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140700

TYPE OF COMMITTEE

- ☒ Candidate Committee
☐ Exploratory Committee

1. NAME OF COMMITTEE

David A. Watts 2014 JUN 25 A 8 52

3. TREASURER NAME

First: Kathleen MI: M Last: WATTS

Suffix

4. TREASURER ADDRESS

Street Address: 15 Adams Ave City: Norwalk State: CT Zip Code: 06851

5. ELECTION DATE

(mm/dd/yyyy)
11/4/2014

6. OFFICE SOUGHT (Complete only if Candidate Committee)

State Representative

7. DISTRICT NUMBER

(if applicable)
137

8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)

First: David MI: A. Last: WATTS

Suffix

SR.

9. TYPE OF REPORT (Check One Box)

- ☐ January 10 filing
☐ April 10 filing
☐ July 10 filing
☐ October 10 filing
- ☐ 7th day preceding primary
☐ 30 days following primary
☐ 7th day preceding election
☐ 7th day preceding special election
- ☒ Initial Itemized Statement accompanying application for Public Grant
☐ Additional Itemized Statement in further support of application for Public Grant
☐ Post Primary Itemized Statement accompanying request for General Election Grant
- ☐ Supplemental Statement (Specify Type)
☐ Declaration of Excess Expenditures (Specify Type)
- ☐ Deficit
☐ Termination
☐ Amendment to Type of Report:

10. PERIOD COVERED

Beginning Date

4/25/14

Ending Date

6/24/14

thru

11. CERTIFICATION

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.

Kathleen Watts
 TREASURER OR DEPUTY TREASURER (SIGNATURE)

Kathleen Watts
 PRINT NAME OF SIGNER

6/24/14
 DATE (mm/dd/yyyy)

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT	
David A. Watts 2014	Initial Itemized Statement for Public Grant	
	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	\$0	
14. Contributions Received from Individuals (Sections A and B)	\$185.00	\$185.00
15. Receipts from Other Committees (Sections C1 and C2)	\$3,397.25	\$3,397.25
16. Other Monetary Receipts (Sections D through I)	\$68	\$68
17. Total Proceeds from Small Purchases at Tag Sales, Auctions or Other Sales (Section J1)	\$0	\$0
18. Total Monetary Receipts (add totals for Lines 14 through 17)	\$3,650.25	\$3,650.25
19. Subtotals (add totals in Line 13 + 18 in Column A; and in Line 12 + 18 in Column B)	\$3,650.25	\$3,650.25
20. Expenses Paid by Committee (Section N)	\$3,508.91	\$3,508.91
21. Balance on hand at close of Reporting Period (Subtract Line 20 from Line 19 in both Columns)	\$141.34	\$141.34
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$0	\$0
23. In-Kind Contributions Received (Section K)	\$0	\$0
24. Refundable Deposit to Telephone Company (Section L)	\$0	\$0
25. Receipts of Organization Expenditures (Section M) OPTIONAL	\$0	\$0
26. Beginning Loan Balance	\$0	
26a. + Loans Received (Section D)	\$0	\$0
26b. + Interest and Penalties on Loan	\$0	\$0
26c. - Payments on Loan	\$0	\$0
26d. Total Outstanding Loan Amount	\$0	
27. Campaign Expenses Paid by Candidate (Section O)	\$0	
28. Expenses Incurred on Committee Credit Card (Section P)	\$0	
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$0	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$0	

B. MONETARY RECEIPTS (Sections A — I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
David A. Watts 2014		Initial Itemized Statement for Grant	
A. Total Contributions from Small Contributors-Received this Period ONLY		\$	
B. Itemized Contributions from Individuals			
Last Name		First	MI
Bradley		CHRISTINE	
Residential Street Address		City	State
21 Ann St.		Norwalk	CT
Principal Occupation		Name of Employer	
Library Director		City of Norwalk	
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:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #:		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$25.00	
Method of Contribution:		Date Received	Aggregate Contributions
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		5/29/14	
Last Name		First	MI
Smalls		Annie	
Residential Street Address		City	State
43 Melrose AVE		Norwalk	CT
Principal Occupation		Name of Employer	
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:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #:		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$5.00	
Method of Contribution:		Date Received	Aggregate Contributions
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		6/1/14	
Last Name		First	MI
Prophet		PEGGY	
Residential Street Address		City	State
9 Benedict Court		Norwalk	CT
Principal Occupation		Name of Employer	
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:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #:		Amount of Contribution	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$5.00	
Method of Contribution:		Date Received	Aggregate Contributions
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		6/1/14	
SUBTOTAL Section B — This Page			\$35.00
TOTAL of additional Section B Pages			\$150.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 14 of Summary Page Totals)			\$185.00

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David A. Watts 2014	Initial Itemized Statement for Grant

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
BROWN	Allen		... 4
Residential Street Address	City	State	Zip Code
193 West Rocks Rd.	Norwalk	CT	06851

Principal Occupation	Name of Employer

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"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution
<input type="checkbox"/> Executive <input type="checkbox"/> Legislative				\$5.00

Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of Contribution:	Date Received	Aggregate Contributions
		<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	6/1/14	\$15.00

Last Name	First	MI	Contribution ID #
Smalls	Henry		... 5
Residential Street Address	City	State	Zip Code
43 Melrose Ave.	Norwalk	CT	06855

Principal Occupation	Name of Employer

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"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution
<input type="checkbox"/> Executive <input type="checkbox"/> Legislative				\$5.00

Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of Contribution:	Date Received	Aggregate Contributions
		<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	6/1/14	

Last Name	First	MI	Contribution ID #
Fulton	Dennis		... 6
Residential Street Address	City	State	Zip Code
11 Norden Pl Unit 31	Norwalk	CT	06855

Principal Occupation	Name of Employer

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"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution
<input type="checkbox"/> Executive <input type="checkbox"/> Legislative				\$5.00

Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of Contribution:	Date Received	Aggregate Contributions
		<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	6/1/14	

SUBTOTAL Section B — This Page**\$15.00**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David A. Watts 2014	Initial Itemized Statement for Grant

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Mack	Carolynn		1117
Residential Street Address	City	State	Zip Code
56 North Taylor Ave	Norwalk	CT	06854
Principal Occupation	Name of Employer		

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"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution
<input type="checkbox"/> Executive <input type="checkbox"/> Legislative				\$5.00
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of Contribution:	Date Received	Aggregate Contributions
		<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	6/1/14	

Last Name	First	MI	Contribution ID #
Jefferson	Lincaway		1118
Residential Street Address	City	State	Zip Code
22 Cottontail Rd.	Norwalk	CT	06854
Principal Occupation	Name of Employer		

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"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution
<input type="checkbox"/> Executive <input type="checkbox"/> Legislative				\$5.00
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of Contribution:	Date Received	Aggregate Contributions
		<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	6/1/14	

Last Name	First	MI	Contribution ID #
Jefferson	Willa		1119
Residential Street Address	City	State	Zip Code
22 Cottontail Rd	Norwalk	CT	06854
Principal Occupation	Name of Employer		

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"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution
<input type="checkbox"/> Executive <input type="checkbox"/> Legislative				\$5.00
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of Contribution:	Date Received	Aggregate Contributions
		<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	6/1/14	

SUBTOTAL Section B — This Page**\$15.00**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David A. Watts 2014	Initial Itemized statement for Grant

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Prophet	SEYMORE		1110
Residential Street Address	City	State	Zip Code
42 Lincoln Ave.	Norwalk	CT	0685
Principal Occupation	Name of Employer		

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"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution
<input type="checkbox"/> Executive <input type="checkbox"/> Legislative				\$5.00
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of Contribution:	Date Received	Aggregate Contributions
		<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	6/2/14	

Last Name	First	MI	Contribution ID #
Brasher	GREG		1111
Residential Street Address	City	State	Zip Code
4 Pheasant Lane	Norwalk	CT	06854
Principal Occupation	Name of Employer		

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"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution
<input type="checkbox"/> Executive <input type="checkbox"/> Legislative				\$5.00
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of Contribution:	Date Received	Aggregate Contributions
		<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	6/7/14	

Last Name	First	MI	Contribution ID #
Brasher	Kristine		1112
Residential Street Address	City	State	Zip Code
4 Pheasant Lane	Norwalk	CT	06854
Principal Occupation	Name of Employer		

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"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution
<input type="checkbox"/> Executive <input type="checkbox"/> Legislative				\$5.00
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of Contribution:	Date Received	Aggregate Contributions
		<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	6/7/14	

SUBTOTAL Section B — This Page

\$15

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David A. Watts 2014	Initial Itemized Statement for Grant

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Handrinos	Evangelia	C	113
Residential Street Address	City	State	Zip Code
33 Weatherbell DR.	Norwalk	CT	06851

Principal Occupation

Name of Employer

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"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution
<input type="checkbox"/> Executive <input type="checkbox"/> Legislative				\$5.00

Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of Contribution:	Date Received	Aggregate Contributions
		<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	6/7/14	

Last Name	First	MI	Contribution ID #
Peter	John		114
Residential Street Address	City	State	Zip Code
221 Newtown Ave	Norwalk	CT	06851

Principal Occupation

Name of Employer

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"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution
<input type="checkbox"/> Executive <input type="checkbox"/> Legislative				\$5.00

Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of Contribution:	Date Received	Aggregate Contributions
		<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	6/7/14	

Last Name	First	MI	Contribution ID #
Christoforides	Eleftherios		115
Residential Street Address	City	State	Zip Code
70 Beacon St.	Norwalk	CT	06851

Principal Occupation

Name of Employer

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"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution
<input type="checkbox"/> Executive <input type="checkbox"/> Legislative				\$5.00

Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of Contribution:	Date Received	Aggregate Contributions
		<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	6/7/14	

SUBTOTAL Section B — This Page**\$15.00**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David A. Watts 2014	Initial Itemized Statement for Grant

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Stefanidis	Ester	116
Residential Street Address	City	State	Zip Code
27 Surrey Dr.	Norwalk	CT	06851
Principal Occupation	Name of Employer		

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"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution
<input type="checkbox"/> Executive <input type="checkbox"/> Legislative				\$5.00
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of Contribution:	Date Received	Aggregate Contributions
		<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	6/7/14	

Last Name	First	MI	Contribution ID #
Stefanidis	Lazaros	117
Residential Street Address	City	State	Zip Code
27 Surrey Dr.	Norwalk	CT	06851
Principal Occupation	Name of Employer		

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"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution
<input type="checkbox"/> Executive <input type="checkbox"/> Legislative				\$5.00
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of Contribution:	Date Received	Aggregate Contributions
		<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	6/7/14	

Last Name	First	MI	Contribution ID #
Arvanitakis	Konstantine	118
Residential Street Address	City	State	Zip Code
43 Saddle Road	Norwalk	CT	06851
Principal Occupation	Name of Employer		

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"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution
<input type="checkbox"/> Executive <input type="checkbox"/> Legislative				\$5.00
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of Contribution:	Date Received	Aggregate Contributions
		<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	6/7/14	

SUBTOTAL Section B — This Page

\$15.00

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David A. Watts 2014	Initial Itemized statement for Grant

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Fiorito	Elise	A	119
Residential Street Address	City	State	Zip Code
43 Saddle Rd	Norwalk	CT	06851

Principal Occupation	Name of Employer		
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"/> Yes <input checked="" type="checkbox"/> No <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	Amount of Contribution \$5.00
Is this contribution associated with a fundraising event listed in Section J1? 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 6/7/14	Aggregate Contributions

Last Name	First	MI	Contribution ID #
Grteaga	Walter		210
Residential Street Address	City	State	Zip Code
7 Naples Ave.	Norwalk	CT	06855
Principal Occupation	Name of Employer		

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"/> Yes <input checked="" type="checkbox"/> No <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	Amount of Contribution \$5.00
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #:	Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 6/7/14	Aggregate Contributions

Last Name	First	MI	Contribution ID #
Peters	Brian		211
Residential Street Address	City	State	Zip Code
63 Beacon St.	Norwalk	CT	06851
Principal Occupation	Name of Employer		

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"/> Yes <input checked="" type="checkbox"/> No <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	Amount of Contribution \$5.00
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #:	Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 6/12/14	Aggregate Contributions

SUBTOTAL Section B — This Page**\$15**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David A. Watts 2014	Initial Itemized Statement for Grant

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Miranda	Maria		... 212
Residential Street Address	City	State	Zip Code
29 West Rocks Rd	Norwalk	CT	06851

Principal Occupation	Name of Employer

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	Amount of Contribution
		\$5.00

Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #:	Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received	Aggregate Contributions
		6/12/14	

Last Name	First	MI	Contribution ID #
Manucci	Jackie		... 213
Residential Street Address	City	State	Zip Code
17 Orange St.	Norwalk	CT	06850

Principal Occupation	Name of Employer

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	Amount of Contribution
		\$5.00

Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #:	Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received	Aggregate Contributions
		6/14/14	

Last Name	First	MI	Contribution ID #
Handrinos	Vasiliki		... 214
Residential Street Address	City	State	Zip Code
33 Weather Bell Dr.	Norwalk	CT	06851

Principal Occupation	Name of Employer

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	Amount of Contribution
		\$5.00

Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #:	Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received	Aggregate Contributions
		6/14/14	

SUBTOTAL Section B — This Page

\$15

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David A. Watts 2014	Initial Itemized Statement for Grant

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Handrinos	Chris		1125
Residential Street Address	City	State	Zip Code
33 Weatherbell Dr.	Norwalk	CT	06851
Principal Occupation	Name of Employer		

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"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution
<input type="checkbox"/> Executive <input type="checkbox"/> Legislative				\$5.00
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of Contribution:	Date Received	Aggregate Contributions
		<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	6/14/14	

Last Name	First	MI	Contribution ID #
Stefanatos	George		1126
Residential Street Address	City	State	Zip Code
19 Osbourne Ave.	Norwalk	CT	06855
Principal Occupation	Name of Employer		

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"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution
<input type="checkbox"/> Executive <input type="checkbox"/> Legislative				\$5.00
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of Contribution:	Date Received	Aggregate Contributions
		<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	6/16/14	

Last Name	First	MI	Contribution ID #
Celli	Robert	J	1127
Residential Street Address	City	State	Zip Code
33 Dry Hill Rd.	Norwalk	CT	06851
Principal Occupation	Name of Employer		

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"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution
<input type="checkbox"/> Executive <input type="checkbox"/> Legislative				\$10
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of Contribution:	Date Received	Aggregate Contributions
		<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		

SUBTOTAL Section B — This Page

\$20

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David A. Watts 2014	Initial Itemized Statement for Grant

B. Itemized Contributions from Individuals

Last Name Lawlor	First Martin	MI	Contribution ID # 1218
Residential Street Address 33 Dry Hill Rd.	City Norwalk	State CT	Zip Code 06851

Principal Occupation	Name of Employer
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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"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution \$10.00
<input type="checkbox"/> Executive <input type="checkbox"/> Legislative				
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 6/19/14	Aggregate Contributions

Last Name Cantor	First Paul	MI	Contribution ID # 1219
Residential Street Address 184 Fillow St.	City Norwalk	State CT	Zip Code 06850

Principal Occupation	Name of Employer
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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"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution \$5.00
<input type="checkbox"/> Executive <input type="checkbox"/> Legislative				
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 6/19/14	Aggregate Contributions

Last Name LOPAUR	First Yvonne	MI M	Contribution ID # 1310
Residential Street Address 184 Fillow St.	City Norwalk	State CT	Zip Code 06850

Principal Occupation	Name of Employer
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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"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution \$5.00
<input type="checkbox"/> Executive <input type="checkbox"/> Legislative				
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 6/19/14	Aggregate Contributions

SUBTOTAL Section B — This Page

\$20

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David A. Watts 2014	Initial Itemized Statement for Grant

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Wirth	Georgette		... 31
Residential Street Address	City	State	Zip Code
15 Adams Ave	Norwalk	CT	06851
Principal Occupation	Name of Employer		

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	Amount of Contribution
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #:	Method of Contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	\$5.00
Date Received	Aggregate Contributions	
6/20/14		

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? <input type="checkbox"/> Yes <input 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 type="checkbox"/> No	Amount of Contribution
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input 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 type="checkbox"/> Credit/Debit Card	
Date Received	Aggregate Contributions	

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? <input type="checkbox"/> Yes <input 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 type="checkbox"/> No	Amount of Contribution
Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input 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 type="checkbox"/> Credit/Debit Card	
Date Received	Aggregate Contributions	

SUBTOTAL Section B — This Page

\$5.00

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David A Watts 2014	Initial Itemized Statement/Grant

C1. Contributions from Other Committees

Name of Committee				Name of Treasurer			
Address			Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # _____			Amount of Contribution	
City	State	Zip Code	Date Received	Aggregate Contributions			

Name of Committee				Name of Treasurer			
Address			Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # _____			Amount of Contribution	
City	State	Zip Code	Date Received	Aggregate Contributions			

Name of Committee				Name of Treasurer			
Address			Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # _____			Amount of Contribution	
City	State	Zip Code	Date Received	Aggregate Contributions			

Name of Committee				Name of Treasurer			
Address			Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # _____			Amount of Contribution	
City	State	Zip Code	Date Received	Aggregate Contributions			

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	<input type="checkbox"/> Reimbursement for shared expense <input type="checkbox"/> Payment for goods and services				

Name of Committee				Name of Treasurer			
Address			Date Received			Amount of Receipt	
City	State	Zip Code	<input type="checkbox"/> Reimbursement for shared expense <input type="checkbox"/> Payment for goods and services				

SUBTOTAL Section C — This Page	\$3,397.25
TOTAL of additional Section C Pages	\$3,397.25

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Commission)</i>					TYPE OF REPORT	
David A. Watts 2014					Initial Itemized statement/Grant	

D. Loans Received this Period						
Name of Lender			Source of Loan: <input type="checkbox"/> Bank <input type="checkbox"/> Candidate <input type="checkbox"/> Individual <input type="checkbox"/> Other		Date of Receipt	
Street Address		City		State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Cosigner/Guarantor <i>(if applicable)</i>						Amount Received
Street Address		City		State	Zip Code	
Name of Lender			Source of Loan: <input type="checkbox"/> Bank <input type="checkbox"/> Candidate <input type="checkbox"/> Individual <input type="checkbox"/> Other		Date of Receipt	
Street Address		City		State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Cosigner/Guarantor <i>(if applicable)</i>						Amount Received
Street Address		City		State	Zip Code	
TOTAL SECTION D						

E. Personal Funds of the Candidate Received this Period <i>(Candidate Committees ONLY)</i>		
Date of Receipt	Method of Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Amount
Date of Receipt	Method of Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Amount
Date of Receipt	Method of Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Amount
TOTAL SECTION E		

F. Anonymous Contributions
<p>Per Public Act 11-48, Anonymous Contributions may no longer be deposited in <i>any</i> amount. If a committee receives an anonymous contribution, the campaign treasurer shall immediately remit the contribution to the State Elections Enforcement Commission for deposit in the General Fund.</p>

G. Interest from Deposits in Authorized Accounts				
Name of Institution			Date Received	Amount
Street Address		City	State Zip Code	
Name of Institution			Date Received	Amount
Street Address		City	State Zip Code	

I. MONETARY RECEIPTS (Sections A — I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
David A. Watts 2014		Initial Itemized Statement for Grant	
H. Public Grant Funds Received from the Citizens' Election Fund			
Purpose of Grant: <input type="checkbox"/> Initial <input type="checkbox"/> Grant Adjustment <input type="checkbox"/> Supplemental/Post Election Deficit	Grant Cycle: <input type="checkbox"/> Primary <input type="checkbox"/> General Election <input type="checkbox"/> Special Election	Date Received	Amount
Purpose of Grant: <input type="checkbox"/> Initial <input type="checkbox"/> Grant Adjustment <input type="checkbox"/> Supplemental/Post Election Deficit	Grant Cycle: <input type="checkbox"/> Primary <input type="checkbox"/> General Election <input type="checkbox"/> Special Election	Date Received	Amount
Purpose of Grant: <input type="checkbox"/> Initial <input type="checkbox"/> Grant Adjustment <input type="checkbox"/> Supplemental/Post Election Deficit	Grant Cycle: <input type="checkbox"/> Primary <input type="checkbox"/> General Election <input type="checkbox"/> Special Election	Date Received	Amount
Purpose of Grant: <input type="checkbox"/> Initial <input type="checkbox"/> Grant Adjustment <input type="checkbox"/> Supplemental/Post Election Deficit	Grant Cycle: <input type="checkbox"/> Primary <input type="checkbox"/> General Election <input type="checkbox"/> Special Election	Date Received	Amount
TOTAL SECTION H			

I. Miscellaneous Monetary Receipts not Considered Contributions			
Name Webster Bank	Date of Transaction 5/20/14	Amount Received	
Street Address 192 Westport Ave	City Norwalk	State CT	Zip Code 06851
Description ATM surcharge Rebate	\$3		
Name Kathleen Watts	Date of Transaction 5/23/14	Amount Received	
Street Address 15 Adams Ave	City Norwalk	State CT	Zip Code 06851
Description Returned funds from ATM withdrawal for Bus Rental	\$65		
Name	Date of Transaction	Amount Received	
Street Address	City	State	Zip Code
Description			
TOTAL SECTION I		\$68.00	

SUMMARY OF OTHER MONETARY RECEIPTS (Sections D through I)	
Total Loans Received this Period (Section D)	+
Total Amount of Personal Funds of the Candidate Received this Period (Section E)	+
Total Amount of Interest from Deposits in Authorized Accounts (Section G)	+
Total Public Grant Funds Received from the Citizens' Election Fund (Section H)	+
Total Miscellaneous Monetary Receipts not Considered Contributions (Section I)	+
TOTAL OF OTHER MONETARY RECEIPTS NOT CONSIDERED CONTRIBUTIONS (Add Sections D through I. Enter total on Line 16 of Summary Page Totals)	\$68

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
David A. Watts 2014		Initial Itemized statement for Public Grant	

J1. Fundraising Event Information

Fundraising Event #	Date of Fundraiser	Letter	Description
Location: Street Address			City
			State
			Zip Code

Was this fundraising event hosted at a personal residence?

☐ Yes *If yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information for 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, go to Section J3 In-Kind Donations not Considered Contributions and complete required information.*
☐ No

Subpart 1:

Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?

☐ Yes (If yes, enter Total Receipts here.) → \$
☐ No

Fundraising Event #	Date of Fundraiser	Letter	Description
Location: Street Address			City
			State
			Zip Code

Was this fundraising event hosted at a personal residence?

☐ Yes *If yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information for 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, go to Section J3 In-Kind Donations not Considered Contributions and complete required information.*
☐ No

Subpart 1:

Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?

☐ Yes (If yes, enter Total Receipts here.) → \$
☐ No

Fundraising Event #	Date of Fundraiser	Letter	Description
Location: Street Address			City
			State
			Zip Code

Was this fundraising event hosted at a personal residence?

☐ Yes *If yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information for 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, go to Section J3 In-Kind Donations not Considered Contributions and complete required information.*
☐ No

Subpart 1:

Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?

☐ Yes (If yes, enter Total Receipts here.) → \$
☐ No

SUBTOTAL Section J1—Subpart 1 Total Receipts from Sale of Donated Items — This Page	
TOTAL of additional Section J1 Pages	

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. *Section J2. removed*

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

TYPE OF REPORT

David A. Watts 2014

Initial Itemized statement for grant

J3. In-Kind Donations Not Considered Contributions

Name of Donor

Street Address

City

State

Zip Code

Donation Given By:

Description of Donation

Fair Market Value of Donation

☐ Individual

☐ Business Entity

☐ Sole Proprietorship

Date Received

Event #

Aggregate Value for this Event

Name of Donor

Street Address

City

State

Zip Code

Donation Given By:

Description of Donation

Fair Market Value of Donation

☐ Individual

☐ Business Entity

☐ Sole Proprietorship

Date Received

Event #

Aggregate Value for this Event

Name of Donor

Street Address

City

State

Zip Code

Donation Given By:

Description of Donation

Fair Market Value of Donation

☐ Individual

☐ Business Entity

☐ Sole Proprietorship

Date Received

Event #

Aggregate Value for this Event

Name of Donor

Street Address

City

State

Zip Code

Donation Given By:

Description of Donation

Fair Market Value of Donation

☐ Individual

☐ Business Entity

☐ Sole Proprietorship

Date Received

Event #

Aggregate Value for this Event

SUBTOTAL Section J3 — This Page

TOTAL of additional Section J3 Pages

TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS

(Enter total on Line 22 of Summary Page Totals)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David A. Watts 2014	Initial Itemized Statement - Grant

K. In-Kind Contributions				
Name				
Street Address		City	State	Zip Code
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Description of In-Kind Contribution		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input type="checkbox"/> 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:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Fair Market Value of this Contribution
Type of Contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Sole Proprietorship		Date Received	Aggregate Contributions	
Name				
Street Address		City	State	Zip Code
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Description of In-Kind Contribution		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input type="checkbox"/> 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:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Fair Market Value of this Contribution
Type of Contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Sole Proprietorship		Date Received	Aggregate Contributions	
Name				
Street Address		City	State	Zip Code
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Description of In-Kind Contribution		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input type="checkbox"/> 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:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Fair Market Value of this Contribution
Type of Contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Sole Proprietorship		Date Received	Aggregate Contributions	
SUBTOTAL Section K — This Page				
TOTAL of additional Section K Pages				
TOTAL OF ALL IN-KIND CONTRIBUTIONS (Enter total on Line 23 of Summary Page Totals)				

L. Refundable Deposit to Telephone Company				
Last Name of Individual		First	MI	Date Deposit Made
Residential Street Address		City	State	Zip Code
Name of Telephone Company				Amount of Deposit
Street Address		City	State	

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Commission)</i>				TYPE OF REPORT	
David A. Watts 2014				Initial Itemized Statement - Grant	
M. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus and Party Committees — <u>OPTIONAL</u> See Public Act 11-48					
Name of Committee <i>(Legislative Leadership, Legislative Caucus, and Party Committees ONLY)</i>			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 <i>(see instructions)</i> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
Name of Committee <i>(Legislative Leadership, Legislative Caucus, and Party Committees ONLY)</i>			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 <i>(see instructions)</i> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
Name of Committee <i>(Legislative Leadership, Legislative Caucus, and Party Committees ONLY)</i>			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 <i>(see instructions)</i> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
Name of Committee <i>(Legislative Leadership, Legislative Caucus, and Party Committees ONLY)</i>			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 <i>(see instructions)</i> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
Name of Committee <i>(Legislative Leadership, Legislative Caucus, and Party Committees ONLY)</i>			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 <i>(see instructions)</i> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
Name of Committee <i>(Legislative Leadership, Legislative Caucus, and Party Committees ONLY)</i>			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 <i>(see instructions)</i> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
SUBTOTAL Section M — This Page					
TOTAL of additional Section M Pages					
TOTAL RECEIPTS OF ALL ORGANIZATION EXPENDITURES					

IV. EXPENDITURES (Sections N — S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
David A. Watts 2014				Initial Itemized Statement for Public Grant	
N. Expenses Paid by Committee					
Name of Payee			Date of Payment		Method of Payment:
East Ave Pizza			5/3/14		<input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card
Street Address		City		State	Zip Code
84 Fort Point St.		Norwalk		CT	06855
Purpose of Expenditure (by code)	Description			Amount	
FOOD	FOOD for volunteers			\$30.00	
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 complete Itemization in Addendum N					
Name of Payee			Date of Payment		Method of Payment:
JUNIOR Sierra			5/5/14		<input checked="" type="checkbox"/> Check # 091 <input type="checkbox"/> Debit Card
Street Address		City		State	Zip Code
7 Burwell St.		Norwalk		CT	06854
Purpose of Expenditure (by code)	Description			Amount	
CNSIT	community outreach			\$75.00	
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 complete Itemization in Addendum N					
Name of Payee			Date of Payment		Method of Payment:
SERGIO CEJA			5/7/14		<input checked="" type="checkbox"/> Check # 092 <input type="checkbox"/> Debit Card
Street Address		City		State	Zip Code
252 Richards Ave		Norwalk		CT	06850
Purpose of Expenditure (by code)	Description			Amount	
CNSIT	community outreach			\$50.00	
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 complete Itemization in Addendum N					
Name of Payee			Date of Payment		Method of Payment:
Diego Partida			5/7/14		<input checked="" type="checkbox"/> Check # 093 <input type="checkbox"/> Debit Card
Street Address		City		State	Zip Code
4 Gordon St.		Norwalk		CT	06850
Purpose of Expenditure (by code)	Description			Amount	
CNSIT	community outreach			\$50.00	
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 complete Itemization in Addendum N					
SUBTOTAL Section N — This Page				\$205.00	
TOTAL of additional Section N Pages				\$3303.91	
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 20 of Summary Page Totals)				\$3508.91	

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David A. Watts 2014	Initial Itemized statement for Public Grant

N. Expenses Paid by Committee

Name of Payee		Date of Payment	Method of Payment:	
U.S. Postal Service		5/9/14	<input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address	City	State	Zip Code	
2 Belden Ave	Norwalk	CT	06850	
Purpose of Expenditure (by code)	Description			Amount
Post	Postage			\$204.00
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 complete Itemization in Addendum N				
Name of Payee		Date of Payment	Method of Payment:	
U.S. Postal Service		5/10/14	<input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address	City	State	Zip Code	
16 Washington St.	Norwalk	CT	06854	
Purpose of Expenditure (by code)	Description			Amount
Post	Postage			\$66.00
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 complete Itemization in Addendum N				
Name of Payee		Date of Payment	Method of Payment:	
BURGER BAR & BISTRO		5/11/14	<input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address	City	State	Zip Code	
58 North Main St	Norwalk	CT	06854	
Purpose of Expenditure (by code)	Description			Amount
FOOD	Political Meeting			\$28.13
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 complete Itemization in Addendum N				
Name of Payee		Date of Payment	Method of Payment:	
JUNIOR Sierra		5/10/14	<input checked="" type="checkbox"/> Check # 1001 <input type="checkbox"/> Debit Card	
Street Address	City	State	Zip Code	
7 Burwell St.	Norwalk	CT	06854	
Purpose of Expenditure (by code)	Description			Amount
TRVL	Gas for canvas			\$20.05
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 complete Itemization in Addendum N				

SUBTOTAL Section N — This Page

\$318.18

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David A. Watts 2014	Initial Itemized Statement for Public Grant

N. Expenses Paid by Committee

Name of Payee		Date of Payment	Method of Payment:	
Staples		5/14/14	<input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address		City	State	Zip Code
51 Richards Ave		Norwalk	CT	06854
Purpose of Expenditure (by code)	Description			Amount
Post	Postage			\$19.60
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 complete Itemization in Addendum N				
Name of Payee		Date of Payment	Method of Payment:	
Kathleen Watts		5/17/14	<input checked="" type="checkbox"/> Check # 095 <input type="checkbox"/> Debit Card	
Street Address		City	State	Zip Code
15 Adams Ave		Norwalk	CT	06851
Purpose of Expenditure (by code)	Description			Amount
RCW	Reimburse for literature			\$287.15
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 complete Itemization in Addendum N				
Name of Payee		Date of Payment	Method of Payment:	
U.S.P.S. - Glen's		5/17/14	<input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address		City	State	Zip Code
115 New Canaan Ave		Norwalk	CT	06850
Purpose of Expenditure (by code)	Description			Amount
Post	Postage			\$204.00
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 complete Itemization in Addendum N				
Name of Payee		Date of Payment	Method of Payment:	
Staples		5/17/14	<input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address		City	State	Zip Code
420-440 Westport Ave		Norwalk	CT	06851
Purpose of Expenditure (by code)	Description			Amount
Office	INK			\$82.94
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 complete Itemization in Addendum N				

SUBTOTAL Section N — This Page

\$593.69

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
David A. Watts 2014				Initial Itemized Statement for Public Grant	
N. Expenses Paid by Committee					
Name of Payee			Date of Payment		Method of Payment:
Pena 2014			5/13/14		<input checked="" type="checkbox"/> Check # 094 <input type="checkbox"/> Debit Card
Street Address		City		State	Zip Code
162 East Ave		Norwalk		CT	06855
Purpose of Expenditure (by code)	Description			Amount	
POC	Reimbursement for office supplies			\$ 203.79	
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 complete Itemization in Addendum N					
Name of Payee			Date of Payment		Method of Payment:
East Ave Pizza			5/17/14		<input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card
Street Address		City		State	Zip Code
84 Fort Point St.		Norwalk		CT	06855
Purpose of Expenditure (by code)	Description			Amount	
FOOD	FOOD for volunteers			\$ 80.29	
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 complete Itemization in Addendum N					
Name of Payee			Date of Payment		Method of Payment:
USPS			5/17/14		<input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card
Street Address		City		State	Zip Code
2 Belden Ave		Norwalk		CT	06850
Purpose of Expenditure (by code)	Description			Amount	
Post	Postage			\$ 58.80	
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 complete Itemization in Addendum N					
Name of Payee			Date of Payment		Method of Payment:
Staples			5/17/14		<input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card
Street Address		City		State	Zip Code
420-440 Westport Ave		Norwalk		CT	06851
Purpose of Expenditure (by code)	Description			Amount	
office	Mailing Labels			\$ 31.89	
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 complete Itemization in Addendum N					
SUBTOTAL Section N — This Page				\$ 374.77	

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David A. Watts 2014	Initial Itemized Statement for Public Grant

N. Expenses Paid by Committee

Name of Payee		Date of Payment	Method of Payment:
Maureen Eckrich		5/17/14	<input checked="" type="checkbox"/> Check # 097 <input type="checkbox"/> Debit Card
Street Address	City	State	Zip Code
45 Maple St. Apt 1K	Norwalk	CT	06850
Purpose of Expenditure (by code)	Description	Amount	
CNSIT	Outreach	\$50.00	
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 N			
Expenditure # (if applicable)	Event #		

Name of Payee		Date of Payment	Method of Payment:
Junior Sierra		5/18/14	<input checked="" type="checkbox"/> Check # 098 <input type="checkbox"/> Debit Card
Street Address	City	State	Zip Code
7 Burwell St.	Norwalk	CT	06854
Purpose of Expenditure (by code)	Description	Amount	
CNSIT	Outreach	\$75.00	
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 N			
Expenditure # (if applicable)	Event #		

Name of Payee		Date of Payment	Method of Payment:
First Student - Kathleen Watts		5/20/14	<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card
Street Address	City	State	Zip Code
334 Wilson Ave	Norwalk	CT	06854
Purpose of Expenditure (by code)	Description	Amount	
MISC	ATM CASH for Bus Rental for caucus	\$263.00	
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 N			
Expenditure # (if applicable)	Event #		

Name of Payee		Date of Payment	Method of Payment:
Avis Rent-a-car		5/21/14	<input type="checkbox"/> Check # _____ <input checked="" type="checkbox"/> Debit Card
Street Address	City	State	Zip Code
789 Connecticut Ave.	Norwalk	CT	06854
Purpose of Expenditure (by code)	Description	Amount	
MISC	caucus Transport	\$120.98	
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 N			
Expenditure # (if applicable)	Event #		

SUBTOTAL Section N — This Page

\$508.98

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David A. Watts 2014	Initial Itemized Statement for Public Grant

N. Expenses Paid by Committee

Name of Payee		Date of Payment	Method of Payment:	
New Canaan Ave Service		5/21/14	<input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address		City	State	Zip Code
87 New Canaan Ave		Norwalk	CT	06850
Purpose of Expenditure (by code)	Description		Amount	
TRVL	CAUCUS TRANSPORT		\$50.00	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Expenditure # (if applicable)	Event #	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N				
Name of Payee		Date of Payment	Method of Payment:	
Dunkin Donuts		5/20/14	<input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address		City	State	Zip Code
196 East Avenue		Norwalk	CT	06855
Purpose of Expenditure (by code)	Description		Amount	
FOOD	FOOD for VOLUNTEERS		\$28.96	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Expenditure # (if applicable)	Event #	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N				
Name of Payee		Date of Payment	Method of Payment:	
Dunkin Donuts		5/20/14	<input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address		City	State	Zip Code
196 East Avenue		Norwalk	CT	06855
Purpose of Expenditure (by code)	Description		Amount	
FOOD	FOOD for VOLUNTEERS		\$9.42	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Expenditure # (if applicable)	Event #	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N				
Name of Payee		Date of Payment	Method of Payment:	
REGINA MCCOY		5/20/14	<input checked="" type="checkbox"/> Check # 100 <input type="checkbox"/> Debit Card	
Street Address		City	State	Zip Code
11 Fort Point St. Apt C7		Norwalk	CT	06855
Purpose of Expenditure (by code)	Description		Amount	
CNSIT	OUTREACH		\$50.00	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Expenditure # (if applicable)	Event #	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N				

SUBTOTAL Section N — This Page

\$138.38

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
David A. Watts 2014				Initial Itemized Statement for Public Grant	
N. Expenses Paid by Committee					
Name of Payee			Date of Payment		Method of Payment:
Janice FRUE			5/20/14		<input checked="" type="checkbox"/> Check # 99 <input type="checkbox"/> Debit Card
Street Address		City		State	Zip Code
15 School St. Apt 5		Norwalk		CT	06851
Purpose of Expenditure (by code)	Description			Amount	
CNSIT	Outreach			\$100.00	
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 complete Itemization in Addendum N					
Name of Payee			Date of Payment		Method of Payment:
Barney Green			5/20/14		<input checked="" type="checkbox"/> Check # 1002 <input type="checkbox"/> Debit Card
Street Address		City		State	Zip Code
134 Rockland Ave		Norwalk Stratford		CT	06614
Purpose of Expenditure (by code)	Description			Amount	
CNSIT	Outreach			\$100.00	
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 complete Itemization in Addendum N					
Name of Payee			Date of Payment		Method of Payment:
Abdullahi Abba			5/23/14		<input checked="" type="checkbox"/> Check # 1005 <input type="checkbox"/> Debit Card
Street Address		City		State	Zip Code
34 Olmstead Pl.		Norwalk		CT	06855
Purpose of Expenditure (by code)	Description			Amount	
CNSIT	Outreach			\$50.00	
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 complete Itemization in Addendum N					
Name of Payee			Date of Payment		Method of Payment:
Janice FRUE			5/23/14		<input checked="" type="checkbox"/> Check # 1004 <input type="checkbox"/> Debit Card
Street Address		City		State	Zip Code
15 School St. Apt 5		Norwalk		CT	06851
Purpose of Expenditure (by code)	Description			Amount	
CNSIT	Outreach			\$25.00	
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 complete Itemization in Addendum N					
SUBTOTAL Section N — This Page					\$275.00

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David A. Watts 2014	Initial Itemized Statement for Public Grant

N. Expenses Paid by Committee

Name of Payee		Date of Payment	Method of Payment:	
Ideal Printing Company		5/23/14	<input checked="" type="checkbox"/> Check # 1003 <input type="checkbox"/> Debit Card	
Street Address		City	State	Zip Code
P.O. Box 8488		New Haven	CT	06531
Purpose of Expenditure (by code)	Description	Amount		
PRNT	Postcards	\$85.08		
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 complete Itemization in Addendum N				
Name of Payee		Date of Payment	Method of Payment:	
Silver Star Diner		6/10/14	<input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address		City	State	Zip Code
210 Connecticut Ave		Norwalk	CT	06854
Purpose of Expenditure (by code)	Description	Amount		
FOOD	Political Meeting 6	\$11.58		
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 complete Itemization in Addendum N				
Name of Payee		Date of Payment	Method of Payment:	
Silver Star Diner		6/19/14	<input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address		City	State	Zip Code
210 Connecticut Ave		Norwalk	CT	06854
Purpose of Expenditure (by code)	Description	Amount		
FOOD	Political Meeting 6	\$4.25		
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 complete Itemization in Addendum N				
Name of Payee		Date of Payment	Method of Payment:	
WFL Real Estate		6/23/14	<input checked="" type="checkbox"/> Check # 1008 <input type="checkbox"/> Debit Card	
Street Address		City	State	Zip Code
162 East Ave		Norwalk	CT	06855
Purpose of Expenditure (by code)	Description	Amount		
OVHD	Rent for Headquarters	\$380.00		
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 complete Itemization in Addendum N				

SUBTOTAL Section N — This Page

480.91

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David A. Watts 2014	Initial Itemized Statement for Public Grant

N. Expenses Paid by Committee

Name of Payee		Date of Payment	Method of Payment:	
Citizens Election Fund (CEF)		6/23/14	<input checked="" type="checkbox"/> Check # 1000 <input type="checkbox"/> Debit Card	
Street Address		City	State	Zip Code
20 TRINITY St.		Hartford	CT	06106
Purpose of Expenditure (by code)	Description			Amount
CEF	Buffer check			\$614.00
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Expenditure # (if applicable)	Event #	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If yes, assign an Expenditure # and complete Itemization in Addendum N				
Name of Payee		Date of Payment	Method of Payment:	
			<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card	
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 #	
<input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, assign an Expenditure # and complete Itemization in Addendum N				
Name of Payee		Date of Payment	Method of Payment:	
			<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card	
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 #	
<input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, assign an Expenditure # and complete Itemization in Addendum N				
Name of Payee		Date of Payment	Method of Payment:	
			<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card	
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 #	
<input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, assign an Expenditure # and complete Itemization in Addendum N				

SUBTOTAL Section N — This Page

\$614.00

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Commission)</i>				TYPE OF REPORT	
David A. Watts 2014				Initial Itemized Statement for Public Grant	
O. Expenses Paid by Candidate					
Name of Payee <i>(Name of vendor who candidate paid directly)</i>			Date of Payment		Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City		State	Zip Code
Purpose of Expenditure <i>(by code)</i>		Description		Event #	
Name of Payee <i>(Name of vendor who candidate paid directly)</i>			Date of Payment		Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City		State	Zip Code
Purpose of Expenditure <i>(by code)</i>		Description		Event #	
Name of Payee <i>(Name of vendor who candidate paid directly)</i>			Date of Payment		Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City		State	Zip Code
Purpose of Expenditure <i>(by code)</i>		Description		Event #	
Name of Payee <i>(Name of vendor who candidate paid directly)</i>			Date of Payment		Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City		State	Zip Code
Purpose of Expenditure <i>(by code)</i>		Description		Event #	
Name of Payee <i>(Name of vendor who candidate paid directly)</i>			Date of Payment		Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City		State	Zip Code
Purpose of Expenditure <i>(by code)</i>		Description		Event #	
Name of Payee <i>(Name of vendor who candidate paid directly)</i>			Date of Payment		Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City		State	Zip Code
Purpose of Expenditure <i>(by code)</i>		Description		Event #	
Name of Payee <i>(Name of vendor who candidate paid directly)</i>			Date of Payment		Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City		State	Zip Code
Purpose of Expenditure <i>(by code)</i>		Description		Event #	
Name of Payee <i>(Name of vendor who candidate paid directly)</i>			Date of Payment		Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City		State	Zip Code
Purpose of Expenditure <i>(by code)</i>		Description		Event #	
Name of Payee <i>(Name of vendor who candidate paid directly)</i>			Date of Payment		Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City		State	Zip Code
Purpose of Expenditure <i>(by code)</i>		Description		Event #	
Name of Payee <i>(Name of vendor who candidate paid directly)</i>			Date of Payment		Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City		State	Zip Code
Purpose of Expenditure <i>(by code)</i>		Description		Event #	
Name of Payee <i>(Name of vendor who candidate paid directly)</i>			Date of Payment		Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City		State	Zip Code
Purpose of Expenditure <i>(by code)</i>		Description		Event #	
Name of Payee <i>(Name of vendor who candidate paid directly)</i>			Date of Payment		Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City		State	Zip Code
Purpose of Expenditure <i>(by code)</i>		Description		Event #	
Name of Payee <i>(Name of vendor who candidate paid directly)</i>			Date of Payment		Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City		State	Zip Code
Purpose of Expenditure <i>(by code)</i>		Description		Event #	
Name of Payee <i>(Name of vendor who candidate paid directly)</i>			Date of Payment		Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City		State	Zip Code
Purpose of Expenditure <i>(by code)</i>		Description		Event #	
Name of Payee <i>(Name of vendor who candidate paid directly)</i>			Date of Payment		Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City		State	Zip Code
Purpose of Expenditure <i>(by code)</i>		Description		Event #	
Name of Payee <i>(Name of vendor who candidate paid directly)</i>			Date of Payment		Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City		State	Zip Code
Purpose of Expenditure <i>(by code)</i>		Description		Event #	
Name of Payee <i>(Name of vendor who candidate paid directly)</i>			Date of Payment		Is reimbursement claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
<div style="font-size: 24px; font-weight: bold;">David A. Watts 2014</div>		<div style="font-size: 18px; font-weight: bold;">Initial Itemized Statement for Public Grant</div>	
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 P			
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 P			
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 P			
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 P			
Name of Vendor		Date of Transaction	
Street Address		City	
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 P			
Name of Vendor		Date of Transaction	
Street Address		City	
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 P			
Name of Vendor		Date of Transaction	
Street Address		City	
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 P			
Name of Vendor		Date of Transaction	
Street Address		City	
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 P			
Name of Vendor		Date of Transaction	
Street Address		City	
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 P			
Name of Vendor		Date of Transaction	
Street Address		City	
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 P			
Name of Vendor		Date of Transaction	
Street Address		City	
Purpose of Expenditure (by code)	Description		Amount

IV. EXPENDITURES (Sections IV — V)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
David A. Watts 2014				Initial Itemized Statement for Public Grant	
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 (by code)	Description			Amount Incurred (Estimate or Actual)	
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 Q					
Name of Creditor				Date Incurred	
Street Address			City		State
					Zip Code
Purpose of Expenditure (by code)	Description			Amount Incurred (Estimate or Actual)	
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 Q					
Name of Creditor				Date Incurred	
Street Address			City		State
					Zip Code
Purpose of Expenditure (by code)	Description			Amount Incurred (Estimate or Actual)	
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 Q					
Name of Creditor				Date Incurred	
Street Address			City		State
					Zip Code
Purpose of Expenditure (by code)	Description			Amount Incurred (Estimate or Actual)	
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 Q					
SUBTOTAL Section Q – This Page					
TOTAL of additional Section Q Pages					
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID (Enter total on Line 29 of Summary Page Totals)					
Previously reported Expenses Unpaid and still Outstanding					
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID					

IV. EXPENDITURES (Sections R — S)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Commission)</i>				TYPE OF REPORT	
David A. Watts 2014				Initial Itemized statement for Public Grant	
R. Itemization of Reimbursements to Committee Workers and Consultants					
Last Name of Worker/Consultant		First	MI	Date of Payment	Method of Payment:
WATTS		Kathleen	M	5/9/14	<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card
Secondary Payee					
Ideal Printing Company					
Street Address			City		State
P.O. Box 8488			New Haven		CT
Zip Code					
06531					
Purpose of Expenditure <i>(by code)</i>		Description			Amount
PRNT		Literature for campaign			\$287.15
Is this expenditure coordinated with another candidate for which reimbursement is sought?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # <i>(if applicable)</i>	Event #	
<i>If yes, assign an Expenditure # and complete Itemization in Addendum R</i>					
Last Name of Worker/Consultant		First	MI	Date of Payment	Method of Payment:
					<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card
Secondary Payee					
Street Address			City		State
Zip Code					
Purpose of Expenditure <i>(by code)</i>		Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # <i>(if applicable)</i>	Event #	
<i>If yes, assign an Expenditure # and complete Itemization in Addendum R</i>					
Last Name of Worker/Consultant		First	MI	Date of Payment	Method of Payment:
					<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card
Secondary Payee					
Street Address			City		State
Zip Code					
Purpose of Expenditure <i>(by code)</i>		Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # <i>(if applicable)</i>	Event #	
<i>If yes, assign an Expenditure # and complete Itemization in Addendum R</i>					
Last Name of Worker/Consultant		First	MI	Date of Payment	Method of Payment:
					<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card
Secondary Payee					
Street Address			City		State
Zip Code					
Purpose of Expenditure <i>(by code)</i>		Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # <i>(if applicable)</i>	Event #	
<i>If yes, assign an Expenditure # and complete Itemization in Addendum R</i>					
SUBTOTAL Section R — This Page				\$287.15	
TOTAL of additional Section R Pages				0	
TOTAL OF ALL REIMBURSEMENTS TO COMMITTEE WORKERS AND CONSULTANTS				\$287.15	

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)						TYPE OF REPORT	
David A. Watts 2014						Initial Itemized Statement for Public Grant	
S. Surplus Distribution of Equipment and Furniture							
Name of Recipient							
Street Address		City		State	Zip Code	Original Purchase Amount of Item	
Description of Item							
Name of Recipient							
Street Address		City		State	Zip Code	Original Purchase Amount of Item	
Description of Item							
Name of Recipient							
Street Address		City		State	Zip Code	Original Purchase Amount of Item	
Description of Item							
Name of Recipient							
Street Address		City		State	Zip Code	Original Purchase Amount of Item	
Description of Item							
Name of Recipient							
Street Address		City		State	Zip Code	Original Purchase Amount of Item	
Description of Item							
Name of Recipient							
Street Address		City		State	Zip Code	Original Purchase Amount of Item	
Description of Item							
Name of Recipient							
Street Address		City		State	Zip Code	Original Purchase Amount of Item	
Description of Item							
Name of Recipient							
Street Address		City		State	Zip Code	Original Purchase Amount of Item	
Description of Item							
Name of Recipient							
Street Address		City		State	Zip Code	Original Purchase Amount of Item	
Description of Item							
TOTAL SECTION S							