor 1601 Trapelo Rd		City Waltham		State MA
		Zip Code 02451		
Purpose of Expenditure (by code) WEB	Description Web Maintenance			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Expenditure # (if applicable)	Event #	Amount \$35.65
If yes, assign an Expenditure # and completes Itemization in Addendum R				

**IV. EXPENDITURES (Sections N - S)**

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

**R. Itemization of Reimbursements and Secondary Payees**

Last Name of Worker/Consultant Nowell	First James	MI K	Date of Payment to Vendor 06/30/2018	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input checked="" type="checkbox"/> Check # 1053 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Name of Vendor Paid by Committee Worker/Consultant Facebook				
Street Address of Vendor 1 Hacker Way		City Menlo Park	State CA	Zip Code 94025
Purpose of Expenditure (by code) A-WEB	Description Web Advertisements for Campaign			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$328.56	
If yes, assign an Expenditure # and completes Itemization in Addendum R				
<b>Total of Section R</b>				<b>\$1,092.27</b>

**IV. EXPENDITURES (Sections N - S)**

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

**S. Surplus Distribution of Equipment and Furniture**

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

<b>Section J4. ADDENDUM</b>	
NAME OF COMMITTEE	TYPE OF REPORT
<b>J4. In - Kind Donations Not Considered Contribution Associated with a House Party - Addendum</b>	
<b>Event #</b>	
Name of Candidate	

<b>Section N. ADDENDUM</b>	
NAME OF COMMITTEE	TYPE OF REPORT
<b>N. Expenses Paid By Committee - Addendum</b>	
Expenditure #	Amount of Expenditure
Name of Candidate	Office Sought

<b>Section P. ADDENDUM</b>	
NAME OF COMMITTEE	TYPE OF REPORT
<b>P. Expenses Incurred on Committee Credit Card - Addendum</b>	
Expenditure #	Amount of Expenditure
Name of Candidate	Office Sought

<b>Section Q. ADDENDUM</b>	
NAME OF COMMITTEE	TYPE OF REPORT
<b>Q. Expenses Incurred by Committee but Not Paid During this Period - Addendum</b>	
Expenditure #	Amount of Expenditure
Name of Candidate	Office Sought

<b>Section R. ADDENDUM</b>	
NAME OF COMMITTEE	TYPE OF REPORT
<b>R. Itemization of Reimbursements and Secondary Payees - Addendum</b>	
Expenditure #	Amount of Expenditure
Name of Candidate	Office Sought