<b>FUKIVI 5U</b> Jpaign Finance Dise 1 STATE ELECTIONS ENFO Juary 2012	closure Statement RCEMENT COMMISSION	Do Nor	, Mark in This Space For Official Use Only	Fage 1 of 16
	COV	ER PAGE		
1. NAME OF COMMITTEE	REC			TYPE OF COMMITTEE
Lauid A. Wat-	ts 2014200 J	N 25 A 8 52		Candidate Committee
3. TREASURER NAME				Exploratory Committee
Kathleen 4. TREASURER ADDRESS	MI	WATTS		Suffix
Street Address	C	ty		
15 Adams Ave		Nonwalk	State	Zip Code
5. ELECTION DATE 6. ( (mm/dd/yyyy)	OFFICE SOUGHT (Complete of	ly if Candidate Committee)		7. DISTRICT NUMBER
11/4/2014 5	tate Repre	Sentative	>	(if applicable)
8. CANDIDATE NAME (Complete only if Candi First	date or Exploratory Committee)			137
David 9. TYPE OF REPORT (Check One Box)	A.	Watts		Suffix SP,
	. /			
<ul> <li>□ January 10 filing</li> <li>□ 7th day precedin</li> <li>□ April 10 filing</li> <li>□ 30 days followin</li> <li>□ July 10 filing</li> <li>□ 7th day precedin</li> <li>□ October 10 filing</li> <li>□ 7th day precedin</li> </ul>	ng primary for F ng election State G special election State	al Itemized Statement mpanying application Public Grant itional Itemized ment in further ort of application ublic Grant	<ul> <li>Supplemental Statement (Specify Type)</li> <li>Primary O Election</li> <li>Declaration of Excess Expenditures (Specify Type)</li> </ul>	<ul> <li>Deficit</li> <li>Termination</li> <li>Amendment to Type of Report:</li> </ul>
10. PERIOD COVERED	Dest State reque	Primary Itemized ment accompanying st for General ion Grant	O Primary O Election	
INTERIOD COVERED				
Beg 4	inning Date	Ending thru <u>624</u>	Date	
11. CERTIFICATION				
I hereby certify and state, under penalties <b>Disclosure Statement</b> for the period cov	s of false statement, that a ered is true, accurate and	ll of the information se complete.	et forth on this Itemized Car	mpaign Finance
KULLION WILLA TREASURER OR DEPUTY TREASURER (SIGN	ATURE) PRINT	HECH MA	<u>H3</u>	624/14 DATE (mm/dd/yyyy)

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## SELU FURINI JU Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2012

Page 2 of 16

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## SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT	
David A. Watts 2014	Initial Itemized Rublic Grant	l statement for
	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	\$D	
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	\$O
23. In-Kind Contributions Received (Section K)	BÓ	\$0
24. Refundable Deposit to Telephone Company (Section L)	\$0	\$O
25. Receipts of Organization Expenditures (Section M) OPTIONAL	\$0	\$O
26. Beginning Loan Balance	\$O	
26a. + Loans Received (Section D)	<b>BO</b>	\$0
26b. + Interest and Penalties on Loan	\$0	\$Ó
26c Payments on Loan	\$ Q	\$0
26d. Total Outstanding Loan Amount	\$ Ó	
27. Campaign Expenses Paid by Candidate (Section O)	\$ ()	
28. Expenses Incurred on Committee Credit Card (Section P)	₿Õ	
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	

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NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			PORT
David A. Watts 2014		Initial Statem	Etemized entfor Grant
A. Total Contributions from Small Contributors-Received this Period ONLY \$			ling Canalaales ONLT
	· · · · · · · · · · · · · · · · · · ·		
B. Itemized Contrib	utions from Individuals		
Last Name	First	М	Contribution ID #
Bradley	CHRISTINE		
Residential Street Address	City	8	tate Zip Code
21 ANN St. Principal Occupation	Norwalk Name of Employer	· · · · · · · · · · · · · · · · · · ·	<u>CT 106854</u>
Library Director	CILU A	f Norwa	
LIPICKY DIKELICK Is contributor a principal of a state contractor or prospective state contractor?			Amount of Contribution
If yes, indicate which branch or branches of government the contract is with:	Is contributor a lobby or dependent child of		\$25.00
Is this contribution associated with a fundraising event listed in Section J1? No Cash Personal Chec		gregate Contributions	
fundraising event listed in Section J1? No Cash Personal Check If yes, list Event #: One of the cash Personal Check	ard 5/29/14		
Last Name	First	MI	Contribution ID #
Smills	Annie		1 2
Residential Street Address	City	I	tate Zip Code
43 Melrose AUE	Norwalk		CT 06855
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor?	es No Is contributor a lobby or dependent child of		Amount of Contribution
of government the contract is with:          Executive           Legislative          Is this contribution associated with a          Yes           Method of Contribution:	Date Received Age	gregate Contributions	
fundraising event listed in Section J1? No <i>If yes</i> , list Event #:		siegate controlations	
Last Name	First	MI	Contribution ID #
Prophet	PEGGY		3
Residential Street Address	City		State Zip Code
9 Benedict Court	Norwalk		CT 06850
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes</i> , indicate which branch or branches of government the contract is with: Executive Legislative	es No Is contributor a lobby or dependent child of		Amount of Contribution $\mathbf{H} = \mathbf{n}$
Is this contribution associated with a _ Yes Method of Contribution:		gregate Contributions	\$5.00
fundraising event listed in Section J1? X No Cash Personal Chec If yes, list Event #:			
SUBTO	TAL Section B — This P	'age \$35	.00
TOTAL o	f additional Section B Pa	nges \$1/5(	).00
TOTAL OF ALL CONTRIBUTIO	ONS FROM INDIVIDU	ALS di Icor	
(Sections A + B) (Enter total o		otals) \$100	.00

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Section D.	ADDITIONAL TAGE		

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF RE	PORT
			Itemized n+ for Gran+
David A. Watts 2014		Stateme	nt for Grant
	utions from Individuals		
BROWN	Allen	MI	Contribution ID #
193 West Rocks Rd.	Norwalk		State Zip Code CT 06851
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor?	or dependent child of a lob	byist? No	Amount of Contribution $\$5,00$
Is this contribution associated with a fundraising event listed in Section J1? No Cash Personal Check Graduate Section J1? No Money Order Credit/Debit C		e Contributions	
Last Name	First	МІ	Contribution ID #
Smalls	Henry		5
Residential Street Address	City		State Zip Code
43 Melrose Ave.	Norwalk		CI 06855
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes</i> , indicate which branch or branches of government the contract is with: Executive Legislative	or dependent child of a lob	byist? X No	Amount of Contribution \$5,00
Is this contribution associated with a fundraising event listed in Section J1? No No Cash Personal Check Credit/Debit Cred	k chilnt	e Contributions	
Last Name	First	MI	Contribution ID #
Fulton	Dennis		6
Il Norden Pl Unit 31	Norwalk		State Zip Code CT 06855
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes</i> , indicate which branch or branches of government the contract is with: Is this contribution associated with a Yes Method of Contribution:	or dependent child of a lo	obyist? 🕅 No	Amount of Contribution $\$5.00$
Is this contribution associated with a fundraising event listed in Section J1? No Cash Personal Chec If yes, list Event #: One Order Contribution:	$k = \frac{1}{1} + $	te Contributions	
SUBTO	TAL Section B — This Page	\$15.0	0

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Section D.	ADDITIONAL PAGE.	A	of	10

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT Initial Itemized Statement for Grant	
David A. Watts 2014	David A. Watts 2014	
B. Itemized Contrib	butions from Individuals	
Last Name	First	MI Contribution ID #
Mack Residential Street Address	Carolynn	
56 North Taylor AVE	Norwall	State Zip Code CT 06854
Principal Occupation	Name of Employer	
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes</i> , indicate which branch or branches of government the contract is with: Executive Legislative	or dependent child of a lobbyist?	₩ 15,00
Is this contribution associated with a fundraising event listed in Section J1? No Kash Personal Chec If yes, list Event #:		ributions
JEFFERSON	Lincaway	MI Contribution ID #
22 Cottontail Rd	Norwalk	State Zip Code CT 06854
Principal Occupation	Name of Employer	
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes</i> , indicate which branch or branches of government the contract is with: Executive Legislative	es No Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	
Is this contribution associated with a fundraising event listed in Section J1? No No No Section J1? No Method of Contribution: If yes, list Event #: No Method of Contribution: Money Order Personal Check Money Order Credit/Debit C		ibutions
Last Name	First	MI Contribution ID #
Jefferson	Willa	
Residential Street Address 22 Cottontail Rd	Norwalk	State Zip Code CT 06854
Principal Occupation	Name of Employer	
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes</i> , indicate which branch or branches of government the contract is with: Executive Legislative	or dependent child of a lobbyist?	× № \$5.00
Is this contribution associated with a fundraising event listed in Section J1? No No Cash Personal Chec Great / Debit C	k Date Received Aggregate Controlsk Card 6/1/14	ributions
SUBTO	TAL Section B — This Page	\$15.00
	· · · · · · · · · · · · · · · · · · ·	

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Section D.	ADDITIONAL PAGE 3	or

NAME OF COMMITTEE (Provide Complete Name as Regis	tered with Commission)	TYPE OF REPORT
David A. Watts 201	Ч	Initial Itemized statement for Grant
	Itemized Contributions from Individua	
Last Name Ponnho+	First Seymore	MI Contribution ID #
Residential Street Address	City	State Zip Code
42 Lincoln Que	Norwalk	CT 0685
Principal Occupation	Name of Employer	
	tive DLegislative for dependent child	
fundraising event listed in Section J1? No No Cash If yes, list Event #:	Contribution:     Date Received       Personal Check     6/2/14       y Order     Credit/Debit Card	Aggregate Contributions
Last Name BRASHER	First	MI Contribution ID #
Residential Street Address 4 Pheasant Lane	Norwalk	$\begin{array}{c} \text{State} \\ \text{CT} \\ 06854 \end{array}$
Principal Occupation	Name of Employer	
Is this contribution associated with a Used Yes Method of fundraising event listed in Section J1? No Cash	ive     Legislative       Contribution:     Date Received       y Order     Credit/Debit Card	Aggregate Contributions
Last Name	First	MI Contribution ID #
DRASNEK Residential Street Address	KRistine	State Zip Code
4 Pheasant Lane	Norwalk	CT 06854
Principal Occupation	Name of Employer	
Is contributor a principal of a state contractor or prospective <i>If yes</i> , indicate which branch or branches of government the contract is with:	tive Legislative	bbyist, spouse, d of a lobbyist? Yes No Amount of Contribution
fundraising event listed in Section J1? 🕅 No 🔲 Cash	Contribution: Personal Check y Order Credit/Debit Card 6714	Aggregate Contributions
	SUBTOTAL Section B — This	s Page \$515

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Section B.	AUUIIUN	al Page _	4	ot	10

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	····	TYPE OF REPORT
David A. Watts 2014	Initial Itemized Statement for Grant	
	ibutions from Individuals	Sland Merte Col Charles
Last Name	First	MI Contribution ID #
Handrinos	Evancelia	C.    1 3
33 Weatherbell DR.	Evangelia Norwalk	State Zip Code CT 06851
Principal Occupation	Name of Employer	
If yes, indicate which branch or branches of government the contract is with:	Yes XNo Is contributor a lobbyis or dependent child of a	lobbyist? X No \$5.00
Is this contribution associated with a fundraising event listed in Section J1? No Cash Personal Char If yes, list Event #:	card 6/7/14	gate Contributions
Last Name PETER	First John	MI Contribution ID #
221 Newtown Ave	Norwalk	State Zip Code CT 06851
Principal Occupation	Name of Employer	
If yes, indicate which branch or branches of government the contract is with:	Yes No Is contributor a lobbyis or dependent child of a	lobbyist? No \$5.00
Is this contribution associated with a fundraising event listed in Section J1? No Section J1? No Cash Personal Che Gredit/Debit	ock / / / ) /	gate Contributions
Christo Forides	First Eleftherios	MI Contribution ID#
70 Beacon St.	city Norwalk	State Zip Code CT 06851
Principal Occupation	Name of Employer	
If yes, indicate which branch or branches of government the contract is with:	Yes Valo Is contributor a lobbyis or dependent child of a	
Is this contribution associated with a fundraising event listed in Section J1? No Cash Personal Che Gradity Debit Credity Debit	eck / 1-7 111	gate Contributions
SUBTO	DTAL Section B — This Pa	se \$15.00

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SECUON B. ADDITIONAL PAGE 5 of 10

NAME OF COMMITTEE (Provide Complete Name as Registered	with Commission)	TYPE OF REPORT
David A. Watts 2014		Initial Itemized Statement for Grant
	emized Contributions from Individuals	
Last Name	First	MI Contribution ID #
Stefanidis	Ester	16
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 stat <i>If yes</i> , indicate which branch or branches of government the contract is with:  Executive	Legislative	
Is this contribution associated with a fundraising event listed in Section J1? No Grash If yes, list Event #:	ribution: Date Received Aggrega □ Personal Check der □ Credit/Debit Card 6 7 114	te Contributions
Last Name	First	MI Contribution ID #
Stefanidis	Lazaros	
Residential Street Address	City	State Zip Code
27 Surrey DR.	Norwalk	CI 06851
Principal Occupation	Name of Employer	
Is contributor a principal of a state contractor or prospective stat	te contractor? Yes No Is contributor a labbuist	
<i>If yes</i> , indicate which branch or branches of government the contract is with:	Legislative	
Is this contribution associated with a Yes Method of Contr fundraising event listed in Section J1? No If yes, list Event #: Money Ord	Date Received Aggrega □ Personal Check ler □ Credit/Debit Card 6/7/14	te Contributions
Last Name	First	MI Contribution ID #
Arvanitakis	Konstantine	
43 Sadale Road	Norwalk	State Zip Code CT 06851
Principal Occupation	Name of Employer	
Is contributor a principal of a state contractor or prospective state <i>If yes</i> , indicate which branch or branches of government the contract is with:	Legislative or dependent child of a lo	
Is this contribution associated with a fundraising event listed in Section J1? No Cash If yes, list Event #:	ribution: Dete Received Aggrega der Eredit/Debit Card Date Received 6/7/14 Aggrega	the Contributions
	SUBTOTAL Section B — This Page	• \$15.00

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Section Di			

NAME OF CONDUCTEE (Devide Complex News)					TYPE OF RE	рурт
NAME OF COMMITTEE (Provide Complete Name as	20011					
David A. Watts	2014				stateme	Itemized
	B. Itemized Contribu	-	om Individu:	als		······································
Last Name Fiorito		Eli	Se		μ Μ	· · · · · · · · · · · · · · · · · · ·
43 Saddle Rd		NOY	walk			State Zip Code CT 06851
Principal Occupation			Name of Employer			
	Executive DLegislative	s X/No	Is contributor a lo or dependent chil		Yes No	Amount of Contribution
fundraising event listed in Section J1? No	thod of Contribution: Cash Personal Check Money Order Credit/Debit Ca	Date Rec	cived 7/14	Aggregate Contr	ibutions	
Last Name		First			MI	Contribution ID #
<u>CIRTECICA</u> Residential Street Address		Wa	Iter			State Zip Code
7 Naples Ave.		NO'	<u>Iter</u> rwalk			State Zip Code CT (06855
Principal Occupation			Name of Employer			
Is contributor a principal of a state contractor or prosp <i>If yes</i> , indicate which branch or branches of government the contract is with:	pective state contractor?	s XNo	Is contributor a lo or dependent child		□ Yes X No	Amount of Contribution
fundraising event listed in Section J1? 🕅 No	hod of Contribution: Cash Personal Check Money Order Credit/Debit Car	Date Rec	rived	Aggregate Contr	ibutions	
Last Name		First			МІ	Contribution ID #
Peters Residential Street Address			ian	····· · · · ·		
63 Beacon St.		NOF	rwalk			State Zip Code CT 06351
Principal Occupation			Name of Employer			
Is contributor a principal of a state contractor or pros <i>If yes</i> , indicate which branch or branches of government the contract is with:	pective state contractor?	s XNo	Is contributor a lo or dependent chil	bbyist, spouse, d of a lobbyist?	Yes No	Amount of Contribution
	hod of Contribution: Cash Personal Check Money Order Credit/Debit Ca	Date Rec	eived 214	Aggregate Contr	ibutions	
	SUBTOT	AL Sect	ion B — Thi	s Page	\$15	

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<b>Section D</b> .	ADDITIONAL PAGE		of .	10

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	······	TYPE OF REPORT
David A. Watts 2014		Initial Itemized Statement for Grant
	utions from Individuals	Stater tell tal Orall 1
Last Name	First	MI Contribution ID #
Miranda	Maria	2 2
Residential Street Address 29 West Rocks Rd Principal Occupation	Name of Employer	State Zip Code CT 06851
Is contributor a principal of a state contractor or prospective state contractor?       Ye         If yes, indicate which branch or branches of government the contract is with:       Executive       Legislative         Is this contribution associated with a fundraising event listed in Section J1?       Yes       Method of Contribution:         If yes, list Event #:       No       Cash       Personal Check	Date Received Aggregate Contr	
Last Name <u>Manucci</u> Residential Street Address <u>17 ORANGE St.</u> Principal Occupation	First Jackie City Norwalk Name of Employer	MI Contribution ID # 23 State Zip Code CT 06850
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes</i> , indicate which branch or branches of government the contract is with: Is this contribution associated with a fundraising event listed in Section J1? No <i>If yes</i> , list Event #: No <i>If yes</i> , list Event #:	Date Received Aggregate Contr	Yes     Amount of Contribution       XNo     \$5,00       ibutions     1000000000000000000000000000000000000
Last Name Handrinos Residential Street Address <u>33 Weather Bell Dr.</u> Principal Occupation	First Vasiliki City Nowalk Name of Employer	MI Contribution ID #    2    4 State Zip Code CT 06851
Is contributor a principal of a state contractor or prospective state contractor?       Ye         If yes, indicate which branch or branches of government the contract is with:       Executive       Legislative         Is this contribution associated with a fundraising event listed in Section J1?       Yes       Method of Contribution:         If yes, list Event #:       No       Cash       Personal Check	Date Received Aggregate Control	<u> </u>
SUBTO	TAL Section B — This Page	\$15

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section <b>b</b> .	ADDITIONAL PAGE	0	to	10

NAME OF COMMITTEE (Provide Complete Na.	me as Registered with Commission)	<u></u>			TYPE OF RE	PORT	
David A Helen				î	Initial -	Ftenized	
David A. Watt	5 2014				stateme	nt for Gran	1+
<del>~~~~~~</del>	B. Itemized Contrib		om Individu	als			
Last Name		First	-		MI	Contribution ID	#
Handrinos		Ch	RIS			2	5
Residential Street Address		City				State Zip Code	
33 Weather bell	no	l Nov	walk			CT 0685	-1
Principal Occupation		1-01	Name of Employer		······································		<u> </u>
Is contributor a principal of a state contractor or	prospective state contractor?	s KI/No		<u> </u>			
If yes, indicate which branch or branches		s XNo	Is contributor a lo or dependent chil		Yes No	Amount of Contribu	TION
of government the contract is with: Is this contribution associated with a Yes	Executive Legislative	Date Rec	-	Aggregate Contribu	·	\$5.00	
fundraising event listed in Section J1? VNo	Cash Personal Check			Aggregate Column	utons		
If yes, list Event #:	Money Order Credit/Debit Ca	ud O	14/14				
Last Name		First			MI	Contribution ID	#
Stefanatos		Geo	RGE			2	6
Residential Street Address		City				State Zip Code	
19 Osbourne a	1.PP	NY	walk			CT 0685	5
Principal Occupation		1001	Name of Employer		<b>I</b> .		<u> </u>
Is contributor a principal of a state contractor or	prospective state contractor?	s No				Amount of Contribu	
If yes, indicate which branch or branches			Is contributor a lo or dependent chil		□ Yes X No		
of government the contract is with: Is this contribution associated with a Yes	Executive Legislative     Method of Contribution:	Date Rec		Aggregate Contribu		\$5.00	
fundraising event listed in Section J1? 👿 No	Cash Dersonal Check	11	11/11	Aggregate Control	utions		
If yes, list Event #:	Money Order Credit/Debit Ca	rd 6	16/14				
Last Name		First			МІ	Contribution ID	)#
(e)		Rob	vert			)   2	7
Residential Street Address		City			1	State Zip Code	
33 DRY HRIL RO	તે		walk			CT 0685	1
Principal Occupation		1001	Name of Employer				
Is contributor a principal of a state contractor or	prospective state contractor?		<b>.</b>				
If yes, indicate which branch or branches		s XNo	Is contributor a lo or dependent chil		Ves No	Amount of Contribu	anon
of government the contract is with: Is this contribution associated with a	Executive Legislative Method of Contribution:	Data Ra				1510	
fundraising event listed in Section J1? X No	Cash Personal Check	Date Re	ceiveu	Aggregate Contrib	utions		
If yes, list Event #:	Money Order Credit/Debit Ca	rd					]
	SUBTOT	'AL Sec	tion B — Thi	s Page	\$20		
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Section B.	Αυνιι	IUNAL I	AGE	ot _	10

NAME OF COMMITTEE (Provide Complete Nar	ne as Registered with Commission)				TYPE OF	REPORT	
Daylid A HALATE							ized or Grant
DUVID H. WUTTS	2014				State	ment fi	or Grant
	B. Itemized Contrib		om Individu	als		<del>a</del>	
Last Name		First	- 1 4 1			α	Contribution ID #
Lawlor			RHN				28
Residential Street Address		City				State	Zip Code
33 DryHIIRd		NO	walk				0685
Principal Occupation			Name of Employer				
Is contributor a principal of a state contractor or <i>If yes</i> , indicate which branch or branches of government the contract is with:	prospective state contractor? Ye	s XNo	Is contributor a lo or dependent chil				nt of Contribution
	Method of Contribution:	Date Rec	eived	Aggregate Co			),00
fundraising event listed in Section J1? VNO If yes, list Event #:	Cash Personal Check Money Order Credit/Debit Ca	rd 6/1	9/14				
Last Name		First	)		N	11	Contribution ID #
Cantor		Pa	U				29
Residential Street Address		City		****		State	Zip Code
184 Fillow St.		Nor	walk			CT	06850
Principal Occupation			Name of Employer				
Is contributor a principal of a state contractor or p <i>If yes</i> , indicate which branch or branches of government the contract is with:	prospective state contractor? Executive Legislative	s X No	Is contributor a lo or dependent chil				nt of Contribution
	Method of Contribution: Cash Personal Check Money Order Credit/Debit Ca		erived 9/14	Aggregate Co	ntributions		
Last Name		First	-		N	AI I	Contribution ID #
LOPAUR		YVC	onne			M	30
Residential Street Address		City	· · · · · · · · · · · · · · · · · · ·			State	Zip Code
184 Fillow St.		Nor	walk			CT	06850
Principal Occupation			Name of Employer				
Is contributor a principal of a state contractor or	prospective state contractor?	s VI No					
If yes, indicate which branch or branches			Is contributor a lo or dependent chil	bbyist, spous d of a lobbyis	se, PY	<b>v</b> o	nt of Contribution
	Method of Contribution: Cash Personal Check Money Order Credit/Debit Ca		seived 19/14	Aggregate Co	ontributions		,
	SUBTOT	AL Sec	tion B — Thi	s Page	\$2C	)	
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	AUDITIONAL PAGE 10 of 10	
section <b>b</b> .	ADDITIONAL FAGE $\square$ of $\square$	

NAME OF COMMITTEE (Provide Complete Name	as Registered with Commission)		- <u>.</u>	Ţ,	TYPE OF	REPORT
						al Itemized ment for Grant
David A. Watts	<u>x019</u>		* * * * *		Stater	nent for Grant
Lot Namo	B. Itemized Contribut	tions ir	om Individua	als		II. Contribution ID #
Wirth		-	o <del>rgetie</del> Walk		M	fi     Contribution ID #       I     I       I     I
Residential Street Address	C	City				State Zip Code
15 Adams Ave		No				CT 06851
Principal Occupation			Name of Employer			
	Executive Legislative	<b>₩</b> №	Is contributor a lo or dependent child			Amount of Contribution
fundraising event listed in Section J1?	fethod of Contribution:         Cash       Personal Check         Money Order       Credit/Debit Card		cived 2011	Aggregate Contribu	ntions	
Last Name	F	irst			M	fI Contribution ID #
Residential Street Address	c	lity				State Zip Code
Principal Occupation	<u> </u>	•	Name of Employer		· · · · · · · · · · · · · · · · · · ·	_ <b>I</b>
Is contributor a principal of a state contractor or pro <i>If yes</i> , indicate which branch or branches of government the contract is with:	ospective state contractor? Yes	D No	Is contributor a lo or dependent child			
fundraising event listed in Section J1?	lethod of Contribution: Cash Personal Check Money Order Credit/Debit Card	Date Rec	eived	Aggregate Contribu	ntions	
Last Name	F	rist			M	AI Contribution ID #
Residential Street Address	c	City				State Zip Code
Principal Occupation	<u> </u>		Name of Employer			
······································	Executive DLegislative	□ No	Is contributor a lo or dependent child		D Y D N	
fundraising event listed in Section J1?	Aethod of Contribution: Cash Personal Check Money Order Credit/Debit Card	Date Rec	eived	Aggregate Contrib	ations	
	SUBTOTA	AL Sect	tion B — This	s Page	\$5.	00

NAME OF CON	MITTEE (Provide Co	mplete Name as	Registered wi	th Commission)				TYPE OF R		
David	A Watts	2014							Itemize	d Statement/Grant
			C1. Co	ntribution	s f	rom Ot				
Name of Committee							Name of Treasu	rer		
Address								d with a 📋 Yes 🗖	No	Amount of Contribution
					fu	ndraising e	vent listed in Se <i>If yes</i> , lis	st Event #		
City			State	Zip Code		Date Receiv	ved	Aggregate Contributio	ns	
Name of Committee	· · · · · · · · · · · · · · · · · · ·						Name of Treasu	Irer	l	
Add					r	<u> </u>				
Address							ution associated vent listed in Se	d with a 🔲 Yes 🔲 ection J1?	No	Amount of Contribution
							<i>If yes</i> , lis	st Event #		
City			State	Zip Code		Date Receiv	ved	Aggregate Contributio	ns	
Name of Committee	<u>, , , , , , , , , , , , , , , , , , , </u>						Name of Treasu	ırer		
Address		<u> </u>			Is	this contril	ution associate	d with a 🔲 Yes 🗖	I No	Amount of Contribution
					fu	ndraising e	vent listed in Se	ection J1?		
City		····· I	State	Zip Code	L	Date Recei		st Event # Aggregate Contributio	ns	
eny				Zip Code						
· · · ·										
Name of Committee	•						Name of Treasu	ILEL		
Address					Is	this contril	oution associate	d with a 🔲 Yes 🗖	No	Amount of Contribution
					I TU	naraising e	vent listed in Se <i>If yes</i> , lis	st Event #		
City	<u></u>		State	Zip Code	L	Date Recei	ved	Aggregate Contributio	ns	
	Ca Dai	mhursom	nte Dav	monts or (		rolus Di	stributions	s from other Co	mmittee	
Name of Committee		mpuiseme	-1115, 1 ay		3u1	i pius Di	Name of T		Animittees	•
Davi	d Watt	$\leq 20$	пJ				Ka	thleen	(1))(1-1)	45
Address	I WUIT.	ja0	19				1710	Date Received	$\frac{\omega u}{1}$	Amount of Receipt
22	June a	IN						412511	4	Amount of Accept
City			Sta	te Zip Co	ode	· · · · ·	Deimhurs	ement for shared expe	<b>1</b>	\$3,397.25
1 ma	INK			T 00	25	75()		for goods and services		
Name of Committee	20111					501	Name of	Treasurer		· · · · · · · · · · · · · · · · · · ·
Address							_	Date Received		Amount of Receipt
										zinount of ixeetpt
City			Sta	te Zip C	ode	Т	D Reimhurg	ement for shared expe	nse	
				1				for goods and services		
	·		<u></u>		T		S		40	207 75
				SU	R.	UTAL	section C	— This Page	២១	,397.25
				тот	<b>[A</b> ]	L of add	litional Sec	ction C Pages	₿3	,397,25

NAME OF COMMITTE	E (Provide Complete Name as Registered w	ith Commission)			TYPE OF R	EPORT
Davidal	Watts 2014					Itemized statement,
		D. Loans Receiv	ed this Period			
Name of Lender			Source of Loan:	ndidate 🔲 Individua	al 🗋 Other	Date of Receipt
Street Address		City	I	State	Zip Code	Is there a Cosigner or Guarantor of this loan?
Name of Cosigner/Guarantor	(if applicable)		· · · · · · · · · · · · · · · · · · ·	, <b>I</b> ,		Amount Received
Street Address		City		State	Zip Code	-
Name of Lender		<u> </u>	Source of Loan:	ndidate 🗖 Individu	al 🗍 Other	Date of Receipt
Street Address		City	<u> </u>	State	Zip Code	Is there a Cosigner or Guarantor of this loan?
Name of Cosigner/Guarantor	(if applicable)	······································			<u>. I </u>	Amount Received
Street Address		City		State	Zip Code	
	X	<b>4</b>	T(	DTAL SECTION	ON D	····
	E. Personal Funds of the	Candidate Recei	ved this Perio	d (Candidate Co	nmittees ONI	2. <b>Y</b> )
Date of Receipt	Method of Payment:					Amount
	🗖 Cash	Personal Ch	eck 🛛 C	redit/Debit Card		
Date of Receipt	Method of Payment:		· · · · ·			Amount
	🗖 Cash	Personal Ch	eck 🛛 C	redit/Debit Card		
Date of Receipt	Method of Payment:					Amount
	🗖 Cash	Personal Ch	eck 🛛 C	redit/Debit Card		
· · · · ·			ТО	TAL SECTIO	NE	
<u></u>	· · · · · · · · · · · · · · · · · · ·	F. Anonymous	Contributions			
	ct 11-48, Anonymous Con anonymous contribution, t State Elections Enfor	he campaign trea	asurer shall in	nmediately rei	nit the con	
	G. Intere	est from Deposits	in Authorized	Accounts		
Name of Institution				Date Rece	eived	Amount

Name of Institution		Date Received		Amount
Street Address	City	State	Zip Code	

0

.

NAME OF COMMITTEE (Provide Complete Name as	Registered with Comn	nission)	<u></u>		YPE OF REPORT	
David A Watts 2014	-			Į	nitial Iter Er Grant	nized Statement
H. Public	Grant Fund	s Received from	the Citizens' Ele			
Purpose of Grant:           Initial         Grant Adjustment           Supplemental/Post Election Deficit	Grant Cycle:	General Election	Special Election	Date Received		Amount
Purpose of Grant	Grant Cycle:		· · · · · · · · · · · · · · · · · · ·	Date Received	· · · · · · · · · · · · · · · · · · ·	Amount
<ul> <li>Initial</li> <li>Grant Adjustment</li> <li>Supplemental/Post Election Deficit</li> </ul>	Primary	General Election	Special Election			
Purpose of Grant:           Initial         Grant Adjustment           Supplemental/Post Election Deficit	Grant Cycle:	General Election	Special Election	Date Received		Amount
Purpose of Grant:	Grant Cycle:			Date Received	·····	Amount
Initial Grant Adjustment Supplemental/Post Election Deficit	Primary	General Election	Special Election			
		TO	TAL SECTION	Н		
·····			<u> </u>			
I. Miscella	ineous Monei	tary Receipts not	Considered Con		s e of Transaction	
Webster Bank		City		State	2014 Zip Code	Amount Received
192 Westport AUR	)	Norwa	alk	ĈŦ	06851	53
ATM Surcharge Re	bate					
Name Kathleen Watts				5	e of Transaction	Amount Received
Street Address 15 Adams Ave Description		Norw	alk	State	Zip Code 0685	\$65
Returned funds fro	M ATM	Withdrau	1 FOV BUS	Rent	tal	
Name				Dat	e of Transaction	Amount Received
Street Address		City		State	Zip Code	
Description		I		<b>I</b>		
		······································	TOTAL SE	CTION I	\$68.0	00
SUMMARY OF	OTHER M	ONETARY RE	CEIPTS (Secti	ons D th	rough I)	
Total Loans Received this Period (Section D)	)			+	0	
Total Amount of Personal Funds of the Cand	idate Received t	his Period (Section H	C)	+	0	······································
Total Amount of Interest from Deposits in A	uthorized Accou	nts (Section G)		+	0	
Total Public Grant Funds Received from the	Citizens' Electio	on Fund (Section H)		+	0	
Total Miscellaneous Monetary Receipts not C	Considered Cont	ributions (Section I)		+	\$68	
TOTAL OF OTHER MONETARY		OT CONSIDER			\$68	

	amplete Name as Persistand with Commission		· · · · · · · · · · · · · · · · · · ·	TYPE OF REP		
David A. Wat	iomplete Name as Registered with Commission)					l statement
CHUICA FIL IVUT	J1. Fundraisin	g Event		TOT FUDIC	<u>. Urun</u>	· T
Fundraising Event # Date of Fundraiser Letter	Description					
Location: Street Address	I	City			State	Zip Code
Was this fundraising event hosted	at a personal residence?	□ Yes	<i>If yes,</i> go to Section J3 <b>In-Kind Don</b> and complete required information for beverage and invitations.			
		D No	·····	_		
Did this fundraiser include items of \$200 or items donated by an indiv	lonated by a business entity of up to idual of up to \$100?	□ Yes □ No	If yes, go to Section J3 In-Kind Dor and complete required information.	ations not Con	isidered C	ontributions
Subpart 1: Was this fundraiser a tag sale, auc with purchases from an individual	tion, or other sale of donated items of up to \$100?	Yes  No	(If yes, enter Total Receipts here.)	<b>→</b> \$	· · · · · · · · · · · · · · · · · · ·	
Fundraising Event # Date of Fundraiser Letter	Description					
Location: Street Address	I	City			State	Zip Code
Was this fundraising event hosted	at a personal residence?	□ Yes	<i>If yes</i> , go to Section J3 <b>In-Kind Dor</b> and complete required information for beverage and invitations.			
Did this fundraiser include items of \$200 or items donated by an indiv	donated by a business entity of up to idual of up to \$100?	Yes No	<i>If yes</i> , go to Section J3 <b>In-Kind Dor</b> and complete required information.	ations not Cor	nsidered C	ontributions
Subpart 1: Was this fundraiser a tag sale, auc with purchases from an individual	tion, or other sale of donated items of up to \$100?	□ Yes □ No	(If yes, enter Total Receipts here.)	\$		
Fundraising Event # Date of Fundraiser Letter	Description			<u> </u>	<u> </u>	
Location: Street Address	1	City			State	Zip Code
Was this fundraising event hosted	at a personal residence?	Yes     No	<i>If yes</i> , go to Section J3 <b>In-Kind Do</b> and complete required information f beverage and invitations.			
Did this fundraiser include items (\$200 or items donated by an indiv	donated by a business entity of up to vidual of up to \$100?	a business entity of up to Yes If yes, go to Section J3 In-Kind Donations not Considered Contribution			Contributions	
Subpart 1: Was this fundraiser a tag sale, aud with purchases from an individual	ction, or other sale of donated items l of up to \$100?	□ Yes □ No	(If yes, enter Total Receipts here.)	<b>→</b> [\$		
SUBTOTAL S	ection J1—Subpart 1 Total Receipts	from Sale	of Donated Items — This Page		·····	
	<u></u>	TOTAL	of additional Section J1 Pages			
				1		

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 COLO DO					TYPE OF DET		
<u>     1                                </u>	E (Provide Complete Name as Registe	rea with Commission)			TYPE OF REI Inita) I		,
David H	. Watts 201	<u> </u>			Inital It Statemer	If for	Grant
	J3. In-k	ind Donations N	ot Consider	ed Contributions			
Name of Donor							
	<b></b>						I
Street Address			City			State	Zip Code
Donation Given By:	Description of Donation		<u> </u>		Fair N	/larket Val	ue of Donation
Individual							
Business Entity	Date Received	Event #		Aggregate Value for this Event			
Sole Proprietorship							
Name of Donor							
Street Address	<u></u>	<u></u>	City	<u></u>		State	Zip Code
							1
Donation Given By:	Description of Donation		<u>I</u>			forder \$7.5	ue of Donation
Individual	prior of sofranton				Fair (	TATKET VAL	ue or DOBSHOD
Business Entity	Date Received	Event #		Aggregate Value for this Event			
Sole Proprietorship				CO Carrier and Lyon			
Name of Donor	<u> </u>				<u> </u>		
Street Address			City	<u> </u>		State	Zip Code
			<u> </u>			<u> </u>	<u> </u>
Donation Given By:	Description of Donation				Fair 1	Market Val	ue of Donation
Individual Business Entity				A			
<ul> <li>Business Entity</li> <li>Sole Proprietorship</li> </ul>	Date Received	Event #		Aggregate Value for this Event			
Name of Donor							
Street Address			City			State	Zip Code
Donation Given By:	Description of Donation	<u> </u>	<u>. L</u>		Fair 1	u Market Val	lue of Donation
🗋 Individual							
Business Entity	Date Received	Event #		Aggregate Value for this Event			
Sole Proprietorship							
	<u></u>	<u></u>	DTOTALC	tion 12 main	 		
		SU.	BIUTAL Set	tion J3 — This Page			
	· · · · · · · · · · · · · · · · · · ·	ተለጥ	AL of addis:	ngl Section 12 Doctor			· · · · · · · · · · · · · · · · · · ·
		101	AL VI AUGILIC	onal Section J3 Pages			
TOTAL OF A	LL IN-KIND DONATI	ONS NOT CON	SIDERED (	ONTRIBUTIONS			
· — •·				Summary Page Totals)			

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	) 		TYPE OF			
David A. Watts 2014			Initia	Initial Itemized statement		brent-Gran
K. In-J	Kind Cont	ributions				
Name						
Street Address		City			State	Zip Code
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #:	ution					1
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No Scontributor a principal of a <i>If yes</i> , indicate which bra of government the contract	inch or branche			□ Yes □ No		larket Value Contribution
Type of Contributor:         Individual       Committee       Sole Proprietorship	Date Rece	vived A	ggregate Contrib	utions		
Name						
Street Address		City			State	Zip Code
Is this contribution associated with a fundraising event listed in Section J1? No If yes, list Event #:					I	L
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Solution of a lobby ist? Is contributor a principal of a If yes, indicate which bra of government the contract	anch or branche			Yes No		larket Value Contribution
Type of Contributor. Individual Committee Sole Proprietorship	Date Rec	eived A	ggregate Contrib	utions		
Name	k	<u></u>		A		
Street Address		City			State	Zip Code
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #:	vution				<u>.</u>	1
Is contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No No Is contributor a principal of a <i>If yes</i> , indicate which bra of government the contract	anch or branche			□ Yes □ No		larket Value Contribution
Type of Contributor:	Date Rec	eived A	ggregate Contrib	utions		
	SUB	<b>FOTAL Section</b> k	۲ — This P	ige	··	
		L of additional Se				
TOTAL OF ALL IN-KIND CONTRIBUTION				als)		
L. Refundable De		elephone Comp	any			4.3.4-4-
Last Name of Individual	First			MI	Date Depos	IT Made
Residential Street Address	City		State	Zip Code		Amount of Deposit
Name of Telephone Company						
Street Address	City		State	Zip Code	_	

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REF		
David A- Watts 2014				Initial I	tenized	Statement Grant
M. Non-Monetary Receipts of Legislative Leadership, Legislative Caucus and						ct 11-48
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONL	. 1)	Name of Treasure	r			
Street Address			I	Date Notice Receiv	ved	Fair Market Value of Donation
City	State	Zip Code		Aggregate Donatio	ons	
Description of Donation	. <u>L</u>		•	e of Expenditure (		
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONI	.Y)	Name of Treasure	<u>і</u> ЭГ			· · · · · · · · · · · · · · · · · · ·
Street Address	1		1	Date Notice Recei	ved	Fair Market Value of Donation
City	State	Zip Code	ľ	Aggregate Donatio	ons	
Description of Donation	ł	• · · ·	Purpos	e of Expenditure (	(see instructions)	
					DDDE	
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONI	(1)	Name of Treasure	er -			
Street Address			]	Date Notice Recei	ved	Fair Market Value of Donation
City	State	Zip Code	ſ	Aggregate Donatio	ons	
Description of Donation	•		· ·	e of Expenditure (		
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONI	(.r)	Name of Treasure				
Street Address		_	]	Date Notice Recei	ived	Fair Market Value of Donation
City	State	Zip Code		Aggregate Donati		
Description of Donation			1 .	e of Expenditure (		
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONI	(Y)	Name of Treasure				
	,					
Street Address	1.	1		Date Notice Recei		Fair Market Value of Donation
City	State	Zip Code		Aggregate Donati		
Description of Donation		· · · · · ·		se of Expenditure	. ,	
SU	BTOTA	L Section N	M 'I	This Page		
TO1	TAL of a	lditional Se	ection	M Pages		
TOTAL RECEIPTS OF ALL OR	GANIZA'	<b>FION EXP</b>	END	ITURES		

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	· · · · · · · · · · · · · · · · · · ·	TYPE OF	REPORT
David A. Watts 2014		Thitio	I Itemized statenu
N. Expense	s Paid by Committee		
Name of Payee		Date of Payment	Method of Payment:
East AUP Pizza		5314	Check # Debit Card
Street Address	City	k k, k	State Zip Code
84 FORT POINT St.	Norwalk		CT 06855
Purpose of Expenditure Description (by code)			Amount
FOOD FOOD For volunteers	)	· -·· · · · · · · · · · · · · · · · · ·	XTAK AK
	Expenditure # E	3vent#	\$30.00
If yes, assign an Expenditure # and complete Itemization in Addendum N	<u></u>		
Name of Payee		Date of Payment	Method of Payment: Check # 09
JUNIOR SIErra		515114	Debit Card
Street Address	City		State Zip Code
1 BUYWELL ST.	Norwalk		CI 06851
Purpose of Expenditure Description by code	2		Amount
CNSIT COMMUNITY OUTREACH	······		\$75,00
	Expenditure # [] (if applicable)	Event #	JU15,00
If yes, assign an Expenditure # and complete Itemization in Addendum N		Data Channel	
		Date of Payment	Method of Payment: 092
Street Address	10:5-	NI/ CI	Debit Card
ATT Didande NUA			State Zip Code
252 RICHARDS HVE	Norwalk		CT 10685 0
Purpose of Expenditure Description $\frac{by  code}{2}$	$\sim$		Amount
CIVSIT COMMUNITY OUTVEAC			TTO AA
reimbursement is sought?	Expenditure # If (if applicable)	Event #	\$50.00
If yes, assign an Expenditure # and complete Itemization in Addendum N		LD	
Name of Payee		Date of Payment	Method of Payment: 093
Diego Particia		12/1/14	Debit Card
Street Address	Norwalk		State Zip Code
4 Gordon St.	INNMAIR	<u></u>	<u> </u>
Purpose of Expenditure Description $\frac{\partial y}{\partial de}$	ch		Amount
CNSIT COMMUNITY OUTRED	· · _ · _ · _ · · · · · · · · ·		\$51.06
	Expenditure # If (if applicable)	Event #	#00.00
If yes, assign an Expenditure # and complete Itemization in Addendum N			
SUBT	OTAL Section N TI	his Page 52(	5.00
тота	of additional Section		$\frac{1}{2} \frac{1}{2}$
10141	of additional Section	P = 23	03,71
TOTAL OF ALL EXPEN	SES PAID BY COMM I on Line 20 of Summary Pay		1891

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section in.	ADDITIONAL PAGE	 м _Д	ļ

Rev. 1/12

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			FREPORT
David A. Watts 2014		Fin	al Itemized Statemer Ublic Grant
	ses Paid by Committee		
Name of Payee U.S. Postal Service		Date of Payment 59914	Method of Payment:
2 Belden ave	Norwalk		State Zip Code CT 06850
Purpose of Expenditure Description (by code) PO54 PO 5tage Is this expenditure coordinated with another candidate for which Yes	Expenditure # Eve		Amount 
reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum N	(if applicable)		
U.S. Postal Service	····	Date of Payment 5/10/14	Method of Payment:
IG Washington St.	Norwalk	<u> </u>	State Zip Code CT 06854
Purpose of Expenditure $Postion$ Post PostaGe Is this expenditure coordinated with another candidate for which $\Box$ . Yes	Expenditure # Eve		Amount - \$66,00
reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum N Name of Payee	(if applicable)	Date of Payment	Method of Payment:
BURGER BAR & BISTO		5/11/14	Check # Debit Card
58 North Main St	Norwalk		State Zip Code CT 06854
Purpose of Expenditure Description (by code) FOOD POLIFICAL MEETING			Amount - \$28,13
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum N	Expenditure # Eve (if applicable)	nt #	
Name of Payee JUNIOR Sierra		Date of Payment 5/10/14	Method of Payment:
7 BUYWELL St.	Norwalk		State Zip Code CT 0.6854
Purpose of Expenditure Description (by code) TRVL Cas For canvas			Amount 
Is this expenditure coordinated with another candidate for which Yes reimbursement is sought? No If yes, assign an Expenditure # and complete Itemization in Addendum N	Expenditure # Eve (if applicable)	nt #	
SUB	TOTAL Section N — This	• Page \$318	5.18

SECTION IN. ADDITIONAL PAGE 2 of 7

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		ТҮРЕ С	OF REPORT			
David A Matts 2014		Initi	a) Itemized statement			
N. Expens	ses Paid by Committee		OUL OVAIL			
Name of Payer Stables		Date of Payment 5/14/14	Method of Payment:			
Street Address 51 Richards AUC	Norwalk	······	State Zip Code CT 0685U			
Purpose of Expenditure Description (by code) POSTAGE Is this expenditure coordinated with another candidate for which Yes	Expenditure # Eve		Amount 			
reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum N	(if applicable)					
Name of Payee Kathleen Watts		Date of Payment 5/17/14	Method of Payment: Check # 095 Debit Card			
Street Address 15 Aclams AVR	Norwalk	·	State Zip Code CT 06851			
RCW REIMOUNSE For literat	ture		Amount 			
Is this expenditure coordinated with another candidate for which Yes reimbursement is sought? No If yes, assign an Expenditure # and complete Itemization in Addendum N	Expenditure # Eve (if applicable)	ent #				
U.S.P.S Glen's		Date of Payment	Method of Payment:			
Street Address 115 New Canaan AVE	Norwalk		State Zip Code CT 06850			
Purpose of Expenditure Description (by code) POSTAG R	Expenditure # Eve	ent#	Amount \$204,00			
reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum N	(if applicable)					
Name of Payee Staples		Date of Payment 5/17/14	Method of Payment:			
420-440 Westport Ave	Nowalk		State Zip Code CT 06851			
Purpose of Expenditure Description (by code) OFFCCE INK		· · ·	Amount #82.94			
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum N	Expenditure # Eve (if applicable)	ent#	0000.111			
SUBTOTAL Section N — This Page \$593.69						

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SECTION IN. ADDITIONAL FAGE 3 of 3

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	<u> </u>		OF REPORT
David A. Watts 2014	ial Itemized stature Public Gran +		
N. Expens	es Paid by Committee		
Name of Payee Pena 2014		Date of Payment 51314	Method of Payment: Check # $094$ Debit Card
Street Address 162 East AUR	Norwalk		State Zip Code CT 06855
Purpose of Expenditure Description (by code) POC Reimbursement for	······································		Amount 
Is this expenditure coordinated with another candidate for which Yes reimbursement is sought? No If yes, assign an Expenditure # and complete Itemization in Addendum N	Expenditure # Eve (if applicable)		
Name of Payce East Ave Pizza		Date of Payment	Method of Payment:
Street Address 84 Fort Point St.	Nowalk		State Zip Code CT 068555
Purpose of Expenditure Description (by code) FOOD FOV VOLUNTER	· · · · · · · · · · · · · · · · · · ·		
Is this expenditure coordinated with another candidate for which Yes reimbursement is sought? You No If yes, assign an Expenditure # and complete Itemization in Addendum N	Expenditure # Eve (if applicable)	nt #	\$80.29
Name of Payee		Date of Payment 5/17/14	Method of Payment:
2 Belden Ave	Norwalk		State Zip Code CT 06850
Purpose of Expenditure Description (by code) POST POSTAGC			Amount <u>+</u> 58.80
Is this expenditure coordinated with another candidate for which Yes reimbursement is sought? No If yes, assign an Expenditure # and complete Itemization in Addendum N	Expenditure # Eve (if applicable)	ent #	
Name of Payee Stuple S		Date of Payment 5  7  4	Method of Payment:
420-440 Westport Ave	Norwalk	<i>.</i>	State Zip Code CT 06851
Purpose of Expenditure Description OFFICE MAILING LABELS	•		$\frac{Amount}{\sqrt{2}}$
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum N	Expenditure # Eve (if applicable)	ent #	₹31.89
SUB	TOTAL Section N — This	s Page \$3	74.77

SANTIAN	ADDITIONAL PAGE	<b>a</b> *	8
Section IN.	ADDITIONAL PAGE	of	_0

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF I	REPORT
David A. Watts 2014			Ini Bg	TIEMized Stater
N. Expens	ses Paid by Committee			
Name of Payee MOUREEN ECKRICH		Date of Payms	ent  14	Method of Payment: Check # 097 Debit Card
Street Address 45 Maple St. Apt IK	Norwalk			State Zip Code CT 06850
Purpose of Expenditure Description by code CWSIT OUTREACH				Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum N	Expenditure # (if applicable)	Event #		
JUNIOR SIEMA		Date of Paym 5 18	ent 1 U	Method of Payment:
7 BURWELL St.	Norwalk		<u></u>	State Zip Code CT 06854
Purpose of Expenditure Description by code) CNSIT OUTREACH				Amount \$575.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum N	Expenditure # (if applicable)	Event #		
First Student - Kathleer	1 Watts	Date of Paym 5 20	)]] <b>(</b> ]	Method of Payment:
Street Address 334 Wilson AVR	Norwalt	٢		State Zip Code CT 06854
Purpose of Expenditure Description by code) MISC ATM CASH FOR BUS Is this expenditure coordinated with another candidate for which Ves reimbursement is sought?	Expenditure #	CaUCU.	5	Amount \$263.00
reimbursement is sought? No If yes, assign an Expenditure # and complete Itemization in Addendum N	(if applicable)			
AVIS RENT-a-Car		52	ent 14	Method of Payment:
789 Connecticut Ave.	Norwalk			State Zip Code CT 06854
Purpose of Expenditure Description by code MISC CAUCUS TRANSPOR-	ł	<b>**</b>		
Is this expenditure coordinated with another candidate for which Yes reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum N	Expenditure # (if applicable)	Event #		\$120.98
SUB	FOTAL Section N — 7	This Page	<u>8508</u>	3,98

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Section in.	ADDITIONAL FAGE 5_ 0	-7
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NAME OF COMMITTEE (Provide Complete Name as Registered with Commission	n)		TYPE OF RE	POPT
David A. Watts 2014	· · · · · · · · · · · · · · · · · · ·		Initial	Itemized Statement
N. Expe	nses Paid by Committe	e	tor Moli	L Gran +
Name of Payce New Canaan Que Service Street Address	e	Date of Payme	nt N	Aethod of Payment:
87 New Canaan Ave	Norwalk		S	tate Zip Code CT 06850
TRVL CAUCUS TEANSPORT	-			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum N Name of Payee	Expenditure # (if applicable)	Event #		\$50.00
DUNKIN DONUTS	City	Date of Paymen	114	lethod of Payment:
196 East Avenue	Norwalk			ate Zip Code T 06855
Is this expenditure coordinated with another candidate for which U Yes	QRS Expenditure # (if applicable)	Event #		Amount \$28,96
<i>Gyes</i> , assign an Expenditure # and complete Itemization in Addendum N lame of Payee	() 449114012)			
Dunkin Donuts	City	Date of Paymen	14	Check # Debit Card
196 East Avenue	Nowalk		Sta	ate Zip Code - T 06855-
FCOD FOOD FOV VOLUNT CF	res			Amount
s this expenditure coordinated with another candidate for which Yes eimbursement is sought? <i>Fyes</i> , assign an <b>Expenditure #</b> and complete Itemization in Addendum N	Expenditure # (if applicable)	Event #		\$9.42
REGINA MCCOY	City	Date of Payment	14	thod of Payment: Check #O Debit Card
II FORT POINT ST. APTC7	Norwalk		Star	te Zip Code T 06855
CNSIT OUTReach				Amount
this expenditure coordinated with another candidate for which Ves imbursement is sought? No yes, assign an Expenditure # and complete Itemization in Addendum N	Expenditure # (if applicable)	Event #		\$50.00
SUBT	FOTAL Section N — T	his Page 🕴	6138,3	38

SECTION IN. ADDITIONAL FAGE 6 of 7

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF I		
David A. Watts 2014			Thitig for A	1 Item	ized Staten
N. Expens	es Paid by Committee				
Name of Payee Janice FRYe		Date of Payr	0)][4]	Method of H	ayment: heck # ebit Card
Street Address 15 School St. Apt 5	Norwalk			State CT	Zip Code 0685/
Purpose of Expenditure Description (by code) CNSIT OUTREACH	TT				Amount
Is this expenditure coordinated with another candidate for which Yes reimbursement is sought? No If yes, assign an Expenditure # and complete Itemization in Addendum N	Expenditure # [] (if applicable)	Event #			
Name of Payee Barney Green		Date of Payl	)]][4]		heck # 100 2 bebit Card
134 Rockland Ave	Horwatte	Stratfi	brd	State	Zip Code
Purpose of Expenditure (by code) CIVSIT OUTREACH	T	Prosent 4		- - - - - - - - - - - - - - - - - - -	Amount
Is this expenditure coordinated with another candidate for which Yes reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum N	Expenditure # (if applicable)	Event #			- -
Abdullahi Abba	·····	Date of Payr	<u>hent</u>		heck #_1005 bebit Card
Street Address 34 OIMStead Pl.	Norwalk			State	Zip Code 06855
Purpose of Expenditure (by code) CNSI+ OUTREACH	I Provenski i Alemania	Event #		#5	Amount - (), () ()
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes If yes, assign an Expenditure # and complete Itemization in Addendum N	Expenditure # (if applicable)				
Name of Payee Janice FR48		Date of Pays	3/14		heck # <u>1004</u> Debit Card
Street Address <u>15 School St. Apt 5</u> Purpose of Expenditure Description	Norwalk			State CT	Zip Code 0685
CNSI+ Outreach	1		<u>.</u>	#2	Amount 5.00
Is this expenditure coordinated with another candidate for which Yes reimbursement is sought? No If yes, assign an Expenditure # and complete Itemization in Addendum N	Expenditure # (if applicable)	Event #			
SUB	TOTAL Section N — T	his Page	\$275	5.00	

Additional Page I of 8

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT
David A Watts 2014			Initial Itemized Sta For Public Grant
N. Expen	ses Paid by Committee	,	
Ideal Printing Company		Date of Payme	Image: Check #_100;           Debit Card
P.O. BOX 8488	New Hav	ven	State Zip Code CT 0653
Purpose of Expenditure Description PRN+ POSTCARDS		L	Amount
Is this expenditure coordinated with another candidate for which Yes reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum N	Expenditure # (if applicable)	Event #	\$85.08
SILVER STAR DINER		Date of Payme	↓ Check # Debit Card
ald Connecticut Ave	Nonwalk		State Zip Code
Purpose of Expenditure Description by code) FOOD POINCAL MEETING		<b></b>	Amount
Is this expenditure coordinated with another candidate for which Yes reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum N	Expenditure # (if applicable)	Event #	\$11.58
Silver Star Diner		Date of Payme	Image: matrix
210 Connecticut Ave	Norwalk	, `	State Zip Code CT 06851
FOOD POLITICAL MEETING	·•	••••••••••••••••••••••••••••••••••••••	Amount
Is this expenditure coordinated with another candidate for which Ves reimbursement is sought? No If yes, assign an Expenditure # and complete Itemization in Addendum N	Expenditure # (if applicable)	Event #	\$4.25
WFL Real Estate		Date of Payme	14 Debit Card
162 East Ave	Norwalk	, 	CT 2ip Code CT 06855
OVHD RENTERVIEW	Jarter S		$\frac{\text{Amount}}{3250}$
Is this expenditure coordinated with another candidate for which Ves reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum N	Expenditure # (if applicable)	Event #	\$380,00
SUB	TOTAL Section N 7	This Page	180,91
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NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
	والمحمد والمحارب والمراجع المحارب والمحارب والمحاد والمحاد والمحاد والمحاد والمحاد والمحاد والمحار والمحاد والمحار والمحاد والمحاد

Section IN. ADDITIONAL FAGE 8 of 8

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF F	REPORT	
			Initia AV Fui	JItem	ned statemen
David A. Watts 2014	Paid by Committee	······	101 101		<u>.                                    </u>
Name of Payce		Date of Pa	ayment	Method of Pa	ayment: heck # 1000
Citizens Election Fund (CE)	F)	62	314		bit Card
Street Address 20 Toin 11+4 St	Hartford			CT	06106
Purpose of Expenditure Description					Amount
(by code) CEF BUFFER Check		vent #		56	14.00
	spenditure # E applicable)				
Name of Payee		Date of F	ayment		ebit Card
Street Address	City			State	Zip Code
Purpose of Expenditure Description (by code)	L				Amount
	xpenditure # I (applicable)	Event #			
Name of Payee		Date of	Payment		Payment: Check # Debit Card
Street Address	City	<b>_</b>		State	Zip Code
Purpose of Expenditure Description (by code)	<u> </u>		<u> </u>		Amount
reimbursement is sought?	Expenditure # (f applicable)	Event #			
If yes, assign an Expenditure # and complete Itemization in Addendum N Name of Payee	<u> </u>	Date of	Payment		Payment: Check # Debit Card
Street Address	City	<b>I</b>		State	Zip Code
Purpose of Expenditure Description (by code)					Amount
	Expenditure # (if applicable)	Event #			
	OTAL Section N — 7	This Page	\$6	14.00	C
		···	<u> </u>		

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NAME OF COMMITTEE	(Provide Complete Name as Registered	with Commission)		TYPE OF REI	PORT
	Natts 2014			Initial Ar Ash	Itemized state
Lucia II.	VULTIS QUIT	O. Expenses Paid by Candidate	;		
Jame of Payee (Name of vendo	or who candidate paid directly)			Payment	Is reimbursement claimed?
and of Layce (A and by Fende					🗆 Yes 🗖 No
treet Address		City	State	Zip Code	Amount
urpose of Expenditure	Description		Event #	!	
ny code)					
lame of Payee (Name of vend	or who candidate paid directly)		Date of	fPayment	Is reimbursement claimed?
				1	□ Yes □ No
treet Address		City	State	Zip Code	Amount
urpose of Expenditure by code)	Description		Event	Ŧ	
yy				6 Deven+	Is reimbursement claimed?
Jame of Payee (Name of vend	lor who candidate paid directly)		Date o	f Payment	Yes No
			State	Zip Code	Amount
treet Address		City	State	kip cour	Amount
			Event	#	
Purpose of Expenditure by code)	Description				
	11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Date	of Payment	Is reimbursement claimed
Name of Payee (Name of ven	dor who candidate paid directly)				🗋 Yes 🗖 No
Street Address		City	State	Zip Code	Amount
Alter Address					
Purpose of Expenditure	Description		Event	#	
(by code)					
Name of Pavee (Name of ven	dor who candidate paid directly)		Date	of Payment	Is reimbursement claimed
					Yes No
Street Address		City	State	Zip Code	Amount
Purpose of Expenditure	Description		Even	t #	
(by code)					
Name of Payee (Name of ver	ndor who candidate paid directly)		Date	of Payment	Is reimbursement claimed
				17.04	□ Yes □ No
Street Address		City	State	Zip Code	Amount
Purpose of Expenditure (by code)	Description		Eve	nt #	
· · ·					
		SUBTOTAL Section O -	— This Page		
	<u>, , , , , , , , , , , , , , , , , , , </u>	TOTAL of additional Sec	tion O Pages		
	TOTAL 0	OF ALL EXPENSES PAID BY C. (Enter total on Line 27 of Summa	and DIDATE ry Page Totals)		

(Enter total on Line 27 of Summary Page Totals)

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## IV. EXPENDITURES (Sections N – S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT	
David A. Watts 2014			Initial Item for Public O	ized statement
P. Expenses Incurr	ed on Commi	ittee Credit Card		
Name of Issuing Institution		Type of Credit Card:		
		🔲 Visa 🔲 Master Card	d 🔲 Discover 🔲	American Express
		Other		
Name of Vendor			Date of Ti	ransaction
Street Address	City		State	Zip Code
Purpose of Expenditure Description	L			Amount
(by code)				
Is this expenditure coordinated with another candidate for which  Yes	Expenditure #	Event #		
reimbursement is sought?	(if applicable)			
If yes, assign an Expenditure # and complete Itemization in Addendum P Name of Vendor			Date of T	ransaction
			isate of T	ansaction
Court A Marca				
Street Address	City		State	Zip Code
• • • • • • • • • • • • • • • • • • •				
Purpose of Expenditure Description (by code)		X		Amount
	Expenditure # (if applicable)	Event #		
reimbursement is sought? I No If yes, assign an Expenditure # and complete Itemization in Addendum P	(g appricable)			
Name of Vendor			Date of T	ransaction
Street Address	City	· · · · · · · · · · · · · · · · · · ·	State	Zip Code
Purpose of Expenditure Description			<u> </u>	
(by code)				Amount
	D	Event #		
	Expenditure # (if applicable)	Event #		
If yes, assign an Expenditure # and complete Itemization in Addendum P				
Name of Vendor			Date of T	ransaction
Street Address	City		State	Zip Code
Purpose of Expenditure Description		<u> </u>		Amount
(by code)				
	Expenditure #	Event #		
reimbursement is sought? I No If yes, assign an Expenditure # and complete Itemization in Addendum P	(if applicable)			
	······	l	l	<u> </u>
SUB	TOTAL Sect	ion P — This Page		
			••••••••••••••••••••••••••••••••••••••	
ΤΟΤΑ	L of addition	al Section P Pages		
TOTAL OF ALL EXPENSES INCURRED ON	COMMITTE	E CREDIT CARD	<u> </u>	

NAME OF COMMITT	'EE (Provide Complete Name as Registered with Commission,	)			TYPE OF	REPORT	
David A	. Watts 2014				Farth	l Iten blic Or	inzed Statave
	Q. Expenses Incurred by Co	omn	nittee but Not F	aid During this P	eriod		
Name of Creditor						Date Incurr	ed
Street Address			City			State	Zip Code
Purpose of Expenditure (by code)	Description		<b>ا</b>				Dunt Incurred imate or Actual)
reimbursement is sough	dinated with another candidate for which t? dinated with another candidate for which Ves No diture # and complete Itemization in Addendum Q		penditure # pplicable)	Event #			
Name of Creditor						Date Incurr	ed
Street Address			City		<u> </u>	State	Zip Code
Purpose of Expenditure (by code)	Description		J				punt Incurred imate or Actual)
reimbursement is sough	dinated with another candidate for which t? dinated with another candidate for which Ves No diture # and complete Itemization in Addendum Q		penditure # pplicable)	Event #			
Name of Creditor				<u> </u>	<u>,</u>	Date Incurr	ed
Street Address	<u></u>		City		· · · · · · · · · · · · · · · · · · ·	State	Zip Code
Purpose of Expenditure (by code)	Description		J				ount Incurred imate or Actual)
reimbursement is sough	dinated with another candidate for which t? direct the second		penditure # pplicable)	Event #	. <u> </u>	1	
Name of Creditor		<b>L</b>		<b>L</b> ,	<u>, , , , , , , , , , , , , , , , , , , </u>	Date Incur	red
Street Address			City			State	Zip Code
Purpose of Expenditure (by code)	Description		, <b>I</b>				ount Incurred imate or Actual)
reimbursement is sough	rdinated with another candidate for which rdinated with another candidate for which Yes No rditure # and complete Itemization in Addendum Q		penditure # applicable)	Event #			
			SUBTOTA	L Section Q – Th	s Page		
			TOTAL of ad	ditional Section Q	Pages		
TOTAL OF ALL	EXPENSES INCURRED BY COMMIT	TEE		S PERIOD BUT NO n Line 29 of Summary Po			
	Previously repor	ted	Expenses Unpa	aid and still Outst	anding		
	TOTAL OF ALL EXDERIGED RICHT	nn	FD DV COM		DAT		1

NAME OF COMMITT	EE (Provide Complete Name as Registered	with Commission)	)		TYPE OF	REPORT	· · · · · · · · · · · · · · · · · · ·		
David #	7. Watts 2014				Faith	blied	mized state		
	R. Itemization of Re	imburseme	ents to Committee V	Workers and					
Last Name of Worker/Cons	sultant	First		MI	Date of Payment		of Payment:		
WATTS	)	Katr	nieeri	M	519/12		Debit Card		
Secondary Payee									
Ideal	FRINTING CO	ompar	7U						
Street Address		١	Ċity			State	Zip Code		
P.O. 150	X 8488		New	taver	)	CI 06531			
Purpose of Expenditure	Description						Amount		
PRNT	Literature f	or ca	ampangn			4.	287.15		
Is this expenditure coordinated with another candidate for which Ves Koo Koo Koo Koo Koo Koo Koo Koo Koo Ko									
	diture # and complete Itemization in A								
Last Name of Worker/Cons	sultant	First		MI	Date of Payment		of Payment:		
		<u> </u>	·				Debit Card		
Secondary Payee									
			·	,	<u></u>	1-1-			
Street Address			City			State	Zip Code		
				<u> </u>					
Purpose of Expenditure (by code)	Description						Amount		
			P #	Dourse #		-			
Is this expenditure coor reimbursement is sough	dinated with another candidate for which at?	h 🛛 Yes 🗍 No	Expenditure # (if applicable)	Event #					
	diture # and complete Itemization in A	ddendum R		 	Date of Payment	Methor	of Payment		
Last Name of Worker/Con	suitani	171154		1411	Date of Luyinon	Method of Payment:			
Secondary Payee	- <u></u>			<u>l</u>			Debit Card		
Secondary Payee									
Street Address	<u> </u>	<u></u>	City			State	Zip Code		
Purpose of Expenditure	Description						Amount		
(by code)							Amount		
Is this expenditure coor	dinated with another candidate for which	h 🗆 Ves	Expenditure #	Event #	·····	4			
reimbursement is sough	nt?	🗆 No	(if applicable)						
If yes, assign an Expen	diture # and complete Itemization in A								
		SUE	BTOTAL Section R	— This Pag	e ≸∂	87.	5		
		mom		(1 D D			~		
		TOTA	AL of additional Sec	ction R Page	es	(	$\mathcal{O}$		
TOTAL OF ALL	DEIMBIIDSEMENTS TO C	MMTTT	E WODVEDS AND	CONSIL	TS AT C	)	_		
	REIMBURSEMENTS TO CO	JANDAD I I EI	E WURNERS AND (		NTS \$28	1. Ľ	$\mathbf{D}$		
			~						

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) David A. Watts 2014			TYPE OF REPORT Inital I Hemized Statery Far Public Gravit	
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	<b>.</b>			1
· · · · · · · · · · · · · · · · · · ·	· ··· ·			
Name of Recipient				
teast A deeaa	Lot-		Tip Code	····
treet Address	City	State	Zip Code	Original Purchase Amount of Item
Description of Item				-  .
Name of Recipient				
itreet Address	City	State	Zip Code	Original Purchase
				Amount of Item
Description of Item				7
			•••	
Name of Recipient				
Street Address	City	State	Zip Code	
	City	Statt	Zip Code	Original Purchase Amount of Item
Description of Item	<u> </u>	<b>.</b>		-
Name of Recipient				··· <b>I</b> ·································
Street Address	City	State	Zip Code	Original Purchase
				Amount of Item
Description of Item				
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		TOTAL SECTION	ON S	

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