SEEC FORM 30 Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2012



Electronic Filing

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COVER PAGE

1.NAME OF COMMITTEE						2. TYF	2. TYPE OF COMMITTEE			
David Watts 2014							Candidate Committee Exploratory Committee			
3. TREASURER NAME										
First Kathleen			MI M	Last Watts		Suffix				
4. TREASURER ADDRESS										
Street Address		City				Zip Code				
22 June Ave		Norwa	alk		СТ	'	06850			
5. ELECTION DATE	6. OFFICE SOUGHT (Co	omplete on	nly if Candidate	Committee)		7. DISTR	ICT NUMBER (if applicable			
11/04/2014	Undetermined									
8. CANDIDATE NAME (Complete only if Complete only if Comp	Candidate or Exploratory Co	ommittee	e)							
First			MI	Last			Suffix			
David			A	Watts						
9. TYPE OF REPORT										
July 10 Filing - Amendment										
10. PERIOD COVERED										
	Beginning Date 04/01/2013	thru		Ending Date 06/30/2013						
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.										
Electronic Filing	Kathleen Watts			07/	03/2014 7	:07:45PM	I			
SIGNATURE	PRINT NAME OF THE	E SIGNE	R	DAT	E CERTIFIED					
PENA	LTY FOR FALSE STATEM			E BY FINE NOT TO EXCEED \$ AN ONE YEAR, OR BOTH.	1,000, OR IM	PRISONME	NT			

SEEC FORM 30 Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2012

SUMMARY PAGE TOTALS

NAME OF COMMITTEE	TYPE OF REPORT	TYPE OF REPORT					
David Watts 2014	July 10 Filing - Amendment	July 10 Filing - Amendment					
	COLUMN A	COLUMN B					
	This Period	Aggregate					
12. Balance on hand from day Committee was formed		\$0.00					
13. Balance on hand at the beginning of Reporting Period	\$0.00						
14. Contributions received from Individuals (Section A and B)	\$3,442.00	\$3,442.00					
15. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00					
16. Other Monetary Receipts (Section D through I)	\$40.05	\$40.05					
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1)	\$0.00	\$0.00					
18. Total Monetary Receipts (add totals for lines 14 through 17)	\$3,482.05	\$3,482.05					
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$3,482.05	\$3,482.05					
20. Expenses Paid by Committee (Section N)	\$0.00	\$0.00					
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col	\$3,482.05	\$3,482.05					
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$0.00	\$0.00					
23. In-Kind Contributions Received (Section K)	\$0.00	\$0.00					
24. Refundable Deposit to Telephone Company (Section L)	\$0.00	\$0.00					
25. Receipts of Organization Expenditures (Section M) OPTIONAL	\$0.00	\$0.00					
26. Beginning Loan Balance	\$0.00						
26a. + Loans Received (Section D)	\$0.00	\$0.00					
26b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00					
26c Payments on Loan(s)	\$0.00	\$0.00					
26d. Total Outstanding Loan Amount	\$0.00						
27. Campaign Expenses Paid By Candidate (Section O)	\$0.00	\$0.00					
28. Expenses Incurred on Committee Credit Card (Section P)	\$0.00	\$0.00					
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$414.53						
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$414.53						

						Page 3 01 31	
I. MONETARY RECEIPTS (Section A-I)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT July 10 Filing - Amendment			
David Watts 2014			July 10	Filing - Amendment			
A. Total Contributions from Small Contributors-Received this Period ONLY				For Nonpartic \$0.00	ipating Cand	didates ONLY	
B. Itemized Contributions from	m Ind	ividuals					
Last Name	First				MI	Contribution ID #	
Burden	Barney				Α	0001	
Residential Street Address	City				State	Zip Code	
9 Christy St		Norwalk			СТ	06850	
Principal Occupation		Name of Employe	r		•		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a lo		se, or Yes	Amount of Contribution		
If yes, indicate which branch or branches of	0	dependent child of	`a lobbyist?				
government the contract is with: Executive Legislative				x _{No}			
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate	Contributions			
Tundraising event listed in Section 31:							
If yes, list Event # Cash Personal Check No	04/0	01/2013		\$10.00	00 \$10.00		
7-9		l l					
Last Name	First				MI	Contribution ID #	
Burden		Alqueen				0002	
Residential Street Address	City				State	Zip Code	
9 Christy St	L	Norwalk			СТ	06850	
Principal Occupation		Name of Employe	r				
					i		
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	o	Is contributor a lo dependent child of		se, or Yes	Amo	unt of Contribution	
If yes, indicate which branch or branches of		dependent ennid of	u loodyist:	x No			
government the contract is with: Executive Legislative		n					
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate	Contributions			
X No Resonal Check	0.47	1 (2012		+10.00		+40.00	
If yes, list Event # Money Order Credit/Debit Card	04/0	01/2013		\$10.00		\$10.00	
Last Name	First	•			MI	Contribution ID #	
Clark	First	Mathew			1411	0003	
Residential Street Address	City	Matriew			State	Zip Code	
51 Chestnut St	City	Norwalk			CT	06854	
Principal Occupation		Name of Employe	r		C.	00031	
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a lo	bbyist, spou	se, or	Amo	unt of Contribution	
Yes X N	o	dependent child of		se, or Yes			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative				x No			
- I	Date	Received	Aggregate	Contributions			
s this contribution associated with a fundraising event listed in Section J1?			•				
X No Cash Personal Check	04/0	01/2013		\$5.00		\$5.00	
If yes, list Event #	<u> </u>						

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I. MONETARY RECEIPT	S (S	ection A-I)	1			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT David Watts 2014 July 10 Filing - Amendment						
David Watts 2014			July 10 Filling - Amendment			
B. Itemized Contributions from	n Ind	lividuals				
Last Name	First			MI	Contribution ID #	
Sawyer		Broderick			0004	
Residential Street Address	City			State	Zip Code	
168 N Taylor Ave	<u> </u>	Norwalk Name of Employ	ON .	СТ	06854	
Principal Occupation Fire Inspector						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	Amount of Contribution	
If yes, indicate which branch or branches of	5	dependent child of	of a lobbyist?			
government the contract is with: Executive Legislative	Б.	D : 1				
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions			
X No Cash X Personal Check	04/	01/2013	\$20.00		\$20.00	
If yes, list Event #						
Last Name	First			MI	Contribution ID #	
Igneri		John			0005	
Residential Street Address	City	NI III-		State	Zip Code	
55 Bluff Ave Principal Occupation		Name of Employ	er	CT	06853	
Timepal Sceapalon		rume or Employ	•			
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or Yes	Amou	unt of Contribution	
If yes, indicate which branch or branches of	5	dependent child of	of a lobbyist?			
government the contract is with:			≭ No			
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions			
X No Cash X Personal Check	04/	03/2013	\$100.00		\$50.00-	
If yes, list Event #	0 1,7	03,2013	Ψ100.00			
Last Name	First			MI	Contribution ID #	
Tierney		Christine			0006	
Residential Street Address	City			State	Zip Code	
55 Bluff Ave	<u> </u>	Norwalk		СТ	06853	
Principal Occupation Dentist		Name of Employ Self	er			
			obbyist, spouse, or	Amou	ant of Contribution	
Yes 🔼 No	0	dependent child of				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}			
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions			
Tunidialising event listed in Section 31?						
If yes, list Event # Cash Credit/Debit Card	04/	03/2013	\$50.00		\$50.00	
Last Name	First			MI	Contribution ID #	
Igneri		John			0005	
Residential Street Address	City			State	Zip Code	
55 Bluff Ave		Norwalk		СТ	06853	
Principal Occupation		Name of Employ				
Is contributor a principal of a state contractor or prospective state contractor?		Retire	obbriet enouge or	Amor	unt of Contribution	
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	Vac	Amot	an or Contribution	
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}			
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1		
Tundraising event listed in Section 31?						
If yes list Event # Cash Cash Credit/Debit Card	04/	03/2013	\$50.00		\$50.00	

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I. MONETARY RECEIPTS (Section A-I)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT							
David Watts 2014			July 10 Filing - Amendment				
B. Itemized Contributions from	m Ind	lividuals					
Last Name	First			MI	Contribution ID #		
Williams		Bryant			0007		
Residential Street Address	City			State	Zip Code		
135 Edgewood Ave		New Haven		СТ	06511		
Principal Occupation		Name of Employ	ver				
Is contributor a principal of a state contractor or prospective state contractor?	_	Is contributor a l	lobbyist, spouse, or Yes	Amou	unt of Contribution		
If yes, indicate which branch or branches of	0	dependent child	of a lobbyist?				
government the contract is with:			x _{No}				
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions				
X No Personal Check	044	04/2042	+40.00		+40.00		
If yes, list Event # Money Order Credit/Debit Card	04/	04/2013	\$10.00		\$10.00		
Last Name	First			MI	Contribution ID #		
Pena		Nelsy		M M	0008		
Residential Street Address	City	· · · · · · · · · · · · · · · · · · ·		State	Zip Code		
8 Felix Ln		Norwalk		CT	06850		
Principal Occupation		Name of Employ	rer	-			
		Self		-			
Is contributor a principal of a state contractor or prospective state contractor?	o		lobbyist, spouse, or	Amou	int of Contribution		
If yes, indicate which branch or branches of		dependent child of					
government the contract is with: Executive Legislative	1 -		X No				
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions				
X No Cash X Personal Check	044	06/2013	\$100.00 -		\$50.00		
If yes, list Event #	0-1,	00,2013	Ψ100.00		450.00		
Last Name	First			MI	Contribution ID #		
Bateman		Gaetana			0009		
Residential Street Address	City			State	Zip Code		
10 Southwind Dr		Norwalk		СТ	06854		
Principal Occupation		Name of Employ	rer				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	dependent child of	lobbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution		
If yes, indicate which branch or branches of Executive Legislative			x _{No}				
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions				
fundraising event listed in Section J1? Yes X Cash Personal Check							
X No X Cash Personal Check If yes, list Event # Money Order Credit/Debit Card	04/	06/2013	\$5.00		\$5.00		
in yes, list Event #							
Last Name	First			MI	Contribution ID #		
Bateman Bateman		William		Ł	0010		
Residential Street Address 10 Southwind Dr	City	Nonwalle		State CT	Zip Code 06854		
Principal Occupation		Name of Employ	rer		00034		
тера сесаранол		rume or Employ					
Is contributor a principal of a state contractor or prospective state contractor?	0		lobbyist, spouse, or Yes	Amou	ant of Contribution		
If yes, indicate which branch or branches of	~	dependent child of	31 a 1000y1st?				
government the contract is with:			X No				
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions				
x No Personal Check		06/2012	±200.00		¢100.00		
If yes, list Event #	U4/ 1	06/2013	\$200.00-		\$100.00		

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	S (Se	ection A-I)				
ME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT						
David Watts 2014			July 10 Filing - Amendment			
B. Itemized Contributions fro	m Ind	lividuals				
Last Name	First			MI	Contribution ID #	
		Denise			0011	
Residential Street Address	City	Na		State	Zip Code	
10 Southwind Dr . Principal Occupation	щ	Name of Employ	or	CT	06854	
Finicipal Occupation		Name of Employ	ei			
Is contributor a principal of a state contractor or prospective state contractor?	_	Is contributor a l	obbyist, spouse, or Yes	Amou	unt of Contribution	
If yes, indicate which branch or branches of	0	dependent child of	of a lobbyist?			
government the contract is with:			x No			
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions			
X No Cash Personal Check	04/0	06/2013	\$200.00		\$100.00	
If yes, list Event #	0-7,	30, 2013	\$200.00-		\$100.00-	
Last Name	First			MI	Contribution ID #	
Bateman		William		L	0010	
Residential Street Address	City			State	Zip Code	
10 Southwind Dr	<u> </u>	Norwalk		СТ	06854	
Principal Occupation		Name of Employ	er			
Concert promoter			employed			
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution	
If yes, indicate which branch or branches of Executive Legislative		•	x _{No}			
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions			
fundraising event listed in Section J1?						
If yes, list Event # X No X Cash Personal Check Money Order Credit/Debit Card	04/	06/2013	\$100.00	,	\$100.00	
If yes, list Event #						
•						
Last Name	First			MI	Contribution ID #	
Ek		Denise			Contribution ID #	
Ek Residential Street Address	First			State	Contribution ID # 0011 Zip Code	
Ek Residential Street Address 10 Southwind Dr .		Norwalk	er		Contribution ID #	
Ek Residential Street Address		Norwalk Name of Employ		State	Contribution ID # 0011 Zip Code	
Ek Residential Street Address 10 Southwind Dr . Principal Occupation Hairdresser	City	Norwalk Name of Employ Cape	Ili Salon obbyist, spouse, or	State CT	Contribution ID # 0011 Zip Code	
Ek Residential Street Address 10 Southwind Dr. Principal Occupation Hairdresser Is contributor a principal of a state contractor or prospective state contractor? Yes X N	City	Norwalk Name of Employ Cape	Illi Salon obbyist, spouse, or fa lobbyist? Yes	State CT	Contribution ID # 0011 Zip Code 06854	
Ek Residential Street Address 10 Southwind Dr . Principal Occupation Hairdresser	City	Norwalk Name of Employ Cape Is contributor a l	Ili Salon obbyist, spouse, or	State CT	Contribution ID # 0011 Zip Code 06854	
Ek Residential Street Address 10 Southwind Dr. Principal Occupation Hairdresser Is contributor a principal of a state contractor or prospective state contractor? Yes X N If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with a Xes Method of contribution:	City	Norwalk Name of Employ Cape Is contributor a l	Illi Salon obbyist, spouse, or fa lobbyist? Yes	State CT	Contribution ID # 0011 Zip Code 06854	
Ek Residential Street Address 10 Southwind Dr. Principal Occupation Hairdresser Is contributor a principal of a state contractor or prospective state contractor? Yes X N If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with a fundraising event listed in Section J1? Yes	City	Norwalk Name of Employ Cape Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes Aggregate Contributions	State CT Amou	Contribution ID # 0011 Zip Code 06854 unt of Contribution	
Ek Residential Street Address 10 Southwind Dr. Principal Occupation Hairdresser Is contributor a principal of a state contractor or prospective state contractor? Yes X N If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with a fundraising event listed in Section J1?	City	Norwalk Name of Employ Cape Is contributor a l dependent child of	Ili Salon obbyist, spouse, or of a lobbyist? Yes X No	State CT Amou	Contribution ID # 0011 Zip Code 06854	
Ek Residential Street Address 10 Southwind Dr. Principal Occupation Hairdresser Is contributor a principal of a state contractor or prospective state contractor? Yes X N If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with a fundraising event listed in Section J1? Yes X No X Cash Personal Check	City	Norwalk Name of Employ Cape Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes Aggregate Contributions	State CT Amou	Contribution ID # 0011 Zip Code 06854 unt of Contribution	
Ek Residential Street Address 10 Southwind Dr. Principal Occupation Hairdresser Is contributor a principal of a state contractor or prospective state contractor? Yes X N If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with a fundraising event listed in Section J1? Yes X No Method of contribution: If yes, list Event # Personal Check Credit/Debit Card	City Date	Norwalk Name of Employ Cape Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes Aggregate Contributions	State CT Amou	Contribution ID # 0011 Zip Code 06854 int of Contribution	
Ek Residential Street Address 10 Southwind Dr. Principal Occupation Hairdresser Is contributor a principal of a state contractor or prospective state contractor? Yes X N If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with a fundraising event listed in Section J1? Yes X No Acash Personal Check If yes, list Event # Personal Check Last Name	City Date	Norwalk Name of Employ Cape Is contributor a l dependent child of Received	obbyist, spouse, or of a lobbyist? Yes Aggregate Contributions	State CT Amou	Contribution ID # 0011 Zip Code 06854 ant of Contribution \$100.00	
Ek Residential Street Address 10 Southwind Dr . Principal Occupation Hairdresser Is contributor a principal of a state contractor or prospective state contractor?	City Date O4/	Norwalk Name of Employ Cape Is contributor a l dependent child of Received	obbyist, spouse, or of a lobbyist? Yes Aggregate Contributions	State CT Amou	Contribution ID # 0011 Zip Code 06854 unt of Contribution \$100.00 Contribution ID # 0008	
Ek Residential Street Address 10 Southwind Dr . Principal Occupation Hairdresser Is contributor a principal of a state contractor or prospective state contractor? Yes X N If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with a fundraising event listed in Section J1? Yes X No Personal Check If yes, list Event # Legislative Method of contribution: X Cash Personal Check Money Order Credit/Debit Card Last Name Pena Residential Street Address 8 Felix Ln Principal Occupation	City Date O4/	Norwalk Name of Employ Cape Is contributor a l dependent child of Received O6/2013 Nelsy Norwalk Name of Employ	Illi Salon obbyist, spouse, or fa lobbyist? X No Aggregate Contributions \$100.00	State CT Amou	Contribution ID # 0011 Zip Code 06854 ant of Contribution \$100.00 Contribution ID # 0008 Zip Code	
Ek Residential Street Address 10 Southwind Dr. Principal Occupation Hairdresser Is contributor a principal of a state contractor or prospective state contractor? Yes X N If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with a fundraising event listed in Section J1? Yes X No Personal Check If yes, list Event # Last Name Pena Residential Street Address 8 Felix Ln Principal Occupation Hairdresser	Out	Norwalk Name of Employ Cape Is contributor a l dependent child of Received O6/2013 Nelsy Norwalk Name of Employ Self	obbyist, spouse, or Yes Ix No Aggregate Contributions \$100.00	Amou MI M State CT	Contribution ID # 0011 Zip Code 06854 ant of Contribution \$100.00 Contribution ID # 0008 Zip Code 06850	
Ek Residential Street Address 10 Southwind Dr . Principal Occupation Hairdresser Is contributor a principal of a state contractor or prospective state contractor? Yes X N If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with a fundraising event listed in Section J1? Yes X No Personal Check If yes, list Event # Legislative Method of contribution: X Cash Personal Check Money Order Credit/Debit Card Last Name Pena Residential Street Address 8 Felix Ln Principal Occupation	Out	Norwalk Name of Employ Cape Is contributor a l dependent child of Received O6/2013 Nelsy Norwalk Name of Employ Self	Illi Salon obbyist, spouse, or	Amou MI M State CT	Contribution ID # 0011 Zip Code 06854 ant of Contribution \$100.00 Contribution ID # 0008 Zip Code	
Ek Residential Street Address 10 Southwind Dr. Principal Occupation Hairdresser 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 this contribution associated with a fundraising event listed in Section J1? Last Name Pena Residential Street Address 8 Felix Ln Principal Occupation Hairdresser Is contributor a principal of a state contractor or prospective state contractor? Yes X Cash Personal Check Credit/Debit Card Credit/Debit Card Last Name Pena Residential Street Address 8 Felix Ln Principal Occupation Hairdresser Is contributor a principal of a state contractor or prospective state contractor? Yes X No Local Personal Check Credit/Debit Card	Out	Norwalk Name of Employ Cape Is contributor a l dependent child of Received O6/2013 Nelsy Norwalk Name of Employ Self Is contributor a l	Illi Salon obbyist, spouse, or	Amou MI M State CT	Contribution ID # 0011 Zip Code 06854 ant of Contribution \$100.00 Contribution ID # 0008 Zip Code 06850	
Ek Residential Street Address 10 Southwind Dr. Principal Occupation Hairdresser Is contributor a principal of a state contractor or prospective state contractor?	Out City Date O4/ First City	Norwalk Name of Employ Cape Is contributor a l dependent child of Received O6/2013 Nelsy Norwalk Name of Employ Self Is contributor a l	Illi Salon obbyist, spouse, or	Amou MI M State CT	Contribution ID # 0011 Zip Code 06854 ant of Contribution \$100.00 Contribution ID # 0008 Zip Code 06850	
Ek Residential Street Address 10 Southwind Dr. Principal Occupation Hairdresser Is contributor a principal of a state contractor or prospective state contractor?	Out City Date O4/ First City	Norwalk Name of Employ Cape Is contributor a I dependent child of Received 06/2013 Nelsy Norwalk Name of Employ Self Is contributor a I dependent child of	Aggregate Contributions \$100.00 Aggregate Contributions \$100.00 Per obbyist, spouse, or of a lobbyist? Yes X No	Amou MI M State CT	Contribution ID # 0011 Zip Code 06854 ant of Contribution \$100.00 Contribution ID # 0008 Zip Code 06850	

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L MONETARY RECEIPTS (Section A-I)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT							
David Watts 2014	July 10 Filing - Amendment						
B. Itemized Contributions from	m Inc	lividuals					
Last Name	First			MI	Contribution ID #		
Thierman		Philip		J	0014		
Residential Street Address	City			State	Zip Code		
26 Second St		Norwalk		СТ	06855		
Principal Occupation		Name of Employ	er				
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	unt of Contribution		
	0	dependent child of	of a lobbyist?				
If yes, indicate which branch or branches of government the contract is with:	_		x No				
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions				
fundraising event listed in Section J1? X No							
If yes, list Event # No Money Order Credit/Debit Card	04/	09/2013	\$10.00		\$10.00		
Last Name	First			MI	Contribution ID #		
Harris	1 1150	Sherelle			0012		
Residential Street Address	City			State	Zip Code		
2 West Ave		Norwalk		СТ	06854		
Principal Occupation		Name of Employ	er	-	•		
Librarian		-	of Norwalk				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution		
If yes, indicate which branch or branches of		dependent ennu (
government the contract is with: Is this contribution associated with a Method of contribution: Method of contribution:	Doto	Received	Aggregate Contributions				
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions				
X No Cash Personal Check	04/	09/2013	\$100.00		\$100.00		
If yes, list Event # X Money Order Credit/Debit Card	. ,	,	7-55.55				
Last Name	First			MI	Contribution ID #		
Harris		Napoleon			0013		
Residential Street Address	City			State	Zip Code		
77 Glenbrook		Stamford		СТ	06902		
Principal Occupation		Name of Employ					
Teacher Is contributor a principal of a state contractor or prospective state contractor?			Road School obbyist, spouse, or	Amou	ant of Contribution		
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child of		Amou	int of Contribution		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No				
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions				
fundraising event listed in Section J1? Yes X Cash Personal Check							
If yes, list Event # Cash Personal Check No	04/	09/2013	\$10.00		\$10.00		
Last Name	First			MI	Contribution ID #		
Thererman	11130	Philip		IVII	0014		
Residential Street Address	City	r		State	Zip Code		
26 Second St		Norwalk		CT	06855		
Principal Occupation	-	Name of Employ	er	•	•		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution		
If yes, indicate which branch or branches of		acpendent enna (or a roodyrst?				
government the contract is with: Is this contribution associated with a Method of contribution: Method of contribution:	Dot-	Received	Aggregate Contributions				
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions				
If yes, list Event #	04/	09/2013	\$20.00		\$10.00-		

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I. MONETARY RECEIPT	S (S	ection A-I)	1			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT David Watts 2014 July 10 Filing - Amendment						
David watts 2014			day for imig varietisment			
B. Itemized Contributions from	m Ind	lividuals				
Last Name	First			MI	Contribution ID #	
Bledsoe		Justin			0015	
Residential Street Address	City	Duidessa		State	Zip Code	
785 Hancock Ave Principal Occupation		Bridgeport Name of Employe	or	СТ	06605	
rindpa Occupation		Name of Employ	51			
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a le	obbyist, spouse, or	Amou	ant of Contribution	
	0	dependent child of	f a lobbyist?			
If yes, indicate which branch or branches of government the contract is with:			x _{No}			
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions	1		
tundraising event listed in Section 31?						
If yes, list Event # Cash Credit/Debit Card	04/	09/2013	\$5.00		\$5.00	
	I			L	La . a . a . p. "	
Last Name Jurgielewicz	First	Patricia		MI	Contribution ID # 0017	
Residential Street Address	City	Patricia		State	Zip Code	
220 Bibbins Rd	City	Easton		CT	06612	
Principal Occupation		Name of Employ	er	1		
VP Finance		Sedor	ia Grp			
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or Yes	Amou	ant of Contribution	
If yes, indicate which branch or branches of	J	dependent child of	f a lobbyist?			
government the contract is with:			x _{No}			
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions			
Cash X Personal Check			\50.00		450.00	
If yes, list Event # Money Order Credit/Debit Card	04/	11/2013	\$50.00		\$50.00	
Last Name	First			MI	Contribution ID #	
Webber	1 1100	Alan			0018	
Residential Street Address	City	-		State	Zip Code	
244 Hemlock Hills Rd N		Fairfield		СТ	06824	
Principal Occupation	-	Name of Employe	er	-	•	
CFO		DiSca	la & CO			
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or f a lobbyist? Yes	Amou	ant of Contribution	
If yes, indicate which branch or branches of		dependent enna e	x No			
government the contract is with:	Doto	Received	Aggregate Contributions	-		
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions			
X No Cash X Personal Check	04/	12/2013	\$50.00		\$50.00	
If yes, list Event #		•				
Last Name	First			MI	Contribution ID #	
Watts		Laura		S	0019	
Residential Street Address	City			State	Zip Code	
135 Edgewood Ave		New Haven		CT	06511	
Principal Occupation		Name of Employe	er			
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le	obbyist, spouse, or f a lobbyist? Yes	Amou	ant of Contribution	
If yes, indicate which branch or branches of Executive Legislative			x No			
government the contract is with:	Date	Received	Aggregate Contributions	1		
fundraising event listed in Section J1?			55 5			
If yes list Event # Land No Money Order Credit/Debit Card	04/	12/2013	\$200.00		\$100.00	

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	'S (Se	ection A D			
I. MONETARY RECEIPT NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	10 (10	A11011 A-1)	TYPE OF REPORT		
David Watts 2014			July 10 Filing - Amendment		
B. Itemized Contributions fro		lividuals			
Last Name	First			MI	Contribution ID #
Ditrio		Anthony			0016
Residential Street Address	City			State	Zip Code
8 Forbell Dr	L.,	Norwalk		СТ	06850
Principal Occupation		Name of Employ			
Principal			alk Public Schools		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of		dependent cinia (<u> </u>		
government the contract is with:			x _{No}		
Is this contribution associated with a fundraicing event licted in Section 112	Date	Received	Aggregate Contributions		
Tulidasing event issed in Section 31:					
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	04/1	12/2013	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Watts		Laura		S	0019
Residential Street Address	City			State	Zip Code
135 Edgewood Ave	Щ,	New Haven		СТ	06511
Principal Occupation		Name of Employ	er		
		Retir	ed		
Is contributor a principal of a state contractor or prospective state contractor?	.		obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of		dependent child of	of a foodyist?		
government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
Tundraising event listed in Section 31:					
No Cash Personal Check	1				
If yes, list Event # Money Order Credit/Debit Card	04/	12/2013	\$100.00		\$100.00
If yes, list Event #	04/	12/2013	\$100.00	,	\$100.00
If yes, list Event #	O4/	12/2013	\$100.00	MI	\$100.00 Contribution ID #
If yes, list Event #		Shirley	\$100.00		·
If yes, list Event #			\$100.00		Contribution ID #
If yes, list Event #	First		\$100.00	MI	Contribution ID #
If yes, list Event #	First	Shirley		MI State	Contribution ID # 0020 Zip Code
If yes, list Event #	First	Shirley Norwalk		MI State	Contribution ID # 0020 Zip Code
If yes, list Event #	First	Shirley Norwalk Name of Employ	er obbyist, spouse, or	MI State CT	Contribution ID # 0020 Zip Code
If yes, list Event #	First	Shirley Norwalk Name of Employ	er obbyist, spouse, or	MI State CT	Contribution ID # 0020 Zip Code 06851
If yes, list Event #	First	Shirley Norwalk Name of Employ	er obbyist, spouse, or Yes f a lobbyist? X No	MI State CT	Contribution ID # 0020 Zip Code 06851
If yes, list Event #	First	Shirley Norwalk Name of Employ	er obbyist, spouse, or	MI State CT	Contribution ID # 0020 Zip Code 06851
If yes, list Event #	First	Shirley Norwalk Name of Employ Is contributor a l dependent child of	er obbyist, spouse, or Yes f a lobbyist? X No	MI State CT	Contribution ID # 0020 Zip Code 06851
If yes, list Event #	First City Date	Shirley Norwalk Name of Employ Is contributor a l dependent child of	er obbyist, spouse, or Yes f a lobbyist? X No	MI State CT	Contribution ID # 0020 Zip Code 06851
If yes, list Event #	First City Date	Shirley Norwalk Name of Employ Is contributor a l dependent child of the contributor and the contributo	er obbyist, spouse, or	MI State CT	Contribution ID # 0020 Zip Code 06851 unt of Contribution
If yes, list Event #	First City Date	Shirley Norwalk Name of Employ Is contributor a l dependent child of the contributor and the contributo	er obbyist, spouse, or	MI State CT	Contribution ID # 0020 Zip Code 06851 unt of Contribution
If yes, list Event #	First City O Date 04/1	Shirley Norwalk Name of Employ Is contributor a l dependent child of the contributor and the contributo	er obbyist, spouse, or	MI State CT Amou	Contribution ID # 0020 Zip Code 06851 int of Contribution \$15.00
If yes, list Event #	First City O Date 04/1	Shirley Norwalk Name of Employ Is contributor a l dependent child of the contributor all depe	er obbyist, spouse, or	MI State CT Amou	Contribution ID # 0020 Zip Code 06851 ant of Contribution \$15.00
If yes, list Event #	First City Date 04/1 First	Shirley Norwalk Name of Employ Is contributor a l dependent child of the contributor all depe	er obbyist, spouse, or	MI State CT Amou	Contribution ID # 0020 Zip Code 06851 ant of Contribution \$15.00 Contribution ID # 0021
If yes, list Event #	First City Date 04/1 First	Shirley Norwalk Name of Employ Is contributor a l dependent child of the contributor o	er obbyist, spouse, or	MI State CT Amou	Contribution ID # 0020 Zip Code 06851 ant of Contribution \$15.00 Contribution ID # 0021 Zip Code
If yes, list Event #	First City Date 04/1 First	Shirley Norwalk Name of Employ Is contributor a l dependent child of the contributor all depe	er obbyist, spouse, or	MI State CT Amou	Contribution ID # 0020 Zip Code 06851 ant of Contribution \$15.00 Contribution ID # 0021 Zip Code
If yes, list Event #	First City Date 04/1 First City	Shirley Norwalk Name of Employ Is contributor a l dependent child of the contributor a l dependent child of the contributor a l dependent child of the contributor a l l l l l l l l l l l l l l l l l l	er obbyist, spouse, or	MI State CT Amou	Contribution ID # 0020 Zip Code 06851 ant of Contribution \$15.00 Contribution ID # 0021 Zip Code
If yes, list Event #	First City Date 04/1 First City	Shirley Norwalk Name of Employ Is contributor a l dependent child of the contributor all depe	er obbyist, spouse, or	MI State CT Amou	Contribution ID # 0020 Zip Code 06851 ant of Contribution \$15.00 Contribution ID # 0021 Zip Code 06855
If yes, list Event #	First City Date 04/1 First City	Shirley Norwalk Name of Employ Is contributor a l dependent child of the contributor a l dependent child of the contributor a l dependent child of the contributor a l l l l l l l l l l l l l l l l l l	er obbyist, spouse, or	MI State CT Amou	Contribution ID # 0020 Zip Code 06851 ant of Contribution \$15.00 Contribution ID # 0021 Zip Code 06855
If yes, list Event #	First City Date 04/1 First City	Shirley Norwalk Name of Employ Is contributor a l dependent child of the contributor a l dependent child of the contributor a l dependent child of the contributor a l l l l l l l l l l l l l l l l l l	er obbyist, spouse, or	MI State CT Amou	Contribution ID # 0020 Zip Code 06851 ant of Contribution \$15.00 Contribution ID # 0021 Zip Code 06855
If yes, list Event #	First City Date 04/1 First City	Shirley Norwalk Name of Employ Is contributor a l dependent child of the child of the contributor a l dependent child of the contributor a l dependent child of the child o	er obbyist, spouse, or Yes x No Aggregate Contributions \$15.00 er obbyist, spouse, or Yes x No	MI State CT Amou	Contribution ID # 0020 Zip Code 06851 ant of Contribution \$15.00 Contribution ID # 0021 Zip Code 06855

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I. MONETARY RECEIPTS (Section A-I)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT							
David Watts 2014			July 10 Filing - Amendment				
B. Itemized Contributions from	m Inc	lividuals					
Last Name	First			MI	Contribution ID #		
Watts		Kathleen		M	0023		
Residential Street Address	City			State	Zip Code		
22 June Ave		Norwalk		CT	06850		
Principal Occupation		Name of Employ	rer				
Is contributor a principal of a state contractor or prospective state contractor?	n		lobbyist, spouse, or Yes	Amou	nt of Contribution		
If yes, indicate which branch or branches of	-	dependent child of	of a lobbyist?				
government the contract is with: Is this contribution associated with a Method of contribution: Method of contribution:	Data	Received	Aggregate Contributions				
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions				
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	04/	18/2013	\$200.00 -		\$100.00		
Last Name	First			MI	Contribution ID #		
Green		Cynthia			0022		
Residential Street Address	City	*		State	Zip Code		
75 Observatory		Norwalk		СТ	06854		
Principal Occupation	-	Name of Employ	er				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a l dependent child of	lobbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution		
If yes, indicate which branch or branches of Executive Legislative		1	x _{No}				
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions				
fundraising event listed in Section J1?							
If yes, list Event # X No X Cash Personal Check Money Order Credit/Debit Card	04/	18/2013	\$5.00		\$5.00		
Last Name	First			MI	Contribution ID #		
Bucciarelli		Melissa		Α	0024		
Residential Street Address	City			State	Zip Code		
6 Pocono Rd		Norwalk		СТ	06851		
Principal Occupation		Name of Employ	rer				
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution		
If yes, indicate which branch or branches of	0	dependent child of	•				
government the contract is with:			x _{No}				
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions				
X No Resonal Check	04/	18/2013	\$5.00		\$5.00		
If yes, list Event # Money Order	04/	16/2013	\$5.00		\$5.00		
Last Name	First			MI	Contribution ID #		
Hinton		Shirley			0025		
Residential Street Address	City	N. II		State	Zip Code		
5 Hyatt Ave Principal Occupation		Norwalk Name of Employ	TOP	СТ	06850		
Тіперагоссираціп		Name of Employ	Ci				
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	nt of Contribution		
If yes, indicate which branch or branches of		dependent child of	x No				
government the contract is with: Is this contribution associated with a Method of contribution: Method of contribution:	Doto	Received	Aggregate Contributions				
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions				
X No Cash Personal Check	04/	18/2013	\$5.00		\$5.00		
If yes, list Event #	I .						

I, MONETARY RECEIPTS (Section A-I)								
	2 (20	ection A-1)	TYPE OF DEPONT					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT					
David Watts 2014			July 10 Filing - Amendment					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Mcpherson		Ashante			0026			
Residential Street Address	City			State	Zip Code			
5 Testa Pl		Norwalk		СТ	06854			
Principal Occupation		Name of Employ	er					
		1 ,						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	Vac					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
	Date	Received	Aggregate Contributions					
s this contribution associated with a fundraising event listed in Section J1?								
X No Cash Personal Check	04/	18/2013	\$25.00		\$25.00			
If yes, list Event # Money Order Credit/Debit Card	0 1,7	10, 2013	\$23.00		423.00			
Last Name	First			MI	Contribution ID #			
	11130	Johnson		IVII	0027			
Mcpherson Residential Street Address	Cit	Johnson		Ct-t-				
	City			State	Zip Code			
5 Testa Pl	L	Norwalk		СТ	06854			
Principal Occupation		Name of Employ	er					
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent enna (<u> </u>					
government the contract is with:			x _{No}					
Is this contribution associated with a Yes Yes	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?								
If yes, list Event # Cash Anney Order Credit/Debit Card	04/	18/2013	\$25.00		\$25.00			
in yes, list Event #								
Last Name	First			MI	Contribution ID #			
Mcpherson		Pauline			0029			
Residential Street Address	City			State	Zip Code			
5 Testa Pl		Norwalk		СТ	06854			
Principal Occupation	•	Name of Employ	er					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
	0	dependent child of						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
T41 (3.6 14.1.2) - M4.1.6 (3.6	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1? Method of contribution: Yes								
x No Cash Personal Check	04/	18/2013	\$5.00		\$5.00			
If yes, list Event #	0 1,7	10, 2013	Ψ3.00		Ψ3.00 ———————————————————————————————————			
Last Name	First			MI	Contribution ID #			
Grimes	11130	Boatrico		IVII	0028			
	Cit-	Beatrice		Ct-t-				
Residential Street Address	City			State	Zip Code			
92 Cedar St # F15	L	Norwalk		СТ	06854			
Principal Occupation		Name of Employ	er					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a 1	obbyist, spouse, or	Amou	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor?	о	dependent child of	Vac	7 111100	commount			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with:	D-4	Dagaiyad		1				
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
		40/2012			±5.00			
If yes, list Event #	04/	18/2013	\$5.00		\$5.00			

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I. MONETARY RECEIPTS (Section A-I)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT							
David Watts 2014			July 10 Filing - Amendment				
B. Itemized Contributions from	m Ind	lividuals					
Last Name	First			MI	Contribution ID #		
Liles		Annie			0030		
Residential Street Address	City			State	Zip Code		
19 Snowden Ave		Norwalk		СТ	06854		
Principal Occupation		Name of Employ	er				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	ant of Contribution		
If yes, indicate which branch or branches of		dependent cinia (
government the contract is with:		p : 1					
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions				
X No Cash Personal Check	04/	18/2013	¢Ε.00		\$5.00		
If yes, list Event # Money Order	04/	18/2013	\$5.00		\$5.00		
Last Name	First			MI	Contribution ID #		
Liles	1 1100	Reginald			0031		
Residential Street Address	City	· reginala		State	Zip Code		
19 Snowden Ave		Norwalk		СТ	06854		
Principal Occupation	•	Name of Employ	er		1		
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or Yes	Amou	unt of Contribution		
If yes, indicate which branch or branches of	5	dependent child of	of a lobbyist?				
government the contract is with: Executive Legislative			x No				
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions				
Tundraising event listed in Section 31?							
If yes, list Event # Cash Personal Check No	04/	18/2013	\$5.00		\$5.00		
Last Name	First			MI	Contribution ID #		
Watts	1 1130	Kathleen		 М	0023		
Residential Street Address	City			State	Zip Code		
22 June Ave		Norwalk		СТ	06850		
Principal Occupation	•	Name of Employ	er				
Dental Instructor		Porte	er And Chester Institute				
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or Yes	Amou	unt of Contribution		
If yes, indicate which branch or branches of	5	dependent child of	or a robbyist?				
government the contract is with: Executive Legislative			x _{No}				
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions				
X No Resonal Check		(40 (2042	*100.00		+400.00		
If yes, list Event # No Money Order Credit/Debit Card	04/	18/2013	\$100.00	;	\$100.00		
Last Name	First			MI	Contribution ID #		
Hinton	1 1130	Timothy		1111	0032		
Residential Street Address	City			State	Zip Code		
5 Hyatt Ave	ا ا	Norwalk		СТ	06854		
Principal Occupation		Name of Employ	er				
Equipment Operator		City o	f Stamford				
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	unt of Contribution		
If yes, indicate which branch or branches of	U	dependent child of	or a roobyist?				
government the contract is with: Executive Legislative			x _{No}				
Is this contribution associated with a fundraising event listed in Section 11? Yes Method of contribution:	Date	Received	Aggregate Contributions				
- IX							
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	04/	18/2013	\$5.00		\$5.00		

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L MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
David Watts 2014			July 10 Filing - Amendment					
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Liles		Saul			0035			
Residential Street Address	City			State	Zip Code			
19 Snowden Ave		Norwalk		СТ	06854			
Principal Occupation		Name of Employ	er					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	unt of Contribution			
If was indicate which beaugh as broughes of	0	dependent child of	of a lobbyist?					
government the contract is with:			x _{No}					
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No Cash Personal Check	04/	19/2013	\$5.00		\$5.00			
If yes, list Event # Money Order Credit/Debit Card	04/	19/2013	\$5.00		\$5.00 			
Last Name	First			MI	Contribution ID #			
Dancy		Mamie			0036			
Residential Street Address	City			State	Zip Code			
5 Hyatt Ave		Norwalk		СТ	06850			
Principal Occupation		Name of Employ	er					
				1				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions					
X No Cash Personal Check	04/	19/2013	\$5.00		\$5.00			
If yes, list Event #		.,	1					
Last Name	First			MI	Contribution ID #			
Dancy		Leonard			0037			
Residential Street Address	City			State	Zip Code			
5 Hyatt Ave		Norwalk		СТ	06850			
Principal Occupation		Name of Employ						
Driver			of Darien					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1? Yes X Cash Personal Check								
X No X Cash Personal Check If yes, list Event # Money Order Credit/Debit Card	04/	19/2013	\$5.00		\$5.00			
	L			l				
Last Name Mcpherson	First	Tammy		MI	Contribution ID # 0034			
Residential Street Address	City	Tairiniy		State	Zip Code			
5 Testa Pl		Norwalk		CT	06854			
Principal Occupation		Name of Employ	er	!				
Assistant City Clerk		City o	f Norwalk					
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of		аеренаен спій (x No					
government the contract is with: Legislative Legislative	Б.	Danier 1						
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No Cash Personal Check	<u>04</u> /	19/2013	\$25.00		\$25.00			
If yes, list Event #	5-7/	-5/2015	Ψ25.00		4-3.00			

	S (Se	ection A-I)				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	`	,	TYPE OF REPORT			
David Watts 2014			July 10 Filing - Amendment			
B. Itemized Contributions fro	m Ind	lividuals				
Last Name	First			MI	Contribution ID #	
Kydes	C'i	John		G	0033	
Residential Street Address	City			State	Zip Code	
6 White Birch Ct	<u> </u>	Norwalk		CT	06851	
Principal Occupation		Name of Employ Self	er			
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution	
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		•	x _{No}			
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions			
lundraising event listed in Section 31?						
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	04/	19/2013	\$50.00-		\$25.00	
Last Name	First			MI	Contribution ID #	
Kydes		John			0033	
Residential Street Address	City			State	Zip Code	
6 White Birch Ct		Norwalk		СТ	06851	
Principal Occupation		Name of Employ	er			
Contractor		Self o	employed			
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	ant of Contribution	
If yes, indicate which branch or branches of	O	dependent child of	of a lobbyist?			
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions			
fundraising event listed in Section J1?			1.99.49			
Cash X Personal Check						
If yes, list Event # Cash X Personal Check Money Order	04/	19/2013	\$25.00		\$25.00	
If yes, list Event # No Money Order Credit/Debit Card			\$25.00	MI		
X No	04/		\$25.00	MI	\$25.00 Contribution ID # 0038	
If yes, list Event # No Money Order Credit/Debit Card Last Name			\$25.00	MI State	Contribution ID #	
If yes, list Event # No Money Order Credit/Debit Card Last Name Fludd	First		\$25.00		Contribution ID # 0038	
If yes, list Event # No Money Order Credit/Debit Card Last Name Fludd Residential Street Address	First	George		State	Contribution ID # 0038 Zip Code	
If yes, list Event # No Money Order Credit/Debit Card Last Name Fludd Residential Street Address 49 Seaview Ave	First	George Norwalk Name of Employ	er	State CT	Contribution ID # 0038 Zip Code 06855	
If yes, list Event # No Money Order Credit/Debit Card Last Name Fludd Residential Street Address 49 Seaview Ave Principal Occupation Is contributor a principal of a state contractor or prospective state contractor? Yes X N	First	George Norwalk Name of Employ	er obbyist, spouse, or	State CT	Contribution ID # 0038 Zip Code	
If yes, list Event # No Money Order Credit/Debit Card Last Name Fludd Residential Street Address 49 Seaview Ave Principal Occupation	First	George Norwalk Name of Employ	er obbyist, spouse, or	State CT	Contribution ID # 0038 Zip Code 06855	
If yes, list Event # Last Name Fludd Residential Street Address 49 Seaview Ave Principal Occupation 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 this contribution associated with a No Method of contribution: Credit/Debit Card Credit/Debit Card Legislative	First	George Norwalk Name of Employ	er obbyist, spouse, or	State CT	Contribution ID # 0038 Zip Code 06855	
If yes, list Event # Last Name Fludd Residential Street Address 49 Seaview Ave Principal Occupation 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 this contribution associated with a fundraising event listed in Section J1?	First City O Date	George Norwalk Name of Employ Is contributor a l dependent child of	obbyist, spouse, or Yes X No Aggregate Contributions	State CT	Contribution ID # 0038 Zip Code 06855 unt of Contribution	
If yes, list Event # Last Name Fludd Residential Street Address 49 Seaview Ave Principal Occupation 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 this contribution associated with a fundraising event listed in Section J1?	First City O Date	George Norwalk Name of Employ Is contributor a l dependent child of	obbyist, spouse, or Yes Ya lobbyist? X No	State CT	Contribution ID # 0038 Zip Code 06855	
If yes, list Event # Last Name Fludd Residential Street Address 49 Seaview Ave Principal Occupation Is contributor a principal of a state contractor or prospective state contractor? Yes X N If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with a fundraising event listed in Section J1? Yes X No Personal Check	First City O Date	George Norwalk Name of Employ Is contributor a l dependent child of the contributor and depen	obbyist, spouse, or Yes X No Aggregate Contributions	State CT	Contribution ID # 0038 Zip Code 06855 unt of Contribution	
If yes, list Event # Last Name Fludd Residential Street Address 49 Seaview Ave Principal Occupation 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 this contribution associated with a fundraising event listed in Section J1? If yes, list Event # No Method of contribution: X Cash Personal Check Money Order Credit/Debit Card	First City O Date 04/2	George Norwalk Name of Employ Is contributor a l dependent child of the contributor and depen	obbyist, spouse, or Yes X No Aggregate Contributions	State CT Amou	Contribution ID # 0038 Zip Code 06855 ant of Contribution \$5.00	
If yes, list Event # Last Name Fludd Residential Street Address 49 Seaview Ave Principal Occupation Is contributor a principal of a state contractor or prospective state contractor? Yes X N If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # Method of contribution: X No	First City O Date 04/2	George Norwalk Name of Employ Is contributor a ladependent child of the contributor and the contributor	obbyist, spouse, or Yes X No Aggregate Contributions	State CT Amou	Contribution ID # 0038 Zip Code 06855 ant of Contribution \$5.00 Contribution ID #	
If yes, list Event # Last Name Fludd Residential Street Address 49 Seaview Ave Principal Occupation Is contributor a principal of a state contractor or prospective state contractor?	First First	George Norwalk Name of Employ Is contributor a ladependent child of the contributor and the contributor	obbyist, spouse, or Yes X No Aggregate Contributions	State CT Amou	Contribution ID # 0038 Zip Code 06855 ant of Contribution \$5.00 Contribution ID # 0039	
If yes, list Event # Last Name Fludd Residential Street Address 49 Seaview Ave Principal Occupation 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 this contribution associated with a fundraising event listed in Section J1? Last Name Samir Residential Street Address	First First	George Norwalk Name of Employ Is contributor a l dependent child of Received 20/2013	er obbyist, spouse, or of a lobbyist? X No Aggregate Contributions \$5.00	State CT Amou	Contribution ID # 0038 Zip Code 06855 ant of Contribution \$5.00 Contribution ID # 0039 Zip Code	
If yes, list Event # Last Name Fludd Residential Street Address 49 Seaview Ave Principal Occupation 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 this contribution associated with a fundraising event listed in Section J1? Last Name Samir Residential Street Address 1102 Bedford Ave	First First	George Norwalk Name of Employ Is contributor a l dependent child of Received 20/2013 Ali Norwalk	er obbyist, spouse, or of a lobbyist? X No Aggregate Contributions \$5.00	State CT Amou	Contribution ID # 0038 Zip Code 06855 ant of Contribution \$5.00 Contribution ID # 0039 Zip Code	
If yes, list Event # Last Name Fludd Residential Street Address 49 Seaview Ave Principal Occupation 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 this contribution associated with a fundraising event listed in Section J1? Last Name Samir Residential Street Address 1102 Bedford Ave Principal Occupation	First City Date 04/2 City	George Norwalk Name of Employ Is contributor a lidependent child of the contributor and the contributor	er obbyist, spouse, or	State CT Amou	Contribution ID # 0038 Zip Code 06855 ant of Contribution \$5.00 Contribution ID # 0039 Zip Code	
If yes, list Event # Last Name Fludd Residential Street Address 49 Seaview Ave Principal Occupation 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 this contribution associated with a fundraising event listed in Section J1? Last Name Samir Residential Street Address 1102 Bedford Ave Principal Occupation Barber Is contributor a principal of a state contractor or prospective state contractor? Yes X No Method of contribution: X Cash Personal Check Credit/Debit Card Credit/Debit Card Last Name Samir Residential Street Address 1102 Bedford Ave Principal Occupation Barber Is contributor a principal of a state contractor or prospective state contractor? Yes X No Lacipative Lacipative	First City Date 04/2 City	George Norwalk Name of Employ Is contributor a l dependent child of the contributor all dependent child of the contributor all dependent child of the contributor all the contributor all light contributors.	er obbyist, spouse, or	State CT Amou	Contribution ID # 0038 Zip Code 06855 Int of Contribution \$5.00 Contribution ID # 0039 Zip Code 06850	
If yes, list Event #	First City Date 04/:	George Norwalk Name of Employ Is contributor a l dependent child of the contributor all dependent child of the contributor all dependent child of the contributor all the contributor all light contributors.	er obbyist, spouse, or Yes x No Aggregate Contributions \$5.00 er er obbyist, spouse, or Yes	State CT Amou	Contribution ID # 0038 Zip Code 06855 Int of Contribution \$5.00 Contribution ID # 0039 Zip Code 06850	
If yes, list Event #	First City Date 04/:	George Norwalk Name of Employ Is contributor a ladependent child of the contributor allows and the	er obbyist, spouse, or Yes X No Aggregate Contributions \$5.00 er obbyist, spouse, or Yes X No	State CT Amou	Contribution ID # 0038 Zip Code 06855 Int of Contribution \$5.00 Contribution ID # 0039 Zip Code 06850	

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I. MONETARY RECEIPT	rs (s	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) David Watts 2014			TYPE OF REPORT July 10 Filing - Amendment		
			cary to t imig ranonament		
B. Itemized Contributions fro	m Inc	lividuals			
Last Name	First			MI	Contribution ID #
Walker	G:	Barbara		G: :	0040
Residential Street Address	City	Hamadan		State	Zip Code 06518
2 Morningview Ct Principal Occupation	<u> </u>	Hamden Name of Employ	er	СТ	06518
probation officer		State			
Is contributor a principal of a state contractor or prospective state contractor?	lo	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		перенает ста	x _{No}		
government the contract is with: Is this contribution associated with a foot distinct contribution and the foot distinct contribution as of the foot	Date	Received	Aggregate Contributions		
Tundraising event listed in Section 31? X Cash Personal Check					
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	04/	23/2013	\$50.00		\$50.00
Last Name	First			MI	Contribution ID #
Pena Pena		Warren		A	0041
Residential Street Address	City			State	Zip Code
8 Felix Ln		Norwalk		CT	06850
Principal Occupation		Name of Employ	er	•	•
Is contributor a principal of a state contractor or prospective state contractor?	lo		obbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of		dependent child of	or a roodyrst?		
government the contract is with: Executive Legislative	1 5	<u> </u>			
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
X No Cash Personal Check	04/	25/2013	\$10.00 -		\$5.00-
If yes, list Event #					
Last Name	First			MI	Contribution ID #
Pena		Warren		A	0041
Residential Street Address	City			State	Zip Code
8 Felix Ln	<u> </u>	Norwalk		СТ	06850
Principal Occupation		Name of Employ			
Financial advisor			hwestern mutual		
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes	lo	dependent child	obbyist, spouse, or	Amot	unt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
Tundraising event listed in Section 31:					
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	04,	/25/2013	\$5.00		\$5.00
Last Name	First			MI	Contribution ID #
Discala		Michael			0042
Residential Street Address	City			State	Zip Code
80 Maywood Rd		Norwalk		СТ	06850
Principal Occupation		Name of Employ	er		
Business man			employed		
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	lo	Is contributor a l dependent child of	obbyist, spouse, or Of a lobbyist?	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?			308 John Janon 19		
If yes, list Event #	04,	/26/2013	\$100.00		\$100.00

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I. MONETARY RECEIPT	S (S	ection A-I)	TWDE OF DEPONT		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) David Watts 2014			TYPE OF REPORT July 10 Filing - Amendment		
			11, 1		
B. Itemized Contributions from	m Inc	lividuals			
Last Name Discala	First	Donna		MI	Contribution ID # 0043
Residential Street Address	City			State	Zip Code
80 Maywood Rd		Norwalk		СТ	06850
Principal Occupation Homemaker		Name of Employ			
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	ant of Contribution
If yes, indicate which branch or branches of	o	dependent child of	of a lobbyist?		
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1? X No Cash Personal Check	04	26/2013	\$100.00		\$100.00
If yes, list Event # Money Order	04/	26/2013	\$100.00	,	\$100.00
Last Name	First			MI	Contribution ID #
Discala		Michael			0042
Residential Street Address	City			State	Zip Code
80 Maywood Rd		Norwalk		CT	06850
Principal Occupation		Name of Employ Self	er		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		dependent enna (× No		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1? Yes X No Cash Personal Check Money Order Credit/Debit Card	04/	26/2013	\$200.00-		\$100.00-
If yes, list Event #	<u> </u>				
Last Name Discala	First	Donna		MI	Contribution ID #
Residential Street Address	City			State	Zip Code
80 Maywood Rd		Norwalk		CT	06850
Principal Occupation		Name of Employ	er		
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		dependent enna (× No		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1? Yes Cash Personal Check P	04/	26/2013	\$200.00-		\$100.00-
If yes, list Event # Money Order Credit/Debit Card	0-1/	20/2013	Ψ200.00		Ψ100.00
Last Name	First			MI	Contribution ID #
Mushak		Michael			0044
Residential Street Address 50 Elmwood Ave	City	Norwalk		State CT	Zip Code 06850
Principal Occupation		Name of Employ	er	!	
		Self		•	
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	Is contributor a l dependent child of	obbyist, spouse, or	Amou	ant of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1? Yes	047	29/2013	\$150.00		\$75.00-
If yes, list Event # Money Order Credit/Debit Card	04/	23/2013	\$130.00		ψ/ 5.00 ·

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I. MONETARY RECEIPT	S (S	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT July 10 Filing - Amendment		
David Watts 2014			July 10 1 lilling - Amendment		
B. Itemized Contributions from	m Inc	dividuals			
Last Name Mushak	First	Michael		MI	Contribution ID #
Residential Street Address	City			State	Zip Code
50 Elmwood Ave	City	Norwalk		CT	06850
Principal Occupation		Name of Employ	er	<u> </u>	00030
Landscape architect		1 ,	tree site design		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or of a labbyist? Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of government the contract is with:		dependent child (x No		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1? Yes Cash Representation From the Company of the Compa					
If yes, list Event # Cash No Credit/Debit Card	04,	/29/2013	\$75.00		\$75.00
Last Name	First			MI	Contribution ID #
Westmoreland	11150	David		G	0045
Residential Street Address	City			State	Zip Code
50 Elmwood Ave		Norwalk		ст	06850
Principal Occupation	•	Name of Employ	er	•	
Landscape architect		Tulip	tree site design		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of	O	dependent child of	of a lobbyist?		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
If yes, list Event # Cash No Credit/Debit Card	04,	/30/2013	\$75.00		\$75.00
Last Name	First			MI	Contribution ID #
Westmoreland	1 1130	David		6	0045
Residential Street Address	City			State	Zip Code
50 Elmwood Ave		Norwalk		CT	06850
Principal Occupation	•	Name of Employ	er		•
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of Executive Legislative			× No		
government the contract is with.	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Dute	Received	Aggregate Contributions		
If yes, list Event #	04/	30/2013	\$150.00-		\$75.00
				l	1
Last Name	First			MI	Contribution ID #
Bowman	G'i	Phaedrel		L	0046
Residential Street Address 28 Martin Luther King Dr .	City	Norwalk		State CT	Zip Code 06854
Principal Occupation		Name of Employ	er	<u> </u>	00034
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of		dependent child of	31 a 1000yist?		
government the contract is with:	Б	<u> </u>	x _{No}		
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
X No Cash Personal Check	04/	30/2013	\$20.00		\$20.00
If yes, list Event #	Ι΄΄			1	•

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L. MONETARY RECEIPT	S (S	ection A-I)	TWDE OF DEDORT		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT David Watts 2014 July 10 Filing - Amendment					
	_				
B. Itemized Contributions from					
Last Name Paca	First	Marcus		MI	Contribution ID # 0047
Residential Street Address	City			State	Zip Code
66 Hubinger St		New Haven		СТ	06851
Principal Occupation	-	Name of Employ	er	•	•
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l	obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of government the contract is with:		•	x No		
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
If yes, list Event # X No X Cash Personal Check Money Order Credit/Debit Card	05/	01/2013	\$10.00		\$10.00
Last Name	First			MI	Contribution ID #
Torres	First	Meri		IVII	0048
Residential Street Address	City	Men		State	Zip Code
30 Wilmot Pl		Bridgeport		СТ	06607
Principal Occupation	!	Name of Employ	er	<u>!</u>	!
Dental Supervisor		Porte	r & Chester Institute		
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1? Yes X No Cash Personal Check	05/	02/2013	\$20.00		\$20.00
If yes, list Event #		•			•
Last Name	First			MI	Contribution ID #
Masloski		Patricia			0049
Residential Street Address	City	Chuntfoud		State	Zip Code 06615
2178 Elm St Principal Occupation		Stratford Name of Employ	er	СТ	00013
Dental Instructor		1 '	r & Chester Institute		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	ınt of Contribution
Yes A N If yes, indicate which branch or branches of	0	dependent child of	7 a 1000yist:		
government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
If yes, list Event # X No X Cash Personal Check Oredit/Debit Card Credit/Debit Card	05/	02/2013	\$5.00		\$5.00
Last Name	First			MI	Contribution ID #
Paul	1 1100	Russell			0053
Residential Street Address	City			State	Zip Code
20 Northmoor Rd		West Hartfo	ord	СТ	
Principal Occupation		Name of Employ Unen	er n ployed		
Is contributor a principal of a state contractor or prospective state contractor?	o		obbyist, spouse, or	Amou	ant of Contribution
If yes, indicate which branch or branches of government the contract is with:		and the control of th	x _{No}		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1? Yes X Cash Personal Check					
If yes, list Event # Cash Personal Check No	05/	/03/2013	\$100.00		\$100.00

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L MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
David Watts 2014 July 10 Filing - Amendment								
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Torre		Margaret			0050			
Residential Street Address	City			State	Zip Code			
1 Bethel St	<u> </u>	Norwalk		СТ	06855			
Principal Occupation		Name of Employ	er					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	ant of Contribution			
If was indicate which beaugh as broughes of	0	dependent child of	of a lobbyist?					
government the contract is with:			x _{No}					
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No Personal Check	05/	02/2012	¢10.00		¢10.00			
If yes, list Event # Money Order Credit/Debit Card	05/	03/2013	\$10.00		\$10.00			
Last Name	First			MI	Contribution ID #			
Mehta		Moon			0051			
Residential Street Address	City			State	Zip Code			
3 Lycett		Norwalk		СТ	06850			
Principal Occupation		Name of Employ	er					
L. stillet size in left state where the stillet state state and size in left state s		I	-114	1	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	dependent child of	obbyist, spouse, or	Amou	int of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	•				
fundraising event listed in Section J1? Yes X Cash Personal Check								
X No	05/	03/2013	\$10.00		\$10.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
P aul		Russell			0053			
Residential Street Address	City	\\\+ +6		State	Zip Code			
20 Northmoor Rd Principal Occupation	<u> </u>	West Hartfor Name of Employ		CT				
тпісіра Оссираної		Name of Employ	ci					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	ınt of Contribution			
Yes 🔼 No	0	dependent child of						
If yes, indicate which branch or branches of government the contract is with:			x No					
Is this contribution associated with a Service U2 Yes Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1? Yes X No Personal Check Personal Check	l							
If yes, list Event # No Money Order Credit/Debit Card	05/4	03/2013	\$200.00-		\$100.00			
Last Name	First			MI	Contribution ID #			
Pena		Stephanie		J	0052			
Residential Street Address	City			State	Zip Code			
8 Felix Ln		Norwalk		СТ	06850			
Principal Occupation		Name of Employ	er					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of		dependent child of	or a roodyrst?					
government the contract is with:	Б.	D : 1	x _{No}					
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No Cash Personal Check	05/	03/2013	\$20.00		\$20.00			
If yes, list Event # Money Order	1	,	420.00		,			

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L MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
David Watts 2014			July 10 Filing - Amendment					
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Crossland		Darnell		Ð	0056			
Residential Street Address	City			State	Zip Code			
25 Grand St		Norwalk		CT	06851			
Principal Occupation		Name of Employ	er					
attorney		Self						
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent enna (x No					
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?	Dute	received	Aggregate Contributions					
X No Cash Personal Check	05/4	04/2013	\$10.00-		\$5.00-			
If yes, list Event #		,	, , , , ,					
Last Name	First			MI	Contribution ID #			
Gutierrez		Patrick			0054			
Residential Street Address	City			State	Zip Code			
131 Royal Ave		Fairfield		СТ	06825			
Principal Occupation		Name of Employ	er					
				-				
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of		dependent child (<u></u>					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No Cash X Personal Check	05/	04/2012	¢10.00		¢10.00			
If yes, list Event # Money Order Credit/Debit Card	05/1	04/2013	\$10.00		\$10.00			
Last Name	First			MI	Contribution ID #			
Fedor		Kelsie			0055			
Residential Street Address	City			State	Zip Code			
8 Thistle Rd		Norwalk		СТ	06851			
Principal Occupation	•	Name of Employ	er					
Teacher		Norwa	alk Public Schools					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.	0		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	or a robbyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No Cash X Personal Check	05/	04/2013	\$50.00		\$50.00			
If yes, list Event #	03/	04/2013	\$30.00		\$30.00			
Last Name	First			MI	Contribution ID #			
Crosland		Darnell		D	0056			
Residential Street Address	City			State	Zip Code			
25 Grand St		Norwalk		СТ	06851			
Principal Occupation		Name of Employ	er	-	•			
attorney		Self						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	or a robbyist?					
government the contract is with: Executive Legislative	-	D : 1	X No					
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No Cash Personal Check	05	04/2013	\$5.00		\$5.00			
If yes, list Event # Money Order Credit/Debit Card	33/	U-7/ ZUI3	\$5.UU		43.00			

L. MONETARY RECEIPT	S (Se	ection A-I)	TYPE OF BEDORT			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) David Watts 2014			TYPE OF REPORT July 10 Filing - Amendment			
B. Itemized Contributions from						
Last Name Dumas	First	Martha		MI	Contribution ID # 0059	
Residential Street Address	City			State	Zip Code	
162 S Main St .		Norwalk		СТ	06854	
Principal Occupation	•	Name of Employ	rer			
		Neon				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution	
If yes, indicate which branch or branches of government the contract is with:			x _{No}			
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions			
X No Cash Personal Check	05/	05/2013	\$5.00		\$5.00	
If yes, list Event #						
Last Name	First			MI	Contribution ID #	
Pinzon		Mark			0057	
Residential Street Address	City			State	Zip Code	
17 Covewood Dr	<u> </u>	Norwalk		СТ	06853	
Principal Occupation		Name of Employ	er			
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l	lobbyist, spouse, or Yes	Amou	ant of Contribution	
If yes, indicate which branch or branches of Executive Legislative		перенаен сина с	x No			
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions			
fundraising event listed in Section J1? Yes X Cash Personal Check						
If yes, list Event # Cash Credit/Debit Card	05/	05/2013	\$5.00		\$5.00	
Last Name	First			MI	Contribution ID #	
King		Nora			0058	
Residential Street Address	City			State	Zip Code	
17 Covewood Dr		Norwalk		СТ	06853	
Principal Occupation		Name of Employ	rer			
Is contributor a principal of a state contractor or prospective state contractor?		Self Is contributor a l	lobbyist, spouse, or	Amou	unt of Contribution	
Yes 🔼 N	o	dependent child	of a lobbyist?	rimot	ant of Contribution	
If yes, indicate which branch or branches of government the contract is with:			x No			
Is this contribution associated with a fundamining execut listed in Section 112.	Date	Received	Aggregate Contributions			
fundraising event listed in Section J1? X No	0.54	05/0010	440.00		440.00	
If yes, list Event # No Money Order Credit/Debit Card	05/	05/2013	\$10.00		\$10.00	
Last Name	First			MI	Contribution ID #	
Tierney		Christine		L	0060	
Residential Street Address	City			State	Zip Code	
55 Bluff Ave		Norwalk		СТ	06853	
Principal Occupation Dentist		Name of Employ Self	rer			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.		Is contributor a l	lobbyist, spouse, or Yes	Amou	ant of Contribution	
If yes, indicate which branch or branches of	0	dependent child of	of a foodyist?			
government the contract is with:	-	<u> </u>	x _{No}			
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions			
If yes, list Event #	05/	06/2013	\$100.00		\$50.00	

I. MONETARY RECEIPTS (Section A-I)								
	<u>s (s</u> i	ection A-1)	TYPE OF REPORT					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) David Watts 2014			TYPE OF REPORT July 10 Filing - Amendment					
			Journal Telephone					
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Fuller		Carolyn			0061			
Residential Street Address	City			State	Zip Code			
100 Stuart Ave		Norwalk		СТ	06850			
Principal Occupation		Name of Employ	er					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent ennu (
government the contract is with:								
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
Cash Personal Check								
If yes, list Event # Money Order Credit/Debit Card	05/0	06/2013	\$25.00		\$25.00			
				l				
Last Name	First			MI	Contribution ID #			
Romano		Lisa			0062			
Residential Street Address	City			State	Zip Code			
7100 Blvd East Apt 14A		West New Yo		NJ	07093			
Principal Occupation		Name of Employ						
Diabetes educator			Nordisk					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child (_					
government the contract is with:			x _{No}					
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions					
tundraising event listed in Section J1?								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	05/0	06/2013	\$10.00		\$10.00			
3.9				l				
Last Name	First			MI	Contribution ID #			
Blackman		Terrance			0063			
Residential Street Address	City			State	Zip Code			
27 Beechwood Ave		Hamden		СТ	06514			
Principal Occupation		Name of Employ	er					
			ıniversity					
Is contributor a principal of a state contractor or prospective state contractor?	,	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child (of a followist:					
government the contract is with:			x _{No}					
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
Table 1 and								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	05/0	06/2013	\$5.00		\$5.00			
				l				
Last Name	First			MI	Contribution ID #			
Barbis		Michael			0064			
Residential Street Address	City			State	Zip Code			
1 Covewood Dr	L.,	Norwalk		СТ	06853			
Principal Occupation		Name of Employ	er					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a foodyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
rundraising event listed in Section 31?								
If yes, list Event # Cash Credit/Debit Card	05/0	07/2013	\$25.00		\$25.00			

I. MONETARY RECEIPT	S (S	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) David Watts 2014			TYPE OF REPORT July 10 Filing - Amendment		
			cary to t imig ranonament		
B. Itemized Contributions from	m Inc	lividuals			
Last Name Igneri	First	John		MI	Contribution ID # 0065
Residential Street Address	City			State	Zip Code
55 Bluff Ave		Norwalk		СТ	06853
Principal Occupation		Name of Employ Retir			
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		dependent child of	of a lobbyist?		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1? X No	05	08/2013	\$100.00		\$50.00
If yes, list Event #	03,	00, 2013	\$100.00		
Last Name	First			MI	Contribution ID #
Igneri		John			0065
Residential Street Address	City			State	Zip Code
55 Bluff Ave		Norwalk		CT	06853
Principal Occupation		Name of Employ	er		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent child of	x No		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1? Yes X Cash Personal Check					
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	05/	08/2013	\$200.00-		\$50.00-
Last Name	First			MI	Contribution ID #
Mangiacopra		Vinny			0066
Residential Street Address	City			State	Zip Code
8 Thistle Rd		Norwalk		CT	06851
Principal Occupation		Name of Employ	er		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			× No		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?	٥٠,	12/2012	* 200.00		+100.00
If yes, list Event # Money Order Credit/Debit Card	05/	13/2013	\$200.00-		\$100.00-
Last Name	First			MI	Contribution ID #
Mangiacopra		Vinny			0066
Residential Street Address 8 Thistle Rd	City	Norwalk		State CT	Zip Code 06851
Principal Occupation	<u> </u>	Name of Employ	er	<u> </u>	00031
Consultant			employed		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or Of a lobbyist?	Amou	ant of Contribution
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions	1	
Tundraising event risted in Section 31?					
If yes, list Event # Cash Credit/Debit Card	05/	13/2013	\$100.00		\$100.00

I, MONETARY RECEIPT	S (S	ection A-I)				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	`	ĺ	TYPE OF REPORT			
David Watts 2014			July 10 Filing - Amendment			
B. Itemized Contributions from	m Inc	lividuals				
Last Name	First			MI	Contribution ID #	
Pena		Warren		A	0067	
Residential Street Address	City			State	Zip Code	
8 Felix Ln		Norwalk		ст	06850	
Principal Occupation		Name of Employ	er			
Financial advisor			nwestern Mutual			
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a le dependent child of	obbyist, spouse, or Yes	Amou	ant of Contribution	
If yes, indicate which branch or branches of government the contract is with:		dependent ennu e	x No			
Is this contribution associated with a Method of contribution.	Date	Received	Aggregate Contributions	1		
fundraising event listed in Section J1?						
If yes, list Event #	05/	/14/2013	\$15.00		\$10.00	
Last Name	First			MI	Contribution ID #	
Pena	First	Warren		A	0067	
Residential Street Address	City	warren		State	Zip Code	
8 Felix Ln	City	Norwalk		CT	06850	
Principal Occupation		Name of Employ	or	<u> </u>	00050	
Тіпера оссирації		rvanic of Employ	Ci			
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution	
If yes, indicate which branch or branches of		dependent child of	or a roodyrst?			
government the contract is with:						
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions			
If yes, list Event #	05/	14/2013	\$30.00 -		\$10.00	
	l					
Last Name	First			MI	Contribution ID #	
Mcneil		Marcus			0068	
Residential Street Address	City			State	Zip Code	
PO Box 2441		Stamford		CT	06907	
Principal Occupation		Name of Employ	er			
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	ınt of Contribution	
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes	0	dependent child of	•			
If yes, indicate which branch or branches of government the contract is with:			× No			
Is this contribution associated with a fundamining event listed in Section 112.	Date	Received	Aggregate Contributions			
Tunidialising event listed in Section 31:						
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	05/	16/2013	\$14.00		\$7.00	
Last Name	First			MI	Contribution ID #	
Mcneil	1 1150	Marcus			0068	
Residential Street Address	City			State	Zip Code	
52 Highland Rd		Stamford		ст	06902	
Principal Occupation		Name of Employ	er			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No			obbyist, spouse, or Yes	Amou	unt of Contribution	
If yes, indicate which branch or branches of	υ	dependent child of	31 a 1000y1st?			
government the contract is with:			X No			
Is this contribution associated with a fundraicing event listed in Section 112	Date	Received	Aggregate Contributions			
Tundraising event listed in Section 31?						
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	05/	/16/2013	\$7.00		\$7.00	

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I. MONETARY RECEIPT	S (S	ection A-I)	1					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT David Watts 2014 July 10 Filing - Amendment								
David watts 2014								
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Hamilton		Taber			0069			
Residential Street Address	City	Norwalk		State	Zip Code			
1 St John St	СТ	06851						
Principal Occupation Name of Employer								
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	ant of Contribution			
	0	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1? X No								
If yes, list Event # Money Order Credit/Debit Card	05/	18/2013	\$5.00		\$5.00			
Last Name	First			MI	Contribution ID #			
Curry	1 1130	Caroline		1411	0070			
Residential Street Address	City			State	Zip Code			
29 Hiawatha Ln		Westport		СТ	06880			
Principal Occupation		Name of Employ	er					
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of		dependent ennu (
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions					
X No Cash X Personal Check	05/	18/2013	\$25.00		\$25.00			
If yes, list Event#			·					
Last Name	First			MI	Contribution ID #			
Caceres		George		Α	0071			
Residential Street Address	City			State	Zip Code			
28 Southwind Dr		Norwalk		СТ	06854			
Principal Occupation		Name of Employ	er					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	ant of Contribution			
Yes A N	0	dependent child of						
If yes, indicate which branch or branches of government the contract is with:			x No					
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
Tundraising event listed in Section 31?								
If yes, list Event # Cash Cash Personal Check Money Order Credit/Debit Card	05/	30/2013	\$50.00		\$50.00			
Last Name	First			MI	Contribution ID #			
Fredrick	FIISt	John		IVII	0072			
Residential Street Address	City	301111		State	Zip Code			
31 Windsor Pl		Norwalk		СТ	06854			
Principal Occupation	•	Name of Employ	er					
		City o	f Norwalk					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of		dependent child of	a lobbyist?					
government the contract is with:	D-4	Dagaired						
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No Personal Check	05/	30/2013	\$5.00		\$5.00			
If yes_list Event # Money Order Credit/Debit Card	1			ı				

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L MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
David Watts 2014			July 10 Filing - Amendment					
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Penn-Williams		Brenda			0073			
Residential Street Address	City			State	Zip Code			
21 Karen Dr .		Norwalk		СТ	06851			
Principal Occupation								
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of		dependent ennu (·					
government the contract is with: Is this contribution associated with a Method of contribution: Method of contribution:	Doto	Received	Aggregate Contributions					
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions					
X No Cash Personal Check	06/0	05/2013	\$10.00		\$10.00			
If yes, list Event # Money Order Credit/Debit Card	00/0	03/2013	\$10.00		\$10.00			
Last Name	First			MI	Contribution ID #			
Crosland		Darnell		D	0074			
Residential Street Address	City			State	Zip Code			
25 Grand St		Norwalk		СТ	06851			
Principal Occupation	<u> </u>	Name of Employ	er		•			
attorney		Self						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of	Ů.	dependent child of	of a lobbyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?								
Cash X Personal Check								
	06/	06/2013	\$105.00		\$100.00			
If yes, list Event #		06/2013	\$105.00					
If yes, list Event # Cash Noney Order Credit/Debit Card Last Name	06/ First		\$105.00	MI	Contribution ID #			
If yes, list Event # Last Name Crossland Cash X Personal Check Money Order Credit/Debit Card	First	706/2013 Darnell	\$105.00	MI D	Contribution ID #			
Last Name Crossland Residential Street Address			\$105.00	MI	Contribution ID #			
If yes, list Event # Last Name Crossland Cash X Personal Check Money Order Credit/Debit Card	First	Darnell		MI D State	Contribution ID # 0074 Zip Code			
Last Name Crossland Residential Street Address 25 Grand St	First	Darnell Norwalk		MI D State	Contribution ID # 0074 Zip Code			
Last Name Crossland Residential Street Address 25 Grand St Principal Occupation attorney	First	Norwalk Name of Employ Self Is contributor a l	er obbyist, spouse, or	MI Đ State	Contribution ID # 0074 Zip Code			
If yes, list Event #	First	Darnell Norwalk Name of Employ Self	er obbyist, spouse, or	MI Đ State	Contribution ID # 0074 Zip Code 06851			
Last Name Crossland Residential Street Address 25 Grand St Principal Occupation attorney	First	Norwalk Name of Employ Self Is contributor a l	er obbyist, spouse, or	MI Đ State	Contribution ID # 0074 Zip Code 06851			
Last Name Crossland Residential Street Address 25 Grand St Principal Occupation attorney 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 this contribution associated with a No Cash Money Order Credit/Debit Card Credit/Debit Card Credit/Debit Card Legislative	First	Norwalk Name of Employ Self Is contributor a l	er obbyist, spouse, or	MI Đ State	Contribution ID # 0074 Zip Code 06851			
If yes, list Event #	First City Date	Darnell Norwalk Name of Employ Self Is contributor a l dependent child of	er obbyist, spouse, or	MI D State CT	Contribution ID # 0074 Zip Code 06851 unt of Contribution			
Last Name Crossland Residential Street Address 25 Grand St Principal Occupation attorney 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 this contribution associated with a fundraising event listed in Section J1?	First City Date	Norwalk Name of Employ Self Is contributor a l dependent child of	er obbyist, spouse, or of a lobbyist? Yes X No	MI D State CT	Contribution ID # 0074 Zip Code 06851			
Last Name Crossland No	First City O Date	Darnell Norwalk Name of Employ Self Is contributor a l dependent child of	er obbyist, spouse, or	MI D State CT	Contribution ID # 0074 Zip Code 06851 Int of Contribution \$100.00			
If yes, list Event # Last Name Crossland Money Order Credit/Debit Card	First City Date	Norwalk Name of Employ Self Is contributor a l dependent child of Received	er obbyist, spouse, or	MI D State CT	Contribution ID # 0074 Zip Code 06851 ant of Contribution \$100.00			
If yes, list Event # X No	First City O Date O6//	Darnell Norwalk Name of Employ Self Is contributor a l dependent child of	er obbyist, spouse, or	MI D State CT Amou	Contribution ID # 0074 Zip Code 06851 ant of Contribution \$100.00 Contribution ID # 0075			
If yes, list Event # X No	First City O Date	Darnell Norwalk Name of Employ Self Is contributor a l dependent child of Received 06/2013	er obbyist, spouse, or	MI D State CT Amou	Contribution ID # 0074 Zip Code 06851 ant of Contribution \$100.00- Contribution ID # 0075 Zip Code			
If yes, list Event # X No	First City O Date O6//	Darnell Norwalk Name of Employ Self Is contributor a l dependent child of Received 06/2013 Allen Norwalk	er obbyist, spouse, or Yes f a lobbyist? X No Aggregate Contributions \$210.00	MI D State CT Amou	Contribution ID # 0074 Zip Code 06851 unt of Contribution \$100.00 Contribution ID # 0075			
If yes, list Event # X No	First City O Date O6//	Darnell Norwalk Name of Employ Self Is contributor a l dependent child of Received 06/2013	er obbyist, spouse, or Yes f a lobbyist? X No Aggregate Contributions \$210.00	MI D State CT Amou	Contribution ID # 0074 Zip Code 06851 ant of Contribution \$100.00- Contribution ID # 0075 Zip Code			
Last Name Crossland Residential Street Address 25 Grand St Principal Occupation attorney 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 this contribution associated with a fundraising event listed in Section J1? Last Name Brown Residential Street Address 193 W Rocks Rd Principal Occupation	First City Date OG/4 First	Norwalk Name of Employ Self Is contributor a l dependent child of the contributor and dependent child of the contributor and the contributor and dependent child of the cont	er obbyist, spouse, or Yes if a lobbyist? X No Aggregate Contributions \$\pm\$210.00	MI D State CT	Contribution ID # 0074 Zip Code 06851 ant of Contribution \$100.00- Contribution ID # 0075 Zip Code			
Last Name Crossland Residential Street Address 25 Grand St Principal Occupation attorney Is contributor a principal of a state contractor or prospective state contractor? Is this contribution associated with a fundraising event listed in Section J1? Last Name Brown Residential Street Address 193 W Rocks Rd Principal Occupation Tyes And Address 193 W Rocks Rd Principal Occupation Residential Street Address 193 W Rocks Rd Principal Occupation Street Address 193 W Rocks Rd Principal Occupation Is contributor a principal of a state contractor or prospective state contractor? Yes Tyes Method of contribution: Cash Money Order Credit/Debit Card Credit/Debit Card Last Name Brown Residential Street Address 193 W Rocks Rd	First City Date OG/4 First	Norwalk Name of Employ Self Is contributor a l dependent child of the contributor and dependent child of the contributor and the contributor and dependent child of the cont	er obbyist, spouse, or	MI D State CT	Contribution ID # 0074 Zip Code 06851 ant of Contribution \$100.00 Contribution ID # 0075 Zip Code 06851			
Last Name Crossland Residential Street Address 25 Grand St Principal Occupation attorney Is contributor a principal of a state contractor or prospective state contractor? Is this contribution associated with a fundraising event listed in Section J1? Last Name Brown Residential Street Address 2 S Grand St Principal Occupation attorney Is contributor a principal of a state contractor or prospective state contractor? Yes Method of contribution: Cash Method of contribution: Cash Money Order Credit/Debit Card Last Name Brown Residential Street Address 193 W Rocks Rd Principal Occupation Is contributor a principal of a state contractor or prospective state contractor? Yes Yes Yes Yes Yes Yes A No Principal Occupation	First City Date OG/4 First	Norwalk Name of Employ Self Is contributor a l dependent child of the contributor a l dependent child of the contributor a l dependent child of the contributor a l l dependent child of the contribu	er obbyist, spouse, or	MI D State CT	Contribution ID # 0074 Zip Code 06851 ant of Contribution \$100.00 Contribution ID # 0075 Zip Code 06851			
Last Name Crossland Residential Street Address 1	First City Date O6// City	Norwalk Name of Employ Self Is contributor a l dependent child of the contributor a l dependent child of the contributor a l dependent child of the contributor a l l dependent child of the contribu	er obbyist, spouse, or	MI D State CT	Contribution ID # 0074 Zip Code 06851 ant of Contribution \$100.00 Contribution ID # 0075 Zip Code 06851			
Last Name Crossland Residential Street Address 25 Grand St Principal Occupation attorney Is contributor a principal of a state contractor or prospective state contractor? Is this contribution associated with a fundraising event listed in Section J1? Last Name Brown Residential Street Address 25 Grand St Principal Occupation attorney Is contribution associated with a fundraising event listed in Section J1? Last Name Brown Residential Street Address 193 W Rocks Rd Principal Occupation Is contributor a principal of a state contractor or prospective state contractor? Yes Method of contribution: Amely Cash Money Order Credit/Debit Card Last Name Brown Residential Street Address 193 W Rocks Rd Principal Occupation Is contributor a principal of a state contractor or prospective state contractor? Yes N If yes, indicate which branch or branches of government the contract is with:	First City Date O6// City	Norwalk Name of Employ Self Is contributor a l dependent child of the contributor all dependen	er obbyist, spouse, or Yes if a lobbyist? Aggregate Contributions \$210.00 er obbyist, spouse, or Yes if a lobbyist? X No	MI D State CT	Contribution ID # 0074 Zip Code 06851 ant of Contribution \$100.00 Contribution ID # 0075 Zip Code 06851			

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
David Watts 2014			July 10 Filing - Amendment						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Dopwell		Sandra			0076				
Residential Street Address	City			State	Zip Code				
329 Ely Ave	<u> </u>	Norwalk Name of Employ		СТ	06854				
Principal Occupation									
Is contributor a principal of a state contractor or prospective state contractor?	Amou	unt of Contribution							
If was indicate which beaugh as broughes of	0	dependent child of							
government the contract is with:			x _{No}						
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Personal Check	06/	09/2013	фE 00		¢E 00				
If yes, list Event # Money Order Credit/Debit Card	06/	09/2013	\$5.00		\$5.00				
Last Name	First			MI	Contribution ID #				
Montgomery		Eric			0077				
Residential Street Address	City			State	Zip Code				
13 Glenwood Ave		Norwalk		СТ	06850				
Principal Occupation		Name of Employ	er						
L. stillet size in left state where the stillet state state and size in left state s		I	-11		unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1? Yes X Cash Personal Check									
X No X Cash Personal Check If yes, list Event # Money Order Credit/Debit Card	06/	09/2013	\$30.00		\$30.00				
ii yes, iist Event #				<u> </u>					
Last Name	First			MI	Contribution ID #				
Shular		Scotty			0079				
Residential Street Address	City	Nemualle		State CT	Zip Code 06854				
300 Ely Ave Principal Occupation	<u> </u>	Norwalk Name of Employ	er	CI	06854				
типери оссиранов			f Norwalk						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	ant of Contribution				
If yes, indicate which branch or branches of	0	dependent child of	-						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Personal Check	06.4	00/2012	#30.00		+20.00				
If yes, list Event # Money Order Credit/Debit Card	06/	09/2013	\$20.00		\$20.00				
Last Name	First			MI	Contribution ID #				
Hilliard		Carvin			0078				
Residential Street Address	City			State	Zip Code				
8 Raymond St		Norwalk		СТ	06854				
Principal Occupation		Name of Employ	er						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of		dependent child of	or a robbyist?						
government the contract is with:	-	D : 1	X No						
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash Personal Check	06/	09/2013	\$20.00		\$20.00				
If yes, list Event # Money Order	1	,	420.00	I	,				

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L MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
David Watts 2014			July 10 Filing - Amendment					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Harp		Toni			0800			
Residential Street Address	City			State	Zip Code			
170 Conrad Dr .		New Haven		CT	06515			
Principal Occupation		Name of Employ	er					
State Senator Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	Vac	Amot	int of Contribution			
If yes, indicate which branch or branches of government the contract is with:			x No					
Is this contribution associated with a fundraising event listed in Section 112	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1? Cash Personal Check								
If yes, list Event # 06152013A No Money Order Credit/Debit Card	06/	15/2013	\$200.00		\$100.00			
				l	1			
Last Name	First			MI	Contribution ID #			
Blackman	a:	Keith		G: :	0084			
Residential Street Address 27 Beechwood Ave	City	l la carda ca		State	Zip Code			
Principal Occupation		Hamden Name of Employ	or	СТ	06514			
Correction Officer			of Corrections					
			11.14	Amou	unt of Contribution			
Yes X No	0	dependent child of	Vac					
If yes, indicate which branch or branches of government the contract is with:			x No					
Is this contribution associated with a Service U2 Yes Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?								
If yes, list Event # 06152013A No Money Order Credit/Debit Card	06/	15/2013	\$80.00		\$80.00			
	<u> </u>			l	1			
Last Name	First			MI	Contribution ID #			
Blackman Residential Street Address	City	Sharon		State	O085 Zip Code			
27 Beechwood Ave	City	Hamden		CT	06514			
Principal Occupation	<u> </u>	Name of Employ	er	CI	00314			
· Fr · · · · · · · · ·								
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution			
If yes, indicate which branch or branches of	0	dependent child of						
government the contract is with:			× No					
Is this contribution associated with a fundraising event listed in Section 112	Date	Received	Aggregate Contributions					
Tunidialising event listed in Section 31:								
If yes, list Event # 06152013A No No Money Order Credit/Debit Card	06/	15/2013	\$80.00		\$40.00			
Last Name	First			MI	Contribution ID #			
Blackman	First	Sharon		IVII	0085			
Residential Street Address	City			State	Zip Code			
27 Beechwood Ave		Hamden		ст	06514			
Principal Occupation		Name of Employ	er		1			
Claims Coordinator		Freed	lom Disability					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of		dependent child of	a loodyist?					
government the contract is with: Legislative Legislative	-		x _{No}					
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions					
No No Personal Check	06	/15/2012	¢40.00		¢40.00			
If yes, list Event # 06152013A Money Order Credit/Debit Card	36/	15/2013	\$40.00		\$40.00			

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT David Watte 2014 July 10 Filing - Amendment									
David Watts 2014									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Smart		Patricia			0081				
Residential Street Address	City			State	Zip Code				
46 Elizabeth St Principal Occupation		New Haven Name of Employ	or	СТ	06511				
гисіра Оссираної									
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	unt of Contribution				
If was indicate which beaugh as broughes of	0	dependent child of	of a lobbyist?						
government the contract is with:			x _{No}						
Is this contribution associated with a fundraising event listed in Section J1? X Yes	Date	Received	Aggregate Contributions						
No Service And Check	06/	15/2012	¢10.00		¢10.00				
If yes, list Event # 06152013A	06/	15/2013	\$10.00		\$10.00				
Last Name	First			MI	Contribution ID #				
Booker		Faith			0082				
Residential Street Address	City			State	Zip Code				
414-6 Austin Rd		Waterbury		СТ	06705				
Principal Occupation		Name of Employ	er						
Is contributed a univariant of a state contractor or presentative state contractor?		In contributor of	abbyigt analysis or	I Amor	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	dependent child of	obbyist, spouse, or Of a lobbyist?	Amot	int of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with: Is this contribution associated with a fundaming overnt listed in Section 112. X Yes Method of contribution:	Date	Received	Aggregate Contributions	•					
fundraising event listed in Section J1? Yes X Cash Personal Check									
If yes, list Event # 06152013A	06/	15/2013	\$5.00		\$5.00				
I Honey order Create Debut Card									
Last Name	First			MI	Contribution ID #				
Walker	C'i	Ebony		G	0083				
Residential Street Address 48 Dayton St Fl 3	City	New Haven		State CT	Zip Code 06515				
Principal Occupation		Name of Employ	er	<u> </u>	1 00313				
		1 ,							
Is contributor a principal of a state contractor or prospective state contractor?	^		obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of	0	dependent child of	of a foodyfst?						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions						
No Cash Personal Check	06/	15/2013	\$20.00		\$20.00				
If yes, list Event # 06152013A	00/	13/2013	\$20.00						
Last Name	First			MI	Contribution ID #				
Dade		Willie			0086				
Residential Street Address	City			State	Zip Code				
1B Nalcolme Ct		New Haven		СТ	06519				
Principal Occupation		Name of Employ	er						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of	-	dependent child of	of a foodyfst?						
government the contract is with: Executive	_		X No						
Is this contribution associated with a fundraising event listed in Section J1? X Yes	Date	Received	Aggregate Contributions						
No Cash Personal Check	06/	15/2013	\$15.00		\$15.00				
If yes, list Event # 06152013A	1	-0, 2013	Ψ15.00		4-5.00				

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
David Watts 2014			July 10 Filing - Amendment						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Howlett-Desheild		Beverly			0087				
Residential Street Address	City			State	Zip Code				
41 Redfield St	СТ	06519							
Principal Occupation									
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	ant of Contribution				
	0	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with a fundraising event listed in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
— X Cook									
If yes, list Event # 06152013A	06/	15/2013	\$5.00		\$5.00				
Last Name	First			MI	Contribution ID #				
Ford	11130	Sheila		IVII	0088				
Residential Street Address	City	Sticila		State	Zip Code				
192 West St .		New Haven		СТ	06519				
Principal Occupation	•	Name of Employ	er	•	•				
				-					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of		dependent child (·						
government the contract is with: Legislative Legislative	Dete	D i 4							
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions						
No Cash Personal Check	06/	15/2013	\$20.00		\$20.00				
If yes, list Event # 06152013A	00,	10, 2010	Ψ20.00						
Last Name	First			MI	Contribution ID #				
Preston		Shawn			0089				
Residential Street Address	City			State	Zip Code				
37 Elizabeth St	<u> </u>	New Haven		СТ	06571				
Principal Occupation		Name of Employ	er						
Is contributer a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist spouse or	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	dependent child of	V	Amou	int of Contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a fundamining event listed in Section 112.	Date	Received	Aggregate Contributions	1					
Tunidialising event listed in Section 31:									
If yes, list Event # 06152013A No Section Money Order Credit/Debit Card	06/	15/2013	\$10.00		\$10.00				
				l	Laurin				
Last Name Davis	First	Ivy		MI	Contribution ID # 0091				
Residential Street Address	City	10 y		State	Zip Code				
44 Orange St		New Haven		СТ	06510				
Principal Occupation		Name of Employ	er						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of	-	dependent child of	or a roodyrst?						
government the contract is with: Executive	_	D	X No						
Is this contribution associated with a fundraising event listed in Section J1? X Yes	Date	Received	Aggregate Contributions						
No Cash Personal Check	067	15/2013	\$30.00		\$30.00				
If yes, list Event # 06152013A Money Order Credit/Debit Card	1 00/	13/2013	φ50.00		φυυ.υυ				

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
David Watts 2014 July 10 Filing - Amendment									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Mohamoud		Muse			0092				
Residential Street Address	City	West Hartfor	al .	State	Zip Code 06110				
119 Hollywood Ave Principal Occupation	СТ	06110							
типера оссаранов									
Is contributor a principal of a state contractor or prospective state contractor?	Amou	unt of Contribution							
If yes, indicate which branch or branches of	·	dependent child of							
government the contract is with:	Data	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions						
No Cash Personal Check	06/:	15/2013	\$35.00		\$35.00				
If yes, list Event # 06152013A		,			•				
Last Name	First			MI	Contribution ID #				
Alexander		Michael			0093				
Residential Street Address	City			State	Zip Code				
26 Greenhill Ter	L	New Haven		СТ	06515				
Principal Occupation		Name of Employ	er						
Is contributor a principal of a state contractor or prospective state contractor?	_	Is contributor a l	obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of	U	dependent child of	of a lobbyist?						
government the contract is with:	لــــا		x _{No}						
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions						
No Z Cash Personal Check	06/-	15/2013	\$20.00		\$20.00				
If yes, list Event # 06152013A	00/.	15/2015	\$20.00						
Last Name	First			MI	Contribution ID #				
Bost		Eric			0094				
Residential Street Address	City			State	Zip Code				
203 W Sneden Pl	L.,	Spring Valley		NY	10977				
Principal Occupation		Name of Employ							
Sales Is contributor a principal of a state contractor or prospective state contractor?		Medtr Is contributor a l		Amor	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	dependent child of	V	Amot	int of Contribution				
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
Tunidialising event listed in Section 31:									
If yes, list Event # 06152013A No Money Order Credit/Debit Card	06/:	15/2013	\$75.00		\$75.00				
Last Name	First			MI	Contribution ID #				
Richardson	riist	Edward		В	0095				
Residential Street Address	City			State	Zip Code				
50 Whiting St		Hamden		СТ	06514				
Principal Occupation		Name of Employ	er	•					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of		dependent child of	or a roodyrst?						
government the contract is with: Legislative Legislative		Danier 1	X No						
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions						
If yes, list Event # 06152013A No	06/	15/2013	\$10.00		\$10.00				

I MONETARY DECEIRT	C (C.				
I. MONETARY RECEIPT	2 (26	ection A-1)	I TYPE OF PERONT		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
David Watts 2014			July 10 Filing - Amendment		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Printz		Dorothy			0096
Residential Street Address	City	,		State	Zip Code
Wooden St	City	Hamden		CT	06514
	Ь				00314
Principal Occupation		Name of Employ	er		
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or	Amou	nt of Contribution
		dependent child of	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:			x No		
	Date	Received	Aggregate Contributions		
Is this contribution associated with a fundraising event listed in Section J1?					
No Cash X Personal Check	06/	15/2013	\$50.00-		\$25.00
If yes, list Event # 06152013A	00/.	13/2013	\$30.00		\$23.00
<u> </u>					
Last Name	First			MI	Contribution ID #
Нагр		Toni			0080
Residential Street Address	City			State	Zip Code
170 Conrad Dr .		New Haven		СТ	06515
Principal Occupation	_	Name of Employ	er		!
Manager		Hill H	ealth Center		
			obbyist, spouse, or	A	ınt of Contribution
is contributor a principal of a state contractor or prospective state contractor?	o	dependent child of	Voc	Amou	int of Contribution
If yes, indicate which branch or branches of			<u></u>		
government the contract is with:			x _{No}		
Is this contribution associated with a fundaming a quent listed in Section 112.	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?	1				
	l				
No Cash X Personal Check	06/	15/2013	\$100.00		\$100.00
Cosh X Parsonal Chack	06/	15/2013	\$100.00	!	\$100.00
If yes, list Event # 06152013A		15/2013	\$100.00		
If yes, list Event # 06152013A No Cash X Personal Check Money Order Credit/Debit Card Last Name	06/ First		\$100.00	MI	Contribution ID #
If yes, list Event # 06152013A Cash No Money Order Personal Check Last Name Printz	First	Dorothy	\$100.00	MI	Contribution ID #
If yes, list Event # 06152013A			\$100.00	MI State	Contribution ID # 0096 Zip Code
If yes, list Event # 06152013A Cash No Money Order Personal Check Last Name Printz	First		\$100.00	MI	Contribution ID #
If yes, list Event # 06152013A	First	Dorothy		MI State	Contribution ID # 0096 Zip Code
If yes, list Event # 06152013A	First	Dorothy		MI State	Contribution ID # 0096 Zip Code
Last Name Printz Residential Street Address 704 Wooden St Principal Occupation	First	Dorothy Hamden Name of Employ	er obbyist, spouse, or	MI State CT	Contribution ID # 0096 Zip Code
Last Name Printz Residential Street Address 704 Wooden St Principal Occupation	First	Dorothy Hamden Name of Employ	er obbyist, spouse, or	MI State CT	Contribution ID # 0096 Zip Code 06514
Last Name Printz Residential Street Address 704 Wooden St Principal Occupation Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of	First	Dorothy Hamden Name of Employ Is contributor a l	er obbyist, spouse, or	MI State CT	Contribution ID # 0096 Zip Code 06514
Last Name Printz Residential Street Address 704 Wooden St Principal Occupation 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:	First	Dorothy Hamden Name of Employ Is contributor a l dependent child of	er obbyist, spouse, or f a lobbyist? Yes X No	MI State CT	Contribution ID # 0096 Zip Code 06514
If yes, list Event # 06152013A	First	Dorothy Hamden Name of Employ Is contributor a l	er obbyist, spouse, or	MI State CT	Contribution ID # 0096 Zip Code 06514
Last Name Printz Residential Street Address 704 Wooden St Principal Occupation 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 this contribution associated with a fundraising event listed in Section J1? Cash X Personal Check Credit/Debit Card Cash Money Order Credit/Debi	First City Date	Dorothy Hamden Name of Employ Is contributor a l dependent child of Received	er obbyist, spouse, or Yes f a lobbyist? X No Aggregate Contributions	MI State CT Amou	Contribution ID # 0096 Zip Code 06514 ant of Contribution
Last Name Printz Residential Street Address 704 Wooden St Principal Occupation 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 this contribution associated with a fundraising event listed in Section J1? No Cash A Personal Check Principal Occupation Legislative Legislative Residential Street Address A Ves Method of contribution: A Personal Check Personal Check	First City Date	Dorothy Hamden Name of Employ Is contributor a l dependent child of	er obbyist, spouse, or f a lobbyist? Yes X No	MI State CT Amou	Contribution ID # 0096 Zip Code 06514
Last Name Printz Residential Street Address 704 Wooden St Principal Occupation 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 this contribution associated with a fundraising event listed in Section J1? Cash X Personal Check Credit/Debit Card Cash Money Order Credit/Debi	First City Date	Dorothy Hamden Name of Employ Is contributor a l dependent child of Received	er obbyist, spouse, or Yes f a lobbyist? X No Aggregate Contributions	MI State CT Amou	Contribution ID # 0096 Zip Code 06514 ant of Contribution
Last Name Printz Residential Street Address 704 Wooden St Principal Occupation 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 this contribution associated with a fundraising event listed in Section J1? No Cash A Personal Check Principal Occupation Legislative Legislative Residential Street Address A Ves Method of contribution: A Personal Check Personal Check	First City Date	Dorothy Hamden Name of Employ Is contributor a l dependent child of Received	er obbyist, spouse, or Yes f a lobbyist? X No Aggregate Contributions	MI State CT Amou	Contribution ID # 0096 Zip Code 06514 ant of Contribution
If yes, list Event # 06152013A	First City Date 06/	Dorothy Hamden Name of Employ Is contributor a l dependent child of the contributor all dependent child of the contributor all dependent child of the contributor all dependent child of the contributor and the contributor all dependent child of the c	er obbyist, spouse, or Yes f a lobbyist? X No Aggregate Contributions	MI State CT Amou	Contribution ID # 0096 Zip Code 06514 nt of Contribution
Last Name Printz Residential Street Address 704 Wooden St Principal Occupation 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 this contribution associated with a fundraising event listed in Section J1? Last Name Harp	First City Date 06/	Dorothy Hamden Name of Employ Is contributor a l dependent child of Received	er obbyist, spouse, or Yes f a lobbyist? X No Aggregate Contributions	MI State CT Amou	Contribution ID # 0096 Zip Code 06514 Int of Contribution \$25.00 Contribution ID # 0090
Last Name Printz Residential Street Address 704 Wooden St Principal Occupation 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 this contribution associated with a fundraising event listed in Section J1? Last Name Harp Residential Street Address	First City Date 06/	Dorothy Hamden Name of Employ Is contributor a l dependent child of the contributor of	er obbyist, spouse, or Yes f a lobbyist? X No Aggregate Contributions	MI State CT Amou	Contribution ID # 0096 Zip Code 06514 Int of Contribution \$25.00 Contribution ID # 0090 Zip Code
Last Name Printz Residential Street Address 704 Wooden St Principal Occupation 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 this contribution associated with a fundraising event listed in Section J1? Last Name Harp Residential Street Address 515 Shelton Ave # 1	First City Date 06/	Dorothy Hamden Name of Employ Is contributor a l dependent child of the contributor all depen	er obbyist, spouse, or	MI State CT Amou	Contribution ID # 0096 Zip Code 06514 Int of Contribution \$25.00 Contribution ID # 0090
Last Name Printz Residential Street Address 704 Wooden St Principal Occupation Is contributor a principal of a state contractor or prospective state contractor? Is this contribution associated with a fundraising event listed in Section J1? Last Name Harp Residential Street Address 515 Shelton Ave # 1 Principal Occupation	First City Date 06/	Dorothy Hamden Name of Employ Is contributor a I dependent child of the contributor and the contributor	er obbyist, spouse, or f a lobbyist? X No Aggregate Contributions \$25.00	MI State CT Amou	Contribution ID # 0096 Zip Code 06514 Int of Contribution \$25.00 Contribution ID # 0090 Zip Code
Last Name Printz Residential Street Address 704 Wooden St Principal Occupation Is contributor a principal of a state contractor or prospective state contractor? Is this contribution associated with a fundraising event listed in Section J1? Last Name Harp Residential Street Address 515 Shelton Ave # 1 Principal Occupation	First City Date 06/	Dorothy Hamden Name of Employ Is contributor a l dependent child of the contributor and depen	er obbyist, spouse, or f a lobbyist? X No Aggregate Contributions \$25.00 er issance Management Co.	MI State CT Amou	Contribution ID # 0096 Zip Code 06514 nt of Contribution \$25.00 Contribution ID # 0090 Zip Code 06517
Last Name Printz Residential Street Address 704 Wooden St Principal Occupation Is contributor a principal of a state contractor or prospective state contractor? Is this contribution associated with a fundraising event listed in Section J1? Last Name Harp Residential Street Address 515 Shelton Ave # 1 Principal Occupation	First City Date 06/ First City	Dorothy Hamden Name of Employ Is contributor a l dependent child of the contributor a l depen	er obbyist, spouse, or f a lobbyist? X No Aggregate Contributions \$25.00 er issance Management Co. obbyist, spouse, or	MI State CT Amou	Contribution ID # 0096 Zip Code 06514 Int of Contribution \$25.00 Contribution ID # 0090 Zip Code
Last Name Printz Residential Street Address To4 Wooden St Principal Occupation Is contributor a principal of a state contractor or prospective state contractor? Is this contribution associated with a fundraising event listed in Section J1? Last Name Harp Residential Street Address 515 Shelton Ave # 1 Principal Occupation No	First City Date 06/ First City	Dorothy Hamden Name of Employ Is contributor a l dependent child of the contributor and depen	er obbyist, spouse, or f a lobbyist? X No Aggregate Contributions \$25.00 er issance Management Co. obbyist, spouse, or f a lobbyist? Yes	MI State CT Amou	Contribution ID # 0096 Zip Code 06514 nt of Contribution \$25.00 Contribution ID # 0090 Zip Code 06517
Last Name Printz Residential Street Address 704 Wooden St Principal Occupation Is contributor a principal of a state contractor or prospective state contractor? Is this contribution associated with a fundraising event listed in Section J1? Last Name Harp Residential Street Address 515 Shelton Ave # 1 Principal Occupation No	First City Date 06/ First City	Dorothy Hamden Name of Employ Is contributor a l dependent child of the contributor a l depen	er obbyist, spouse, or f a lobbyist? X No Aggregate Contributions \$25.00 er issance Management Co. obbyist, spouse, or	MI State CT Amou	Contribution ID # 0096 Zip Code 06514 nt of Contribution \$25.00 Contribution ID # 0090 Zip Code 06517
Last Name Printz Residential Street Address 704 Wooden St Principal Occupation 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: Last Name Harp Residential Street Address 704 Wooden St Principal Occupation If yes, indicate which branch or branches of government the contract is with: X	First City Date 06/ First City	Dorothy Hamden Name of Employ Is contributor a l dependent child of the contributor a l depen	er obbyist, spouse, or f a lobbyist? X No Aggregate Contributions \$25.00 er issance Management Co. obbyist, spouse, or f a lobbyist? Yes	MI State CT Amou	Contribution ID # 0096 Zip Code 06514 nt of Contribution \$25.00 Contribution ID # 0090 Zip Code 06517
Last Name Printz Residential Street Address 704 Wooden St Principal Occupation Is contributor a principal of a state contractor or prospective state contractor?	First City Date 06/ First City	Dorothy Hamden Name of Employ Is contributor a l dependent child of the contributor a l depen	er obbyist, spouse, or if a lobbyist? X No Aggregate Contributions \$25.00 er issance Management Co. obbyist, spouse, or if a lobbyist? Yes X No	MI State CT Amou	Contribution ID # 0096 Zip Code 06514 nt of Contribution \$25.00 Contribution ID # 0090 Zip Code 06517
Last Name Printz Residential Street Address 704 Wooden St Principal Occupation Is contributor a principal of a state contractor or prospective state contractor?	First City Date O6/ First City	Dorothy Hamden Name of Employ Is contributor a l dependent child of the contributor a l depen	er obbyist, spouse, or if a lobbyist? X No Aggregate Contributions \$25.00 er issance Management Co. obbyist, spouse, or if a lobbyist? Yes X No	MI State CT Amou	Contribution ID # 0096 Zip Code 06514 nt of Contribution \$25.00 Contribution ID # 0090 Zip Code 06517

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
David Watts 2014			July 10 Filing - Amendment					
B. Itemized Contributions fro	m Ind	lividuals	•					
Last Name	First			MI	Contribution ID #			
Harp		Reynaud			0090			
Residential Street Address	City			State	Zip Code 06511			
Principal Occupation								
Is contributor a principal of a state contractor or prospective state contractor?	Amou	unt of Contribution						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		dependent child of	x No					
Is this contribution associated with a fundamining agent listed in Section 112	Date	Received	Aggregate Contributions					
Cash X Personal Check								
If yes, list Event # 06152013A No Money Order Credit/Debit Card	06/	15/2013	\$225.00-		\$75.00-			
Last Name	First			MI	Contribution ID #			
Harp		Reynaud			0090			
Residential Street Address	City			State	Zip Code			
300 Whalley Ave		New Haven		CT	06511			
Principal Occupation		Name of Employ	er	•	•			
Real Estate		Rena	issance Management Co.					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of		dependent child of	x No					
government the contract is with:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?	Dute	Received	riggregate contributions					
Cash X Personal Check								
∐ No I⊟	06/	15/2013	\$150.00 -		\$75.00			
If yes, list Event # Q6152013A No Cash Personal Check Money Order Credit/Debit Card	06/	'15/2013	\$150.00 -		\$75.00			
If yes, list Event # 96152013A No Money Order Credit/Debit Card Last Name	96/		\$150.00	MI	Contribution ID #			
If yes, list Event # 06152013A No Money Order Credit/Debit Card Last Name Walker	First		\$150.00		Contribution ID #			
If yes, list Event # Q6152013A No Money Order Credit/Debit Card Last Name Walker Residential Street Address		James	\$150.00 -	State	Contribution ID # 0097 Zip Code			
If yes, list Event # Q6152013A No Money Order Credit/Debit Card Last Name Walker Residential Street Address 2 Morningview Ct	First	James Hamden	·		Contribution ID #			
If yes, list Event # <u>06152013A</u> Last Name Walker Residential Street Address 2 Morningview Ct Principal Occupation	First	James Hamden Name of Employ	er	State	Contribution ID # 0097 Zip Code			
If yes, list Event # 06152013A No Money Order Credit/Debit Card Last Name Walker Residential Street Address 2 Morningview Ct Principal Occupation Executive Director	First	James Hamden Name of Employ Bime	er C	State CT	Contribution ID # 0097 Zip Code 06518			
If yes, list Event # Q6152013A No Money Order Credit/Debit Card Last Name Walker Residential Street Address 2 Morningview Ct Principal Occupation Executive Director Is contributor a principal of a state contractor or prospective state contractor? Yes X N	First	James Hamden Name of Employ Bime	er C obbyist, spouse, or	State CT	Contribution ID # 0097 Zip Code			
If yes, list Event # 06152013A No Money Order Credit/Debit Card Last Name Walker Residential Street Address 2 Morningview Ct Principal Occupation Executive Director	First	James Hamden Name of Employ Bime Is contributor a l	er C obbyist, spouse, or	State CT	Contribution ID # 0097 Zip Code 06518			
If yes, list Event # Q6152013A No Money Order Credit/Debit Card Last Name Walker Residential Street Address 2 Morningview Ct Principal Occupation Executive Director Is contributor a principal of a state contractor or prospective state contractor? Yes X N If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with a X Yes Method of contribution:	First	James Hamden Name of Employ Bime Is contributor a l	er C obbyist, spouse, or	State CT	Contribution ID # 0097 Zip Code 06518			
If yes, list Event # Q6152013A No Money Order Credit/Debit Card Last Name Walker Residential Street Address 2 Morningview Ct Principal Occupation Executive Director Is contributor a principal of a state contractor or prospective state contractor? Yes X N If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with a fundraising event listed in Section J1? Goek Associated Walker Residential Street Address 2 Morningview Ct Principal Occupation Executive Legislative Method of contribution:	First City Date	James Hamden Name of Employ Bime Is contributor a l dependent child of	er C obbyist, spouse, or of a lobbyist? X No Aggregate Contributions	State CT	Contribution ID # 0097 Zip Code 06518 ant of Contribution			
Last Name Walker Residential Street Address 2 Morningview Ct Principal Occupation Executive Director 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 this contribution associated with a fundraising event listed in Section J1?	First City Date	James Hamden Name of Employ Bime Is contributor a l dependent child of	er C obbyist, spouse, or of a lobbyist? Yes X No	State CT	Contribution ID # 0097 Zip Code 06518			
If yes, list Event # Q6152013A No Money Order Credit/Debit Card Last Name Walker Residential Street Address 2 Morningview Ct Principal Occupation Executive Director Is contributor a principal of a state contractor or prospective state contractor? Yes X N If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with a fundraising event listed in Section J1? Yes X Yes Authority Cash X Yes Personal Check	First City Date	James Hamden Name of Employ Bime Is contributor a l dependent child of	er C obbyist, spouse, or of a lobbyist? X No Aggregate Contributions	State CT	Contribution ID # 0097 Zip Code 06518 ant of Contribution			
If yes, list Event # ## O6152013A Last Name Walker	First City O Date O6/	James Hamden Name of Employ Bime Is contributor a l dependent child of	er C obbyist, spouse, or of a lobbyist? X No Aggregate Contributions	State CT Amou	Contribution ID # 0097 Zip Code 06518 ant of Contribution \$75.00			
If yes, list Event # Q6152013A No Money Order Credit/Debit Card Last Name Walker Residential Street Address 2 Morningview Ct Principal Occupation Executive Director Is contributor a principal of a state contractor or prospective state contractor? Yes X N If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with a fundraising event listed in Section J1? No Method of contribution: If yes, list Event # Q6152013A Money Order Credit/Debit Card Last Name Walker Residential Street Address	First City O Date O6/	James Hamden Name of Employ Bime Is contributor a l dependent child of Received /15/2013	er C obbyist, spouse, or of a lobbyist? X No Aggregate Contributions	State CT Amou	Contribution ID # 0097 Zip Code 06518 ant of Contribution \$75.00 Contribution ID # 0097 Zip Code			
If yes, list Event # Q6152013A No Money Order Credit/Debit Card Last Name Walker Residential Street Address 2 Morningview Ct Principal Occupation Executive Director Is contributor a principal of a state contractor or prospective state contractor? Yes X N If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with a fundraising event listed in Section J1? No Method of contribution: If yes, list Event # Q6152013A No Money Order Credit/Debit Card Last Name Walker Residential Street Address 2 Morningview Ct	First City O Date O First	James Hamden Name of Employ Bime Is contributor a l dependent child of Received (15/2013	er C obbyist, spouse, or of a lobbyist? X No Aggregate Contributions \$75.00	State CT Amou	Contribution ID # 0097 Zip Code 06518 ant of Contribution \$75.00 Contribution ID # 0097			
If yes, list Event # Q6152013A No Money Order Credit/Debit Card Last Name Walker Residential Street Address 2 Morningview Ct Principal Occupation Executive Director Is contributor a principal of a state contractor or prospective state contractor? Yes X N If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with a fundraising event listed in Section J1? No Method of contribution: If yes, list Event # Q6152013A Money Order Credit/Debit Card Last Name Walker Residential Street Address	First City O Date O First	James Hamden Name of Employ Bime Is contributor a l dependent child of Received /15/2013	er C obbyist, spouse, or of a lobbyist? X No Aggregate Contributions \$75.00	State CT Amou	Contribution ID # 0097 Zip Code 06518 ant of Contribution \$75.00 Contribution ID # 0097 Zip Code			
If yes, list Event # Q6152013A No Money Order Credit/Debit Card Last Name Walker Residential Street Address 2 Morningview Ct Principal Occupation Executive Director Is contributor a principal of a state contractor or prospective state contractor? Yes X N If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with a fundraising event listed in Section J1? No Method of contribution: If yes, list Event # Q6152013A No Money Order Credit/Debit Card Last Name Walker Residential Street Address 2 Morningview Ct	First City	James Hamden Name of Employ Bime Is contributor a I dependent child of the contributor and the contrib	er C obbyist, spouse, or of a lobbyist? X No Aggregate Contributions \$75.00	State CT Amou	Contribution ID # 0097 Zip Code 06518 ant of Contribution \$75.00 Contribution ID # 0097 Zip Code			
If yes, list Event #	First City	James Hamden Name of Employ Bime Is contributor a l dependent child of the contributor of the contributo	er C obbyist, spouse, or	State CT Amou	Contribution ID # 0097 Zip Code 06518 ant of Contribution \$75.00 Contribution ID # 0097 Zip Code 06518			
If yes, list Event # ## Walker Residential Street Address 2 Morningview Ct Principal Occupation Executive Director Is contributor a principal of a state contractor or prospective state contractor?	First City Date O6/ City	James Hamden Name of Employ Bime Is contributor a I dependent child of the contributor a I d	er C obbyist, spouse, or of a lobbyist? X No Aggregate Contributions \$75.00 er er obbyist, spouse, or of a lobbyist? Yes X No	State CT Amou	Contribution ID # 0097 Zip Code 06518 ant of Contribution \$75.00 Contribution ID # 0097 Zip Code 06518			
If yes, list Event #	First City Date O6/ City	James Hamden Name of Employ Bime Is contributor a I dependent child of the contributor and the contrib	er C obbyist, spouse, or	State CT Amou	Contribution ID # 0097 Zip Code 06518 ant of Contribution \$75.00 Contribution ID # 0097 Zip Code 06518			

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)								
David Watts 2014			July 10 Filing - Amendment					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Walker		Barbara			0098			
Residential Street Address	City			State	Zip Code			
2 Morningview Ct	L	Hamden		СТ	06518			
Principal Occupation	er							
probation officer		State						
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent ennu (x _{No}					
government the contract is with:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?			1.00.10.10					
No Cash X Personal Check	06/:	15/2013	\$100.00		\$50.00			
If yes, list Event # 06152013A								
Last Name	First			MI	Contribution ID #			
Sharry		William		м	0099			
Residential Street Address	City			State	Zip Code			
272 Hamilton Ave	Ш.	Stamford		СТ	06902			
Principal Occupation		Name of Employ						
campaign manager			Rongione					
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions					
X No Cash X Personal Check								
No In	06/	18/2013	\$50.00		\$50.00			
If yes, list Event # No Money Order Credit/Debit Card	06/	18/2013	\$50.00		\$50.00			
	06/ First	18/2013	\$50.00	MI	\$50.00 Contribution ID #			
If yes, list Event #		(18/2013 William	\$50.00	MI M				
If yes, list Event #			\$50.00		Contribution ID #			
If yes, list Event #	First		\$50.00	М	Contribution ID #			
If yes, list Event #	First	William		M State	Contribution ID # 0099 Zip Code			
If yes, list Event #	First	William Westwood		State MA	Contribution ID # 0099 Zip Code 02090			
If yes, list Event #	First	William Westwood Name of Employ Is contributor a l	er obbyist, spouse, or	State MA	Contribution ID # 0099 Zip Code			
If yes, list Event #	First	William Westwood Name of Employ	er obbyist, spouse, or	State MA	Contribution ID # 0099 Zip Code 02090			
If yes, list Event #	First	William Westwood Name of Employ Is contributor a l dependent child of	er obbyist, spouse, or Yes f a lobbyist? X No	State MA	Contribution ID # 0099 Zip Code 02090			
If yes, list Event #	First	William Westwood Name of Employ Is contributor a l	er obbyist, spouse, or	State MA	Contribution ID # 0099 Zip Code 02090			
If yes, list Event #	First City Date	Westwood Name of Employ Is contributor a l dependent child of Received	er obbyist, spouse, or	State MA	Contribution ID # 0099 Zip Code 02090 unt of Contribution			
If yes, list Event #	First City Date	William Westwood Name of Employ Is contributor a l dependent child of	er obbyist, spouse, or Yes f a lobbyist? X No	State MA	Contribution ID # 0099 Zip Code 02090			
If yes, list Event #	First City Date	Westwood Name of Employ Is contributor a l dependent child of Received	er obbyist, spouse, or	State MA	Contribution ID # 0099 Zip Code 02090 unt of Contribution			
If yes, list Event #	First City Date	Westwood Name of Employ Is contributor a l dependent child of Received	er obbyist, spouse, or	State MA Amou	Contribution ID # 0099 Zip Code 02090 unt of Contribution \$50.00			
If yes, list Event #	First City Date	William Westwood Name of Employ Is contributor a l dependent child of the contributor all dep	er obbyist, spouse, or	State MA Amou	Contribution ID # 0099 Zip Code 02090 unt of Contribution \$50.00-			
If yes, list Event #	First City Date 06/:	William Westwood Name of Employ Is contributor a l dependent child of the contributor all dep	er obbyist, spouse, or	State MA Amou	Contribution ID # 0099 Zip Code 02090 unt of Contribution \$50.00 Contribution ID # 0100			
If yes, list Event #	First City Date 06/:	William Westwood Name of Employ Is contributor a l dependent child of the contributor all dep	er obbyist, spouse, or Yes of a lobbyist? X No Aggregate Contributions \$100.00	State MA Amou	Contribution ID # 0099 Zip Code 02090 unt of Contribution \$50.00 Contribution ID # 0100 Zip Code			
If yes, list Event #	First City Date O6/: City	Westwood Name of Employ Is contributor a l dependent child of the contributor all dependent child of the contributor all the	er obbyist, spouse, or Yes x No Aggregate Contributions \$100.00	MI State MA Amou	Contribution ID # 0099 Zip Code 02090 unt of Contribution \$50.00 Contribution ID # 0100 Zip Code			
If yes, list Event #	First City Date O6/: City	Westwood Name of Employ Is contributor a l dependent child of the contributor all dependent ch	er obbyist, spouse, or Yes x No Aggregate Contributions \$100.00 er obbyist, spouse, or Yes	MI State MA Amou	Contribution ID # 0099 Zip Code 02090 ant of Contribution \$50.00 Contribution ID # 0100 Zip Code 06511			
If yes, list Event #	First City Date O6/: City	William Westwood Name of Employ Is contributor a l dependent child of the second leading lead	er obbyist, spouse, or Yes if a lobbyist? Aggregate Contributions \$100.00 er obbyist, spouse, or Yes if a lobbyist? X No	MI State MA Amou	Contribution ID # 0099 Zip Code 02090 ant of Contribution \$50.00 Contribution ID # 0100 Zip Code 06511			
If yes, list Event #	First City Date O6/: City	Westwood Name of Employ Is contributor a l dependent child of the contributor all dependent child of the contributor all the	er obbyist, spouse, or Yes x No Aggregate Contributions \$100.00 er obbyist, spouse, or Yes	MI State MA Amou	Contribution ID # 0099 Zip Code 02090 ant of Contribution \$50.00 Contribution ID # 0100 Zip Code 06511			
If yes, list Event #	First City Date 06/: City Date	William Westwood Name of Employ Is contributor a l dependent child of the second leading lead	er obbyist, spouse, or Yes if a lobbyist? Aggregate Contributions \$100.00 er obbyist, spouse, or Yes if a lobbyist? X No	MI State MA Amou	Contribution ID # 0099 Zip Code 02090 ant of Contribution \$50.00 Contribution ID # 0100 Zip Code 06511			

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
David Watts 2014			July 10 Filing - Amendment						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Aponte		April			0101				
Residential Street Address	City			State	Zip Code				
483 Pine Rock Ave		Hamden		СТ	06514				
Principal Occupation		Name of Employ	er						
Surgical Scheduler			er Hartford						
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or of a labbyist? Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		dependent enna (x No						
Is this contribution associated with a fundamining event listed in Section 112.	Date	Received	Aggregate Contributions	1					
fundraising event listed in Section J1? Yes Cash Personal Check									
If yes, list Event # 06152013A No San Service Cash Personal Check No Money Order Credit/Debit Card	06/	21/2013	\$25.00		\$25.00				
					Laurina				
Last Name	First			MI	Contribution ID #				
Mann Residential Street Address	City	Nellie		Ct-t-	O102 Zip Code				
19 Lawrence St	City	Norwalk		State CT	06854				
Principal Occupation		Name of Employ	er	CI	00034				
Timepa eccapation		rume of Employ							
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	ant of Contribution				
	0	dependent child of	of a foodyfst?						
If yes, indicate which branch or branches of government the contract is with:			x No						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1					
iundraising event listed in Section J1?									
If yes, list Event #	06/	24/2013	\$5.00		\$5.00				
					1				
Last Name	First			MI	Contribution ID #				
Fedor		Chris			0103				
Residential Street Address	City	Na		State	Zip Code				
10 Leuvine St		Norwalk	TOP.	СТ	06850				
Principal Occupation Manager		Name of Employ	· Autobody						
			·	Amor	unt of Contribution				
Yes X No	0	dependent child of	Vac						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions	1					
Tunidiansing event instead in Section 71:									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	06/	24/2013	\$5.00		\$5.00				
T. O.	Б				Louis Bu				
Last Name Chernet	First	Rebecca		MI	Contribution ID # 0106				
Residential Street Address	City	Rebecca		State	Zip Code				
5 Gibson Ct	City	Norwalk		CT	06850				
Principal Occupation		Name of Employ	er						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of	-	dependent child of	or a roodyrst?						
government the contract is with: Executive Legislative			X No						
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions						
X No D Personal Check		25/2012	+5.00		45.00				
If yes, list Event # Money Order Credit/Debit Card	06/	25/2013	\$5.00		\$5.00				

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
David Watts 2014			July 10 Filing - Amendment					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Maye		Queen			0107			
Residential Street Address	City			State	Zip Code			
135 Flax Hill Rd # 31	L .	Norwalk		СТ	06854			
Principal Occupation		Name of Employ	er					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	ant of Contribution			
If was indicate which beaugh as broughes of	0	dependent child of	of a lobbyist?					
government the contract is with:			x _{No}					
Is this contribution associated with a fundraising event listed in Section 112	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1? X No								
If yes, list Event # Money Order Credit/Debit Card	06/.	25/2013	\$10.00		\$10.00			
Last Name	First			MI	Contribution ID #			
Mann	1 1100	Joseph		w	0105			
Residential Street Address	City			State	Zip Code			
19 Lawrence St		Norwalk		СТ	06854			
Principal Occupation		Name of Employ	er		-			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of		dependent ennu (
government the contract is with: Is this contribution associated with a Method of contribution: Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions					
X No Cash Personal Check	06/	25/2013	\$5.00		\$5.00			
If yes, list Event #		-,	1					
Last Name	First			MI	Contribution ID #			
Hilliard		Carvin			0104			
Residential Street Address	City			State	Zip Code			
8 Raymond St	L.,	Norwalk		СТ	06854			
Principal Occupation		Name of Employ						
Retired Is contributor a principal of a state contractor or prospective state contractor?		Retire	obbyist, spouse, or	Amou	ant of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child of		Amot	ant of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
Tundraising event listed in Section 31?								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	06/2	25/2013	\$120.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Kydes	FIISt	Naomi		IVII	0108			
Residential Street Address	City	14401111		State	Zip Code			
6 White Birch Ct		Norwalk		СТ	06851			
Principal Occupation	•	Name of Employ	er		•			
		Self						
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x No					
Is this contribution associated with a Mathed of contribution.	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?			300 John Jan 1915					
X No X Cash Personal Check If yes, list Event # Money Order Credit/Debit Card	06/2	26/2013	\$50.00		\$50.00			

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I. MONETARY RECEIPT	S (Se	ction A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	`	,	TYPE OF REPORT		
David Watts 2014			July 10 Filing - Amendment		
B. Itemized Contributions from	m Indi	viduals			
Last Name	First			MI	Contribution ID #
Blank		Adam			0110
Residential Street Address	City			State	Zip Code
49 Bartlett Ave		Norwalk		CT	06880
Principal Occupation		Name of Employe	er		
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a lo dependent child o	Vac	Amo	unt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		acpendent enna o	x _{No}		
Is this contribution associated with a fundraicing event listed in Section 112	Date R	teceived	Aggregate Contributions		
fundraising event listed in Section J1? X No	06/2	7/2013	\$10.00		\$10.00
	L				La dia ma
Last Name	First			MI	Contribution ID #
Rice	G'i	Margaret		A	0109
Residential Street Address	City	Na		State	Zip Code
22 June Ave	Ь	Norwalk Name of Employe		СТ	06850
Principal Occupation		Name of Employe			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a lo dependent child o	Vac	Amo	unt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Yes	Date R	teceived	Aggregate Contributions		
If yes, list Event #	06/2	27/2013	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Rice		Margaret		A	0109
Residential Street Address	City	<u> </u>		State	Zip Code
22 June Ave		Norwalk		CT	06850
Principal Occupation		Name of Employe	er		•
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or f a lobbyist? Yes	Amo	unt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		dependent child o	x No		
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Yes Method of contribution:	Date R	teceived	Aggregate Contributions		
Tundraising event listed in Section 31? X No Personal Check	06/2	7/2013	\$200.00-		\$100.00
If yes, list Event #	00,2	,,2013	\$200.00-		¥100.00
			Total of	Section B	\$3,442.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Section 1)	ions A -	(D) (T	val on Line 14 of Summary Page)	, cetton B	\$3,442.00

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I. N	MONET	ΓARY	RECEI	PTS (S	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Re	egistered	with Co	ommission)			TYPE OF R	EPORT
David Watts 2014							July 10 Filing - Amen	dment
C1. Con	ntributio	ons fro	m Other	Commi	ttees			
Name of Committee					Name of Treasurer			
Address				Is this contri	ibution associated with a	ı	Yes No	Amount of Contribution
				fundraising	g event listed in Section .	J1?		
1	State	Zip Cod	<u>l</u>	Date R	If yes, list Event #	Aggregate Cont	-1141	
City	State	Zip Cou	ie	Date K	eceived	Aggregate Com	Houtions	
							Total of Section C1	
		DE 65	TABLES (C					
I. MONET	I'ARY I	RECE	APTS (S	Section A	A-1)			
NAME OF COMMITTEE							TYPE OF REPORT	
David Watts 2014						July 10	Filing - Amendment	
C2. Reimbursements, I	Payment	ts, or S	Surplus D	istributi	ions from other	Committee	es	
Name of Committee					Name of Treasurer			
Address						Date Recei	ved	
								Amount of Receipt
					1			
City	State		Zip Code		Reimbursement f	for shared expen	se	
					Payment for good	ds and services		
	•					,	Γotal of Section C2	

I. MONETARY RE	СЕІРТ	TS (Section A-I)				
NAME OF COMMITTEE			TY	PE O	F REPORT	,
David Watts 2014	Amendment					
D. Loans Received t	his Peri	od				
Name of Lender		Source of Loan:	T 1		Od	Date of Receipt
Street Address	City	Bank Candidate		ividual State	Otho Zip Code	Is there a cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)	1		I			Amount Received
Street Address	City		S	State	Zip Code	
			!	•	Total of Sec	ction D
I. MONETARY RE	СЕІРТ	S (Section A-I)				
NAME OF COMMITTEE					YPE OF R	
David Watts 2014				July 1	0 Filing - Ame	endment
E. Personal Funds of the Candidate Received this P	eriod (C	Candidate Committees C	ONLY)			
Date of Receipt 04/01/2013 Method of Payment X Cash Person	nal Check	Credit/Debit Car	rd			Amount \$40.00
			То	tal of S	Section E	\$40.00

Total of Section H

1. 1	Monetary Receipts (Section A-I)					
NAME OF COMMITTEE				TYPE OF REPO	RT	
David Watts 2014			July	10 Filing - Amendmen	t	
G. Interest	from Deposits in Authorized Accounts					
Name of Institution		I	Date Receiv	ved	Amount	
Fairfield County Bank			05/07/20	013		
Street Address	City	State		Zip Code		
121 New Canaan Ave	Norwalk	СТ		06850		\$0.01
Name of Institution			Date Receiv		Amount	
Fairfield County Bank		(06/07/20	013		
Street Address	City	State		Zip Code		
121 New Canaan Ave	Norwalk	СТ		06850		\$0.04
				Total of Section G		\$0.05
I. MON	NETARY RECEIPTS (Section A-K)					
NAME OF COMMITTEE				TYPE OF REPOR	Т	
David Watts 2014			Jul	y 10 Filing - Amendmer	nt	
H. Public Grant F	unds Received from the Citizens' Election	Fund				
Purpose of Grant:	Grant Cycle:			Date Received	Amount	
Initial Grant Adjustment	Primary General Election	Special E	lection			
Supplemental/Post Election Deficit	ary General Election	Special L	.cction			

	I. MONE	TARY R	ECEIPTS (Section A-K)						
NAME OF COMMITTEE							TYPE OF REP	ORT		
David Watts 2014						July 10	Filing - Amendm	ent		
1	. Miscellaneous Mone	etary Recei	ipts not Cons	sidered Contril	butions					
Name						Date of	Transaction		Amou	nt Received
Street Address		City			State		Zip Code			
Description										
							Total of Sect	tion I		
II	. FUNDRAISING I	EVENT A	CTIVITY	(Sections J1 -	J3)					
NAME OF COMMITTEE							TYPE OF	F REPO	RT	
David Watts 2014						Ju	lly 10 Filing - Ame	endment		
	J1. Fundraisi	ng Event I	nformation							
Fundraising Event # Date of Fundraiser 06/15/2013 Letter A	Description BBQ Event									
Location: Street Address					City				State	Zip Code
2 Morningview Ct					Hamde	en			СТ	06518
Was this fundraising event hosted at a personal resid	ence?		X Yes No	if yes, go to Section complete required in invitations.						nd
Did this fundraiser include items donated by a busin donated by an individual of up to \$100?	ess entity of up to \$200 or items		Yes X No	If yes, to to Section complete required in		onations	s not Considered Co	ntribution	s and	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100?	of donated items with		Yes X No	(If yes, enter Total I	Receipts here.)				\$0.00
						Total	of Section J1			\$0.00

	II. FUNDRAIS	NG EVI	ENT ACTI	VITY (Section	ns J1 - J3)			
NAME OF COMMITTEE (Provide	e Complete Name as Re	gistered wit	th Commissio	n)		TYPE OF REP	ORT	
David Watts 2014						July 10 Filing - Amendmen	ıt	
	J3. In-Kind Dona	tions Not	Considered	Contributions				
Name of the Donor								
Street Address				City			State	Zip Code
Donation Given by: Individual	Description of Donation			•				Iarket Value of Donation
Business Entity Sole Proprietorship	Date Received	Event #			Aggregate	value for this event		
						Total of Section J3		
	III. NON	MONET	CARY REC	CEIPTS (Sect	tions K - M)			
NAME OF COMMITTEE						TYPE OF RE	EPORT	
David Watts 2014						July 10 Filing - Amendmen	ıt	
	K.	In-Kind	Contributio	ns				
Name								
Street Address					City		State	Zip Code
Is this contribution associated with a fundraising listed in Section J1? If yes, list Event#		Yes No	Description of	f In-Kind Contribution				
Is Contributor a lobbyist, spouse, or dependent c of a lobbyist?	shild Yes	contract		of a state contractor or a branch or branches of act is with:	f	Yes No ecutive Legislative		arket Value of this Contribution
Type of Contributor:				Date Received		Aggregate contributions		
Individual Co	ommittee	Sole Propr	ietorship					
						Total of Section V		

Total of Section M

III. Non Mone	tary Re	eceipts (Section	s K - M)						
NAME OF COMMITTEE (Provide Complete Name as Registered v	vith Comn	mission)			TYPI	E OF REP	PORT		
David Watts 2014	July 10 Filing - Amendment								
L. Refundable Deposit to Telephone Company									
Last Name of Individual	MI Date I		eposit Made						
Residential Street Address	State Zip Code			Amount of Deposit					
Name of Telephone company									
Street Address	Zip Code								
					Total of S	ection L			
III. NONMON	NETARY	Y RECEIPTS (Sections	K - M)					
NAME OF COMMITTEE						OF REPO			
David Watts 2014					July 10 Filing	- Amendme	ent		
M. Non-Monetary Receipts of Organ Legislative Caucus, and Party Comm					eadership,				
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONLY) Name of Treasurer									
Street Address		Date Notice	e Received	Fair Market Value of Donation					
City		Aggregate	Donations	Donation					
Description of Donation		1	Purpose o	of Expenditure B	C	D	E		

	IV	. EXPENDITUR	EES (Se	ections N - S	5)						
NAME OF COMMITTEE	E (Provide Complete Name as R	egistered with Commi	ssion)				ТҮРЕ	OF REPORT			
David Watts 2014							July 10 Filing -	Amendment	Amendment		
	N.	. Expenses Paid By	Commi	ttee			ı				
Name of Payee						Date of Pay	ment		ment leck #		
Street Address	State	Zip Code									
Purpose of Expend	Purpose of Expend Description										
Is this expenditure coordinated with another candidate for Yes Expenditure # Event # Which reimbursement is sought? No (if applicable) If yes, assign an Expenditure # and complete Itemization in Addendum											
							Total o	f Section N			
	IV.	. EXPENDITURI	ES (Sec	ctions N - S)							
NAME OF COMMITTEE	E (Provide Complete Name as Re	egistered with Commis	ssion)					PE OF REPO			
							July 10 Filin	g - Amendment			
	O. Expe	enses Paid By Cand	idate								
Name of Payee (Name of vendor v	vho candidate paid directly)				_	Date of Payı	nent		nent Claimed? Yes	No	
Street Address City State Zip Code									Amount		
Purpose of Expenditure (by code)	Description	1			<u> </u>	Event #					
							Tot	al of Section O			

IV. EXPENDITURES (Sections N - S)										
NAME OF COMMITTEE (F	Provide Complete Name as Registered with C	Commission)		TYPE OF	REPORT					
David Watts 2014 July 10 Filing - Ame										
P. Expenses Incurred on Committee Credit Card										
Name of Issuing Institution			Type of Credit Card: Visa M Other	faster Card Discov	er	American Express				
Name of Vendor					Date of Tra	ansaction				
Street Address		С	lity		State	Zip Code				
Purpose of Expenditure (by code)	Description					Amount				
Is this expenditure coordinated w which reimbursement is sought? If yes, assign an Expenditure # ar	ith another candidate for Id complete Itemization in Addendum	Yes No	Expenditure # (if applicable)	Event #						
				Total of Section	P					

	IV. EXPENDITURES (Sec	tions	N - S)				
NAME OF COMMITTE	EE (Provide Complete Name as Registered with Commission	1)			TYPE O	F REPORT	
David Watts 2014 July 10 Filing - Ame							
Name of Creditor Kathleen Watts						Date Incurre	
Street Address		City				State	Zip Code
22 June Ave		Norw	alk			СТ	06850
Purpose of Expenditure (by code)	Description						unt Incurred ate or Actual)
WEB	Domain.com						
reimbursement is sought?	with another candidate for which Yes X No and completes Itemization in Addendum Q		Expenditure # (if applicable)	Event #			\$18.98
Name of Creditor Kathleen Watts						Date Incurre	
Street Address		City				State	Zip Code
22 June Ave		Norw	alk			CT	06850
Purpose of Expenditure (by code)	Description Inv.#394873126 Shoprite						unt Incurred ate or Actual)
Is this expenditure coordinated reimbursement is sought?	with another candidate for which Yes X No		Expenditure # (if applicable)	Event #			
If yes, assign an Expenditure # a	and completes Itemization in Addendum Q			061520	013A		\$36.89

	IV. EXPENDITURES (Sec	tions]	N - S)					
NAME OF COMMITTE	EE (Provide Complete Name as Registered with Commission	1)			TYPE O	OF REPORT		
David Watts 2014					July 10 Filing - Ame	endment		
Name of Creditor Kathleen Watts						Date Incurre		
Street Address		City				State	Zip Code	
22 June Ave		Norwa	alk			СТ	06850	
Purpose of Expenditure (bv code) Description Inv.068omkd00402ef Party City						Amount Incurred (Estimate or Actual)		
FNDR *								
Is this expenditure coordinated reimbursement is sought?	with another candidate for which Yes X No		Expenditure # (if applicable)	Event #				
If yes, assign an Expenditure # a	and completes Itemization in Addendum Q			061520)13A		\$25.95	
Name of Creditor Kathleen Watts						Date Incurre		
Street Address		City				State	Zip Code	
22 June Ave		Norwa	alk			СТ	06850	
Purpose of Expenditure (bv code)	Description Inv#9122993244515353165 Walmart						unt Incurred ate or Actual)	
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes Expenditure # (if applicable) X No								
If yes, assign an Expenditure # a	and completes Itemization in Addendum Q			061520)13A		\$39.55	

	IV. EXPENDITURES (Sections N - S)								
NAME OF COMMITTE	EE (Provide Complete Name as Registered with Commission	n)			TYPE O	F REPORT			
David Watts 2014	endment								
Name of Creditor Kathleen Watts						Date Incurre			
Street Address		City				State	Zip Code		
22 June Ave		Norw	alk			СТ	06850		
Purpose of Expenditure (by code) Description							unt Incurred ate or Actual)		
inv#147880 Wine Merchants FNDR *									
Is this expenditure coordinated reimbursement is sought?	with another candidate for which Yes X No		Expenditure # (if applicable)	Event #					
If yes, assign an Expenditure # a	and completes Itemization in Addendum Q			061520)13A		\$61.62		
Name of Creditor Kathleen Watts						Date Incurre			
Street Address		City				State	Zip Code		
22 June Ave		Norw	alk			СТ	06850		
Purpose of Expenditure (by code)	Description inv#28064 Total Wine						unt Incurred ate or Actual)		
FNDR *									
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes Expenditure # (if applicable)									
If yes, assign an Expenditure # a	and completes Itemization in Addendum Q			061520)13A		\$67.21		

IV. EXPENDITURES (Sections N - S)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE O						F REPORT			
David Watts 2014 July 10 Filing - Ame						endment			
Q. Expenses Incurred By Committee but Not Paid During this Period									
Name of Creditor Kathleen Watts							Date Incurred 06/15/2013		
Street Address	et Address City					State	Zip Code		
22 June Ave		Norwa	Norwalk				06850		
Purpose of Expenditure (bv code) Description						Amount Incurred (Estimate or Actual)			
FNDR *	inv.324 Costco								
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes Expenditure # (if applicable) No									
If yes, assign an Expenditure # a		06152013A			\$108.91				
Name of Creditor Kathleen Watts							Date Incurred 06/15/2013		
Street Address				State	Zip Code				
22 June Ave		Norwa	alk			СТ	06850		
Purpose of Expenditure (by code)	Description Inv#28063 Total Wine						Amount Incurred (Estimate or Actual)		
FNDR *									
Is this expenditure coordinated with another candidate for which reimbursement is sought? X No			Expenditure # (if applicable)	Event#					
If yes, assign an Expenditure # and completes Itemization in Addendum Q 06152013A						\$26.18			

IV. EXPENDITURES (Sections N - S)												
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)								TYPE OF REPORT				
David Watts 2014 July 10 Filir							uly 10 Filing - An	0 Filing - Amendment				
Q. Expenses Incurred By Committee but Not Paid During this Period												
Name of Creditor Kathleen Watts								Date Incurred 06/15/2013				
Street Address					City						State	Zip Code
22 June Ave					Norwalk					СТ	06850	
Purpose of Expenditure (by code)									nount Incurred			
FNDR *	Inv#11120122 Ferraro Foods											
											_	
Is this expenditure coordinated with another candidate for which reimbursement is sought? X No							enditure # oplicable)		Event #			
If yes, assign an Expenditure # and completes Itemization in Addendum Q 06152013A							3A	\$29.24				
Total of Section Q									\$414.53			
IV. EXPENDITURES (Sections N - S)												
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT												
David Watts 2014 July 10 Filing - Amendment								nt				
R. Itemization of Reimbursements to Committee Workers and Consultants												
Last Name of Worker/Consultant First					MI Date of Payment			nt	Method of Payment			
									Check #			
Secondary Payee Debit Card												
Street Address				City				State	Zip Code			
Purpose of Expenditure (by code)		Description	n									Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes			Expenditure # (if applicable) Ever			Event	#					
No If yes, assign an Expenditure # and completes Itemization in Addendum R												
									Total of	Section R		

IV. EXPENDITURES (Sectuibs N - S)								
NAME OF COMMITTEE (Provide Complete Name as Register		TYPE OF REPORT						
David Watts 2014	July 10 F	July 10 Filing - Amendment						
S. Surplus Distribution of Equipment and Furniture								
Name of Recipient								
Street Address	City	State	Zip Code	Original Purchase Amount of Item				
Description of Item								
			Total of Section S					