



**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>Second Weekly Supplemental Filing Primary - Amendment</b>					
10. PERIOD COVERED					
Beginning Date		Ending Date			
<b>07/01/2018</b>		thru		<b>07/24/2018</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 2:44:10PM</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>	Second Weekly Supplemental Filing Primary - 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>\$309.48</b>	
14. Contributions received from Individuals (Section A and B)	<b>\$5,000.00</b>	<b>\$32,025.00</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>\$28,000.00</b>	<b>\$36,061.00</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>\$33,000.00</b>	<b>\$68,086.00</b>
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	<b>\$33,309.48</b>	<b>\$68,086.00</b>
20. Expenses Paid by Committee (Section N)	<b>\$31,850.70</b>	<b>\$66,627.22</b>
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col)	<b>\$1,458.78</b>	<b>\$1,458.78</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>\$35,972.94</b>	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	<b>\$41,113.04</b>	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Mark for Comptroller		Second Weekly Supplemental Filing Primary - Amendment	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b>		For Nonparticipating Candidates ONLY	
		<b>\$0.00</b>	
<b>B. Itemized Contributions from Individuals</b>			

Last Name Principe		First Steven		MI	Contribution ID # 0328
Residential Street Address 2697 N Jerusalem Rd		City East Meadow		State NY	Zip Code 11554
Principal Occupation Insurance			Name of Employer The Principe Agency		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution
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 07/02/2018	
Amount of Contribution \$1,900.00					

Last Name Nowell		First J Kenneth		MI	Contribution ID # 0329
Residential Street Address 97 Hickory Rd		City Torrington		State CT	Zip Code 06790
Principal Occupation CPA			Name of Employer Theroux Nowell & Stoughton LLC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution
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 07/02/2018	
Amount of Contribution \$1,900.00					

Last Name Rothfeld		First Alan		MI C	Contribution ID # 0332
Residential Street Address 269 Beach St		City Goshen		State CT	Zip Code 06756
Principal Occupation Attorney			Name of Employer Alan C. Rothfeld, PC		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution
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 07/23/2018	
Amount of Contribution \$1,000.00					

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mark for Comptroller	Second Weekly Supplemental Filing Primary - Amendment

**B. Itemized Contributions from Individuals**

Last Name Nasiatka	First Vivian	MI	Contribution ID # 0330
Residential Street Address 10 Upland Meadow Rd	City Salisbury	State CT	Zip Code 06068
Principal Occupation Accountant	Name of Employer Rockwell & Wheeler Accounting Services		
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 07/24/2018	Aggregate Contributions \$200.00
			Amount of Contribution \$100.00

Last Name Padula	First Jerry	MI o	Contribution ID # 0331
Residential Street Address 151 Francis St	City Waterbury	State CT	Zip Code 06708
Principal Occupation Attorney	Name of Employer State of CT		
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 07/24/2018	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

<b>Total of Section B</b>			<b>\$5,000.00</b>
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS</b> (Sections A + B) (Total on Line 14, Column A of Summary Page)			<b>\$5,000.00</b>

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mark for Comptroller	Second Weekly Supplemental Filing Primary - Amendment

**C1. Contributions from Other Committees**

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

<b>Total of Section C1</b>			
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**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE				TYPE OF REPORT	
Mark for Comptroller				Second Weekly Supplemental Filing Primary - Amendment	
<b>C2. Reimbursements or Surplus Distributions from other Committees</b>					
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				
<b>Total of Section C2</b>					

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

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

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

Date of Receipt	Method of Payment	Amount
07/09/2018	<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	\$25,000.00

Date of Receipt	Method of Payment	Amount
07/19/2018	<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	\$3,000.00

<b>Total of Section E</b>	<b>\$28,000.00</b>
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**I. Monetary Receipts (Section A-I)**

NAME OF COMMITTEE	TYPE OF REPORT
Mark for Comptroller	Second Weekly Supplemental Filing Primary - 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	Second Weekly Supplemental Filing Primary - 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		

<b>Total of Section H</b>	
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**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	TYPE OF REPORT
Mark for Comptroller	Second Weekly Supplemental Filing Primary - 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	Second Weekly Supplemental Filing Primary - Amendment

**J1. Event Information**

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		

**Total of Section J1**

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mark for Comptroller	Second Weekly Supplemental Filing Primary - 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	Date Received	Event #	Aggregate value for this event	
Business Entity				
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	Second Weekly Supplemental Filing Primary - Amendment
<b>J4. In-Kind Donations Not Considered Contributions Associated with a House Party</b>	

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	

<b>Total of Section J4</b>		
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**III. NONMONETARY RECEIPTS (Sections K - L)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mark for Comptroller	Second Weekly Supplemental Filing Primary - Amendment

**K. In-Kind Contributions**

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

**Total of Section K**

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mark for Comptroller	Second 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
Name of Telephone company			
Street Address	City	State	Zip Code

**Total of Section L**

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

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

Name of Payee Anedot LLC		Date of Payment 07/02/2018	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 Credit card processing fees			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 #	\$148.80

Name of Payee Delve, LLC		Date of Payment 07/06/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1054</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1146 19th St NW Ste 200		City Washington	State DC	Zip Code 20036
Purpose of Expend CNSLT	Description Consulting-opposition research/background			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 #	\$3,000.00

Name of Payee Capitol B Strategies, LLC		Date of Payment 07/10/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1055</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 857 Post Rd Ste 355		City Fairfield	State CT	Zip Code 06824
Purpose of Expend CNSLT	Description Previous & current invoices-general consulting			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 #	\$6,378.00

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

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

Name of Payee Cooper Communications, LLC		Date of Payment 07/10/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1057</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 77 Ripley Hill Rd		City Coventry	State CT	Zip Code 06238
Purpose of Expend CNSLT	Description Previous & current invoices-communications consulting			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 #
				\$6,378.00

Name of Payee Theroux, Nowell & Stought		Date of Payment 07/10/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1058</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 53 Peck Rd		City Torrington	State CT	Zip Code 06790
Purpose of Expend CNSLT	Description Accounting/treasurer services - previous & current invoices			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 #
				\$8,000.00

Name of Payee Nature Outdoor, LLC		Date of Payment 07/17/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1059</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 649 Captain Neville Dr .		City Waterbury	State CT	Zip Code 06705
Purpose of Expend A-SIGN	Description Billboard rental			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 #
				\$5,000.00

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

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

Name of Payee Katnip Marketing, LLC		Date of Payment 07/17/2018	Method of Payment <input checked="" type="checkbox"/> Check # <u>1060</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 15 Rockyfield Rd		City Westport	State CT	Zip Code 06880
Purpose of Expend A-OTH	Description Production of media 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 #
				\$2,937.50

Name of Payee Anedot LLC		Date of Payment 07/20/2018	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 processing fees.			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 #
				\$8.40

**Total of Section N****\$31,850.70**

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

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT	
Mark for Comptroller			Second Weekly Supplemental Filing Primary - Amendment	
<b>Q. Expenses Incurred By Committee but Not Paid During this Period</b>				
Name of Creditor Chris R. Dupont			Date Incurred 07/01/2018	
Street Address 42 Birchwood Ln		City Goshen	State CT	Zip Code 06756
Purpose of Expenditure (by code)  CNSLT	Description  Administrative services		Amount Incurred (Estimate or Actual)	
Is this expenditure coordinated with another candidate for which reimbursement is sought?  If yes, assign an Expenditure # and completes Itemization in Addendum Q		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
			<b>\$1,000.00</b>	
Name of Creditor <b>J Kenneth Nowell</b>			Date Incurred <b>07/23/2018</b>	
Street Address <b>97 Hickory Rd</b>		City <b>Torrington</b>	State <b>CT</b>	Zip Code <b>06790</b>
Purpose of Expenditure (by code)  <b>TRVL</b>	Description  <b>Recent credit card charges for lodging</b>		Amount Incurred (Estimate or Actual)	
Is this expenditure coordinated with another candidate for which reimbursement is sought?  If yes, assign an Expenditure # and completes Itemization in Addendum Q		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
			<b>\$1,118.95</b>	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Mark for Comptroller		Second Weekly Supplemental Filing Primary - 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>07/24/2018</b>	
Street Address <b>97 Hickory Rd</b>	City <b>Torrington</b>	State <b>CT</b>	Zip Code <b>06790</b>
Purpose of Expenditure (by code) <b>A-WEB</b>	Description <b>Recent credit card charges digital &amp; email 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)	Event #
If yes, assign an Expenditure # and completes Itemization in Addendum Q			<b>\$19,976.09</b>
Name of Creditor <b>J Kenneth Nowell</b>		Date Incurred <b>07/24/2018</b>	
Street Address <b>97 Hickory Rd</b>	City <b>Torrington</b>	State <b>CT</b>	Zip Code <b>06790</b>
Purpose of Expenditure (by code) <b>A-SIGN</b>	Description <b>Recent credit card charges for sign printing &amp; buttons</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)	Event #
If yes, assign an Expenditure # and completes Itemization in Addendum Q			<b>\$3,249.10</b>

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Mark for Comptroller		Second Weekly Supplemental Filing Primary - 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>07/24/2018</b>	
Street Address <b>97 Hickory Rd</b>	City <b>Torrington</b>	State <b>CT</b>	Zip Code <b>06790</b>
Purpose of Expenditure (by code) <b>POLLS</b>	Description <b>Recent credit card charge for polling.</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)	Event #
If yes, assign an Expenditure # and completes Itemization in Addendum Q			<b>\$10,500.00</b>
Name of Creditor <b>J. Kenneth Nowell</b>		Date Incurred <b>07/24/2018</b>	
Street Address <b>97 Hickory Rd</b>	City <b>Torrington</b>	State <b>CT</b>	Zip Code <b>06790</b>
Purpose of Expenditure (by code) <b>POST</b>	Description <b>Credit card charge for shipping</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)	Event #
If yes, assign an Expenditure # and completes Itemization in Addendum Q			<b>\$60.03</b>



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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Mark for Comptroller		Second Weekly Supplemental Filing Primary - 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>07/24/2018</b>	
Street Address <b>97 Hickory Rd</b>	City <b>Torrington</b>	State <b>CT</b>	Zip Code <b>06790</b>
Purpose of Expenditure (by code) <b>A-WEB</b>	Description <b>Recent credit card charges-digital &amp; email 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)	Event #
If yes, assign an Expenditure # and completes Itemization in Addendum Q			<b>\$19,835.99</b>
Name of Creditor <del>J Kenneth Nowell</del>		Date Incurred <del>07/24/2018</del>	
Street Address <del>97 Hickory Rd</del>	City <del>Torrington</del>	State <del>CT</del>	Zip Code <del>06790</del>
Purpose of Expenditure (by code) <del>A-WEB</del>	Description <del>Recent credit card charges-digital &amp; email ads</del>		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			<del>\$19,230.09</del>

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Mark for Comptroller		Second Weekly Supplemental Filing Primary - Amendment	
Q. Expenses Incurred By Committee but Not Paid During this Period			
Name of Creditor J Kenneth Nowell		Date Incurred 07/24/2018	
Street Address 97 Hickory Rd	City Torrington	State CT	Zip Code 06790
Purpose of Expenditure (by code)  WEB	Description  Recent credit card charges-web maintenance	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			\$208.87
Name of Creditor <del>J Kenneth Nowell</del>		Date Incurred <del>07/24/2018</del>	
Street Address <del>97 Hickory Rd</del>	City <del>Torrington</del>	State <del>CT</del>	Zip Code <del>06790</del>
Purpose of Expenditure (by code)  <del>A-SIGN</del>	Description  <del>Recent credit card charges for sign printing &amp; buttons</del>	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			<del>\$2,218.10</del>

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Mark for Comptroller				Second Weekly Supplemental Filing Primary - Amendment	
<b>Q. Expenses Incurred By Committee but Not Paid During this Period</b>					
Name of Creditor <del>J Kenneth Nowell</del>				Date Incurred <del>07/24/2018</del>	
Street Address <del>97 Hickory Rd</del>		City <del>Torrington</del>		State <del>CT</del>	Zip Code <del>06790</del>
Purpose of Expenditure (by code)  <del>TRVL</del>	Description  <del>Recent credit card charges for lodging</del>			Amount Incurred (Estimate or Actual)	
Is this expenditure coordinated with another candidate for which reimbursement is sought?  If yes, assign an Expenditure # and completes Itemization in Addendum Q		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	<del>\$1,260.00</del>
Name of Creditor <del>J Kenneth Nowell</del>				Date Incurred <del>07/24/2018</del>	
Street Address <del>97 Hickory Rd</del>		City <del>Torrington</del>		State <del>CT</del>	Zip Code <del>06790</del>
Purpose of Expenditure (by code)  <del>POLLS</del>	Description  <del>Recent credit card charge for polling</del>			Amount Incurred (Estimate or Actual)	
Is this expenditure coordinated with another candidate for which reimbursement is sought?  If yes, assign an Expenditure # and completes Itemization in Addendum Q		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	<del>\$10,500.00</del>
<b>Total of Section Q</b>				<b>\$35,972.94</b>	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Mark for Comptroller	Second Weekly Supplemental Filing Primary - Amendment

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

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:  Check #  Debit Card  EFT
Name of Vendor Paid by Committee Worker/Consultant				
Street Address of Vendor		City	State	Zip Code
Purpose of Expenditure (by code)	Description			
Is this expenditure coordinated with another candidate for which reimbursement is sought?	Yes  No	Expenditure # (if applicable)	Event #	Amount
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
Mark for Comptroller	Second 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**

<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