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|---|
| Electronic Filing |
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COVER PAGE

| | | | | | | | |
|--|--|---|-----------------|---|----------------------|------------------------------------|--|
| 1. NAME OF COMMITTEE | | | | 2. TYPE OF COMMITTEE | | | |
| David Watts 2014 | | | | <input type="checkbox"/> Candidate Committee <input checked="" type="checkbox"/> Exploratory Committee | | | |
| 3. TREASURER NAME | | | | | | | |
| First Kathleen | | MI M | Last Watts | | | Suffix | |
| 4. TREASURER ADDRESS | | | | | | | |
| Street Address 22 June Ave | | | City Norwalk | | State CT | Zip Code 06850 | |
| 5. ELECTION DATE | | 6. OFFICE SOUGHT (Complete only if Candidate Committee) | | | | 7. DISTRICT NUMBER (if applicable) | |
| 11/04/2014 | | Undetermined | | | | | |
| 8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee) | | | | | | | |
| First David | | MI A | Last Watts | | | Suffix | |
| 9. TYPE OF REPORT | | | | | | | |
| July 10 Filing - Original | | | | | | | |
| 10. PERIOD COVERED | | | | | | | |
| | | Beginning Date | | | | Ending Date | |
| | | 04/01/2013 | | thru | | 06/30/2013 | |
| 11. CERTIFICATION | | | | | | | |
| <input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete. | | | | | | | |
| Electronic Filing | | Kathleen Watts | | | 07/09/2013 8:24:45PM | | |
| SIGNATURE | | PRINT NAME OF THE SIGNER | | | DATE CERTIFIED | | |
| PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH. | | | | | | | |

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 | |
|--|--------------------------------|------------------------------|
| David Watts 2014 | July 10 Filing - Original | |
| | COLUMN A This Period | COLUMN B Aggregate |
| 12. Balance on hand from day Committee was formed | | \$0.00 |
| 13. Balance on hand at the beginning of Reporting Period | \$0.00 | |
| 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 | |

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 - Original |

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

| | | | |
|--|------------------------|--|---|
| Last Name Burden | First Barney | MI A | Contribution ID # 0001 |
| Residential Street Address 9 Christy St | City Norwalk | State CT | Zip Code 06850 |
| Principal Occupation | | Name of Employer | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Amount of Contribution \$10.00 |
| | | Date Received 04/01/2013 | Aggregate Contributions \$10.00 |

| | | | |
|--|-------------------------|--|---|
| Last Name Burden | First Alqueen | MI CT | Contribution ID # 0002 |
| Residential Street Address 9 Christy St | City Norwalk | State CT | Zip Code 06850 |
| Principal Occupation | | Name of Employer | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Amount of Contribution \$10.00 |
| | | Date Received 04/01/2013 | Aggregate Contributions \$10.00 |

| | | | |
|--|------------------------|--|--|
| Last Name Clark | First Mathew | MI CT | Contribution ID # 0003 |
| Residential Street Address 51 Chestnut St | City Norwalk | State CT | Zip Code 06854 |
| Principal Occupation | | Name of Employer | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Amount of Contribution \$5.00 |
| | | Date Received 04/01/2013 | Aggregate Contributions \$5.00 |

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 - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|------------------------------------|
| Last Name Sawyer | First Broderick | MI | Contribution ID # 0004 |
| Residential Street Address 168 N Taylor Ave | City Norwalk | State CT | Zip Code 06854 |
| Principal Occupation Fire Inspector | Name of Employer Norwalk Fire dept | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 04/01/2013 | Aggregate Contributions \$20.00 |
| | | Amount of Contribution \$20.00 | |

| | | | |
|--|--|---|------------------------------------|
| Last Name Igeneri | First John | MI | Contribution ID # 0005 |
| Residential Street Address 55 Bluff Ave | City Norwalk | State CT | Zip Code 06853 |
| Principal Occupation | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 04/03/2013 | Aggregate Contributions \$50.00 |
| | | Amount of Contribution \$50.00 | |

| | | | |
|--|--|---|------------------------------------|
| Last Name Tierney | First Christine | MI | Contribution ID # 0006 |
| Residential Street Address 55 Bluff Ave | City Norwalk | State CT | Zip Code 06853 |
| Principal Occupation Dentist | Name of Employer Self | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 04/03/2013 | Aggregate Contributions \$50.00 |
| | | Amount of Contribution \$50.00 | |

| | | | |
|--|--|---|------------------------------------|
| Last Name Williams | First Bryant | MI | Contribution ID # 0007 |
| Residential Street Address 135 Edgewood Ave | City New Haven | State CT | Zip Code 06511 |
| Principal Occupation | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 04/04/2013 | Aggregate Contributions \$10.00 |
| | | Amount of Contribution \$10.00 | |

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 - Original |

B. Itemized Contributions from Individuals

| | | | |
|---|--|---|------------------------------------|
| Last Name Pena | First Nelsy | MI M | Contribution ID # 0008 |
| Residential Street Address 8 Felix Ln | City Norwalk | State CT | Zip Code 06850 |
| Principal Occupation | Name of Employer Self | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 04/06/2013 | Aggregate Contributions \$50.00 |
| | | | Amount of Contribution \$50.00 |

| | | | |
|---|--|---|-----------------------------------|
| Last Name Bateman | First Gaetana | MI | Contribution ID # 0009 |
| Residential Street Address 10 Southwind Dr | City Norwalk | State CT | Zip Code 06854 |
| Principal Occupation | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 04/06/2013 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|---|--|---|-------------------------------------|
| Last Name Bateman | First William | MI L | Contribution ID # 0010 |
| Residential Street Address 10 Southwind Dr | City Norwalk | State CT | Zip Code 06854 |
| Principal Occupation | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 04/06/2013 | Aggregate Contributions \$100.00 |
| | | | Amount of Contribution \$100.00 |

| | | | |
|---|--|---|-------------------------------------|
| Last Name Ek | First Denise | MI | Contribution ID # 0011 |
| Residential Street Address 10 Southwind Dr . | City Norwalk | State CT | Zip Code 06854 |
| Principal Occupation | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 04/06/2013 | Aggregate Contributions \$100.00 |
| | | | Amount of Contribution \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|---------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| David Watts 2014 | July 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|---|---|-------------------------------------|
| Last Name Harris | First Sherelle | MI | Contribution ID # 0012 |
| Residential Street Address 2 West Ave | City Norwalk | State CT | Zip Code 06854 |
| Principal Occupation Librarian | Name of Employer City of Norwalk | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 04/09/2013 | Aggregate Contributions \$100.00 |
| | | | Amount of Contribution \$100.00 |

| | | | |
|--|--|---|------------------------------------|
| Last Name Harris | First Napoleon | MI | Contribution ID # 0013 |
| Residential Street Address 77 Glenbrook | City Stamford | State CT | Zip Code 06902 |
| Principal Occupation Teacher | Name of Employer High Road School | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 04/09/2013 | Aggregate Contributions \$10.00 |
| | | | Amount of Contribution \$10.00 |

| | | | |
|--|--|---|------------------------------------|
| Last Name Thererman | First Phillip | MI | Contribution ID # 0014 |
| Residential Street Address 26 Second St | City Norwalk | State CT | Zip Code 06855 |
| Principal Occupation | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 04/09/2013 | Aggregate Contributions \$10.00 |
| | | | Amount of Contribution \$10.00 |

| | | | |
|--|--|---|-----------------------------------|
| Last Name Bledsoe | First Justin | MI | Contribution ID # 0015 |
| Residential Street Address 785 Hancock Ave | City Bridgeport | State CT | Zip Code 06605 |
| Principal Occupation | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 04/09/2013 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

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 - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|--------------------------------|--|-----------------------------------|
| Last Name Jurgielewicz | First Patricia | MI | Contribution ID # 0017 |
| Residential Street Address 220 Bibbins Rd | City Easton | State CT | Zip Code 06612 |
| Principal Occupation VP Finance | Name of Employer Sedona Grp | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 04/11/2013 |
| | | Aggregate Contributions \$50.00 | Amount of Contribution \$50.00 |

| | | | |
|--|----------------------------------|--|-----------------------------------|
| Last Name Webber | First Alan | MI | Contribution ID # 0018 |
| Residential Street Address 244 Hemlock Hills Rd N | City Fairfield | State CT | Zip Code 06824 |
| Principal Occupation CFO | Name of Employer DiScala & CO | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 04/12/2013 |
| | | Aggregate Contributions \$50.00 | Amount of Contribution \$50.00 |

| | | | |
|--|-------------------|--|------------------------------------|
| Last Name Watts | First Laura | MI S | Contribution ID # 0019 |
| Residential Street Address 135 Edgewood Ave | City New Haven | State CT | Zip Code 06511 |
| Principal Occupation | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 04/12/2013 |
| | | Aggregate Contributions \$100.00 | Amount of Contribution \$100.00 |

| | | | |
|--|--|--|------------------------------------|
| Last Name Ditrio | First Anthony | MI | Contribution ID # 0016 |
| Residential Street Address 8 Forbell Dr | City Norwalk | State CT | Zip Code 06850 |
| Principal Occupation Principal | Name of Employer Norwalk Public Schools | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 04/12/2013 |
| | | Aggregate Contributions \$100.00 | Amount of Contribution \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|---------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| David Watts 2014 | July 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|------------------------------------|
| Last Name Mosby | First Shirley | MI | Contribution ID # 0020 |
| Residential Street Address 6 Brookhill Ln | City Norwalk | State CT | Zip Code 06851 |
| Principal Occupation | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 04/15/2013 | Aggregate Contributions \$15.00 |
| | | Amount of Contribution \$15.00 | |

| | | | |
|--|--|---|-----------------------------------|
| Last Name Disraelly | First Ari | MI S | Contribution ID # 0021 |
| Residential Street Address 71 Osbourne Ave | City Norwalk | State CT | Zip Code 06855 |
| Principal Occupation | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 04/16/2013 | Aggregate Contributions \$5.00 |
| | | Amount of Contribution \$5.00 | |

| | | | |
|--|--|---|-----------------------------------|
| Last Name Green | First Cynthia | MI | Contribution ID # 0022 |
| Residential Street Address 75 Observatory | City Norwalk | State CT | Zip Code 06854 |
| Principal Occupation | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 04/18/2013 | Aggregate Contributions \$5.00 |
| | | Amount of Contribution \$5.00 | |

| | | | |
|--|--|---|-------------------------------------|
| Last Name Watts | First Kathleen | MI M | Contribution ID # 0023 |
| Residential Street Address 22 June Ave | City Norwalk | State CT | Zip Code 06850 |
| Principal Occupation | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 04/18/2013 | Aggregate Contributions \$100.00 |
| | | Amount of Contribution \$100.00 | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|---------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| David Watts 2014 | July 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|-----------------------------------|
| Last Name Bucciarelli | First Melissa | MI A | Contribution ID # 0024 |
| Residential Street Address 6 Pocono Rd | City Norwalk | State CT | Zip Code 06851 |
| Principal Occupation | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 04/18/2013 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|--|--|---|-----------------------------------|
| Last Name Hinton | First Shirley | MI | Contribution ID # 0025 |
| Residential Street Address 5 Hyatt Ave | City Norwalk | State CT | Zip Code 06850 |
| Principal Occupation | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 04/18/2013 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|--|--|---|------------------------------------|
| Last Name Mcperson | First Ashante | MI | Contribution ID # 0026 |
| Residential Street Address 5 Testa Pl | City Norwalk | State CT | Zip Code 06854 |
| Principal Occupation | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 04/18/2013 | Aggregate Contributions \$25.00 |
| | | | Amount of Contribution \$25.00 |

| | | | |
|--|--|---|------------------------------------|
| Last Name Mcperson | First Johnson | MI | Contribution ID # 0027 |
| Residential Street Address 5 Testa Pl | City Norwalk | State CT | Zip Code 06854 |
| Principal Occupation | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 04/18/2013 | Aggregate Contributions \$25.00 |
| | | | Amount of Contribution \$25.00 |

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 - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|-----------------------------------|
| Last Name Grimes | First Beatrice | MI | Contribution ID # 0028 |
| Residential Street Address 92 Cedar St # F15 | City Norwalk | State CT | Zip Code 06854 |
| Principal Occupation | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 04/18/2013 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|--|--|---|-----------------------------------|
| Last Name Mcperson | First Pauline | MI | Contribution ID # 0029 |
| Residential Street Address 5 Testa Pl | City Norwalk | State CT | Zip Code 06854 |
| Principal Occupation | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 04/18/2013 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|--|--|---|-----------------------------------|
| Last Name Liles | First Annie | MI | Contribution ID # 0030 |
| Residential Street Address 19 Snowden Ave | City Norwalk | State CT | Zip Code 06854 |
| Principal Occupation | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 04/18/2013 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|--|--|---|-----------------------------------|
| Last Name Liles | First Reginald | MI | Contribution ID # 0031 |
| Residential Street Address 19 Snowden Ave | City Norwalk | State CT | Zip Code 06854 |
| Principal Occupation | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 04/18/2013 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

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 - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|-----------------------------------|
| Last Name Hinton | First Timothy | MI | Contribution ID # 0032 |
| Residential Street Address 5 Hyatt Ave | City Norwalk | State CT | Zip Code 06854 |
| Principal Occupation Equipment Operator | Name of Employer City of Stamford | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 04/18/2013 | Aggregate Contributions \$5.00 |
| | | Amount of Contribution \$5.00 | |

| | | | |
|--|--|---|------------------------------------|
| Last Name Kydes | First John | MI | Contribution ID # 0033 |
| Residential Street Address 6 White Birch Ct | City Norwalk | State CT | Zip Code 06851 |
| Principal Occupation | Name of Employer Self | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 04/19/2013 | Aggregate Contributions \$25.00 |
| | | Amount of Contribution \$25.00 | |

| | | | |
|--|--|---|------------------------------------|
| Last Name Mcperson | First Tammy | MI | Contribution ID # 0034 |
| Residential Street Address 5 Testa Pl | City Norwalk | State CT | Zip Code 06854 |
| Principal Occupation Assistant City Clerk | Name of Employer City of Norwalk | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 04/19/2013 | Aggregate Contributions \$25.00 |
| | | Amount of Contribution \$25.00 | |

| | | | |
|--|--|---|-----------------------------------|
| Last Name Liles | First Saul | MI | Contribution ID # 0035 |
| Residential Street Address 19 Snowden Ave | City Norwalk | State CT | Zip Code 06854 |
| Principal Occupation | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 04/19/2013 | Aggregate Contributions \$5.00 |
| | | Amount of Contribution \$5.00 | |

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 - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|------------------|--|----------------------------------|
| Last Name Dancy | First Mamie | MI | Contribution ID # 0036 |
| Residential Street Address 5 Hyatt Ave | City Norwalk | State CT | Zip Code 06850 |
| Principal Occupation | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 04/19/2013 |
| | | Aggregate Contributions \$5.00 | Amount of Contribution \$5.00 |

| | | | |
|--|-----------------------------------|--|----------------------------------|
| Last Name Dancy | First Leonard | MI | Contribution ID # 0037 |
| Residential Street Address 5 Hyatt Ave | City Norwalk | State CT | Zip Code 06850 |
| Principal Occupation Driver | Name of Employer BMW of Darien | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 04/19/2013 |
| | | Aggregate Contributions \$5.00 | Amount of Contribution \$5.00 |

| | | | |
|--|------------------|--|----------------------------------|
| Last Name Fludd | First George | MI | Contribution ID # 0038 |
| Residential Street Address 49 Seaview Ave | City Norwalk | State CT | Zip Code 06855 |
| Principal Occupation | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 04/20/2013 |
| | | Aggregate Contributions \$5.00 | Amount of Contribution \$5.00 |

| | | | |
|--|--------------------------|--|-----------------------------------|
| Last Name Samir | First Ali | MI | Contribution ID # 0039 |
| Residential Street Address 1102 Bedford Ave | City Norwalk | State CT | Zip Code 06850 |
| Principal Occupation Barber | Name of Employer Self | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 04/20/2013 |
| | | Aggregate Contributions \$10.00 | Amount of Contribution \$10.00 |

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 - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|------------------------------------|
| Last Name Walker | First Barbara | MI | Contribution ID # 0040 |
| Residential Street Address 2 Morningview Ct | City Hamden | State CT | Zip Code 06518 |
| Principal Occupation probation officer | Name of Employer State of CT | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 04/23/2013 | Aggregate Contributions \$50.00 |
| | | Amount of Contribution \$50.00 | |

| | | | |
|--|--|---|-----------------------------------|
| Last Name Pena | First Warren | MI A | Contribution ID # 0041 |
| Residential Street Address 8 Felix Ln | City Norwalk | State CT | Zip Code 06850 |
| Principal Occupation | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 04/25/2013 | Aggregate Contributions \$5.00 |
| | | Amount of Contribution \$5.00 | |

| | | | |
|--|--|---|-------------------------------------|
| Last Name Discala | First Michael | MI | Contribution ID # 0042 |
| Residential Street Address 80 Maywood Rd | City Norwalk | State CT | Zip Code 06850 |
| Principal Occupation | Name of Employer Self | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 04/26/2013 | Aggregate Contributions \$100.00 |
| | | Amount of Contribution \$100.00 | |

| | | | |
|--|--|---|-------------------------------------|
| Last Name Discala | First Donna | MI | Contribution ID # 0043 |
| Residential Street Address 80 Maywood Rd | City Norwalk | State CT | Zip Code 06850 |
| Principal Occupation | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 04/26/2013 | Aggregate Contributions \$100.00 |
| | | Amount of Contribution \$100.00 | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---|---------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| David Watts 2014 | July 10 Filing - Original |

B. Itemized Contributions from Individuals

| | | | | | |
|---|--|--|--|---|---------------------------|
| Last Name Mushak | | First Michael | | MI | Contribution ID # 0044 |
| Residential Street Address 50 Elmwood Ave | | City Norwalk | | State CT | Zip Code 06850 |
| Principal Occupation | | | Name of Employer Self | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | | Amount of Contribution |
| Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Date Received 04/29/2013 Aggregate Contributions \$75.00 | |

| | | | | | |
|---|--|--|--|---|---------------------------|
| Last Name Westmoreland | | First David | | MI G | Contribution ID # 0045 |
| Residential Street Address 50 Elmwood Ave | | City Norwalk | | State CT | Zip Code 06850 |
| Principal Occupation | | | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | | Amount of Contribution |
| Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Date Received 04/30/2013 Aggregate Contributions \$75.00 | |

| | | | | | |
|---|--|--|--|---|---------------------------|
| Last Name Bowman | | First Phaedrel | | MI L | Contribution ID # 0046 |
| Residential Street Address 28 Martin Luther King Dr . | | City Norwalk | | State CT | Zip Code 06854 |
| Principal Occupation | | | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | | Amount of Contribution |
| Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Date Received 04/30/2013 Aggregate Contributions \$20.00 | |

| | | | | | |
|---|--|--|--|---|---------------------------|
| Last Name Paca | | First Marcus | | MI | Contribution ID # 0047 |
| Residential Street Address 66 Hubinger St | | City New Haven | | State CT | Zip Code 06851 |
| Principal Occupation | | | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | | Amount of Contribution |
| Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Date Received 05/01/2013 Aggregate Contributions \$10.00 | |

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 - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|------------------------------------|
| Last Name Torres | First Meri | MI | Contribution ID # 0048 |
| Residential Street Address 30 Wilmot Pl | City Bridgeport | State CT | Zip Code 06607 |
| Principal Occupation Dental Supervisor | Name of Employer Porter & Chester Institute | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 05/02/2013 | Aggregate Contributions \$20.00 |
| | | | Amount of Contribution \$20.00 |

| | | | |
|--|--|---|-----------------------------------|
| Last Name Masloski | First Patricia | MI | Contribution ID # 0049 |
| Residential Street Address 2178 Elm St | City Stratford | State CT | Zip Code 06615 |
| Principal Occupation Dental Instructor | Name of Employer Porter & Chester Institute | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 05/02/2013 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|--|--|---|------------------------------------|
| Last Name Torre | First Margaret | MI | Contribution ID # 0050 |
| Residential Street Address 1 Bethel St | City Norwalk | State CT | Zip Code 06855 |
| Principal Occupation | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 05/03/2013 | Aggregate Contributions \$10.00 |
| | | | Amount of Contribution \$10.00 |

| | | | |
|--|--|---|------------------------------------|
| Last Name Mehta | First Moon | MI | Contribution ID # 0051 |
| Residential Street Address 3 Lycett | City Norwalk | State CT | Zip Code 06850 |
| Principal Occupation | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 05/03/2013 | Aggregate Contributions \$10.00 |
| | | | Amount of Contribution \$10.00 |

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 - Original |

B. Itemized Contributions from Individuals

| | | | |
|---|--|---|------------------------------------|
| Last Name Pena | First Stephanie | MI J | Contribution ID # 0052 |
| Residential Street Address 8 Felix Ln | City Norwalk | State CT | Zip Code 06850 |
| Principal Occupation | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 05/03/2013 | Aggregate Contributions \$20.00 |
| | | | Amount of Contribution \$20.00 |

| | | | |
|---|--|---|-------------------------------------|
| Last Name Paul | First Russell | MI | Contribution ID # 0053 |
| Residential Street Address 20 Northmoor Rd | City West Hartford | State CT | Zip Code |
| Principal Occupation | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 05/03/2013 | Aggregate Contributions \$100.00 |
| | | | Amount of Contribution \$100.00 |

| | | | |
|---|--|---|------------------------------------|
| Last Name Gutierrez | First Patrick | MI | Contribution ID # 0054 |
| Residential Street Address 131 Royal Ave | City Fairfield | State CT | Zip Code 06825 |
| Principal Occupation | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 05/04/2013 | Aggregate Contributions \$10.00 |
| | | | Amount of Contribution \$10.00 |

| | | | |
|---|--|---|------------------------------------|
| Last Name Fedor | First Kelsie | MI | Contribution ID # 0055 |
| Residential Street Address 8 Thistle Rd | City Norwalk | State CT | Zip Code 06851 |
| Principal Occupation Teacher | Name of Employer Norwalk Public Schools | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 05/04/2013 | Aggregate Contributions \$50.00 |
| | | | Amount of Contribution \$50.00 |

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 - Original |

B. Itemized Contributions from Individuals

| | | | |
|---|--------------------------|---|-----------------------------------|
| Last Name Crossland | First Darnell | MI D | Contribution ID # 0056 |
| Residential Street Address 25 Grand St | City Norwalk | State CT | Zip Code 06851 |
| Principal Occupation attorney | Name of Employer Self | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # | | Date Received 05/04/2013 | Aggregate Contributions \$5.00 |
| Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$5.00 | |

| | | | |
|---|--------------------------|---|-----------------------------------|
| Last Name Pinzon | First Mark | MI | Contribution ID # 0057 |
| Residential Street Address 17 Covewood Dr | City Norwalk | State CT | Zip Code 06853 |
| Principal Occupation | Name of Employer Self | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # | | Date Received 05/05/2013 | Aggregate Contributions \$5.00 |
| Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$5.00 | |

| | | | |
|---|--------------------------|---|------------------------------------|
| Last Name King | First Nora | MI | Contribution ID # 0058 |
| Residential Street Address 17 Covewood Dr | City Norwalk | State CT | Zip Code 06853 |
| Principal Occupation | Name of Employer Self | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # | | Date Received 05/05/2013 | Aggregate Contributions \$10.00 |
| Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$10.00 | |

| | | | |
|---|--------------------------|---|-----------------------------------|
| Last Name Dumas | First Martha | MI | Contribution ID # 0059 |
| Residential Street Address 162 S Main St . | City Norwalk | State CT | Zip Code 06854 |
| Principal Occupation | Name of Employer Neon | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # | | Date Received 05/05/2013 | Aggregate Contributions \$5.00 |
| Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$5.00 | |

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 - Original |

B. Itemized Contributions from Individuals

| | | | |
|---|--|---|-------------------------------------|
| Last Name Tierney | First Christine | MI L | Contribution ID # 0060 |
| Residential Street Address 55 Bluff Ave | City Norwalk | State CT | Zip Code 06853 |
| Principal Occupation Dentist | Name of Employer Self | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 05/06/2013 | Aggregate Contributions \$100.00 |
| | | | Amount of Contribution \$50.00 |

| | | | |
|---|--|---|------------------------------------|
| Last Name Fuller | First Carolyn | MI | Contribution ID # 0061 |
| Residential Street Address 100 Stuart Ave | City Norwalk | State CT | Zip Code 06850 |
| Principal Occupation | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 05/06/2013 | Aggregate Contributions \$25.00 |
| | | | Amount of Contribution \$25.00 |

| | | | |
|---|--|---|------------------------------------|
| Last Name Romano | First Lisa | MI | Contribution ID # 0062 |
| Residential Street Address 7100 Blvd East Apt 14A | City West New York | State NJ | Zip Code 07093 |
| Principal Occupation Diabetes educator | Name of Employer Novo Nordisk | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 05/06/2013 | Aggregate Contributions \$10.00 |
| | | | Amount of Contribution \$10.00 |

| | | | |
|---|--|---|-----------------------------------|
| Last Name Blackman | First Terrance | MI | Contribution ID # 0063 |
| Residential Street Address 27 Beechwood Ave | City Hamden | State CT | Zip Code 06514 |
| Principal Occupation | Name of Employer Yale university | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 05/06/2013 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

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 - Original |

B. Itemized Contributions from Individuals

| | | | | | |
|--|--|--|--|---|----------------------------------|
| Last Name Barbis | | First Michael | | MI | Contribution ID # 0064 |
| Residential Street Address 1 Covewood Dr | | City Norwalk | | State CT | Zip Code 06853 |
| Principal Occupation | | | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Amount of Contribution |
| Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Date Received 05/07/2013 | |
| | | | | Aggregate Contributions \$25.00 | \$25.00 |

| | | | | | |
|--|--|--|--|--|----------------------------------|
| Last Name Igneri | | First John | | MI | Contribution ID # 0065 |
| Residential Street Address 55 Bluff Ave | | City Norwalk | | State CT | Zip Code 06853 |
| Principal Occupation | | | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Amount of Contribution |
| Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # | | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Date Received 05/08/2013 | |
| | | | | Aggregate Contributions \$100.00 | \$50.00 |

| | | | | | |
|--|--|--|--|--|----------------------------------|
| Last Name Mangiacopra | | First Vinny | | MI | Contribution ID # 0066 |
| Residential Street Address 8 Thistle Rd | | City Norwalk | | State CT | Zip Code 06851 |
| Principal Occupation | | | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Amount of Contribution |
| Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Date Received 05/13/2013 | |
| | | | | Aggregate Contributions \$100.00 | \$100.00 |

| | | | | | |
|--|--|--|--|---|----------------------------------|
| Last Name Pena | | First Warren | | MI A | Contribution ID # 0067 |
| Residential Street Address 8 Felix Ln | | City Norwalk | | State CT | Zip Code 06850 |
| Principal Occupation | | | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Amount of Contribution |
| Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # | | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Date Received 05/14/2013 | |
| | | | | Aggregate Contributions \$15.00 | \$10.00 |

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 - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|------------------|--|----------------------------------|
| Last Name Mcneil | First Marcus | MI | Contribution ID # 0068 |
| Residential Street Address PO Box 2441 | City Stamford | State CT | Zip Code 06907 |
| Principal Occupation | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 05/16/2013 |
| | | Aggregate Contributions \$7.00 | Amount of Contribution \$7.00 |

| | | | |
|--|------------------|--|----------------------------------|
| Last Name Hamilton | First Taber | MI | Contribution ID # 0069 |
| Residential Street Address 1 St John St | City Norwalk | State CT | Zip Code 06851 |
| Principal Occupation | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 05/18/2013 |
| | | Aggregate Contributions \$5.00 | Amount of Contribution \$5.00 |

| | | | |
|--|-------------------|--|-----------------------------------|
| Last Name Curry | First Caroline | MI | Contribution ID # 0070 |
| Residential Street Address 29 Hiawatha Ln | City Westport | State CT | Zip Code 06880 |
| Principal Occupation | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 05/18/2013 |
| | | Aggregate Contributions \$25.00 | Amount of Contribution \$25.00 |

| | | | |
|--|------------------|--|-----------------------------------|
| Last Name Caceres | First George | MI A | Contribution ID # 0071 |
| Residential Street Address 28 Southwind Dr | City Norwalk | State CT | Zip Code 06854 |
| Principal Occupation | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 05/30/2013 |
| | | Aggregate Contributions \$50.00 | Amount of Contribution \$50.00 |

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 - Original |

B. Itemized Contributions from Individuals

| | | | |
|---|--|---|-----------------------------------|
| Last Name Fredrick | First John | MI | Contribution ID # 0072 |
| Residential Street Address 31 Windsor Pl | City Norwalk | State CT | Zip Code 06854 |
| Principal Occupation | Name of Employer City of Norwalk | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Amount of Contribution | | | |
| Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 05/30/2013 | Aggregate Contributions \$5.00 |
| | | Amount of Contribution \$5.00 | |

| | | | |
|---|--|---|------------------------------------|
| Last Name Penn-Williams | First Brenda | MI | Contribution ID # 0073 |
| Residential Street Address 21 Karen Dr . | City Norwalk | State CT | Zip Code 06851 |
| Principal Occupation | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Amount of Contribution | | | |
| Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 06/05/2013 | Aggregate Contributions \$10.00 |
| | | Amount of Contribution \$10.00 | |

| | | | |
|---|--|---|-------------------------------------|
| Last Name Crossland | First Darnell | MI D | Contribution ID # 0074 |
| Residential Street Address 25 Grand St | City Norwalk | State CT | Zip Code 06851 |
| Principal Occupation attorney | Name of Employer Self | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Amount of Contribution | | | |
| Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 06/06/2013 | Aggregate Contributions \$105.00 |
| | | Amount of Contribution \$100.00 | |

| | | | |
|---|--|---|------------------------------------|
| Last Name Brown | First Allen | MI | Contribution ID # 0075 |
| Residential Street Address 193 W Rocks Rd | City Norwalk | State CT | Zip Code 06851 |
| Principal Occupation | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Amount of Contribution | | | |
| Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 06/09/2013 | Aggregate Contributions \$10.00 |
| | | Amount of Contribution \$10.00 | |

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 - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|-----------------------------------|
| Last Name Dopwell | First Sandra | MI | Contribution ID # 0076 |
| Residential Street Address 329 Ely Ave | City Norwalk | State CT | Zip Code 06854 |
| Principal Occupation | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 06/09/2013 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

| | | | |
|--|--|---|------------------------------------|
| Last Name Montgomery | First Eric | MI | Contribution ID # 0077 |
| Residential Street Address 13 Glenwood Ave | City Norwalk | State CT | Zip Code 06850 |
| Principal Occupation | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 06/09/2013 | Aggregate Contributions \$30.00 |
| | | | Amount of Contribution \$30.00 |

| | | | |
|--|--|---|------------------------------------|
| Last Name Hilliard | First Carvin | MI | Contribution ID # 0078 |
| Residential Street Address 8 Raymond St | City Norwalk | State CT | Zip Code 06854 |
| Principal Occupation | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 06/09/2013 | Aggregate Contributions \$20.00 |
| | | | Amount of Contribution \$20.00 |

| | | | |
|--|--|---|------------------------------------|
| Last Name Shular | First Scotty | MI | Contribution ID # 0079 |
| Residential Street Address 300 Ely Ave | City Norwalk | State CT | Zip Code 06854 |
| Principal Occupation | Name of Employer City of Norwalk | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 06/09/2013 | Aggregate Contributions \$20.00 |
| | | | Amount of Contribution \$20.00 |

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 - Original |

B. Itemized Contributions from Individuals

| | | | |
|---|-------------------|---|-------------------------------------|
| Last Name Harp | First Toni | MI | Contribution ID # 0080 |
| Residential Street Address 170 Conrad Dr . | City New Haven | State CT | Zip Code 06515 |
| Principal Occupation State Senator | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>06152013A</u> | | Date Received 06/15/2013 | Aggregate Contributions \$100.00 |
| Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$100.00 | |

| | | | |
|---|-------------------|---|------------------------------------|
| Last Name Smart | First Patricia | MI | Contribution ID # 0081 |
| Residential Street Address 46 Elizabeth St | City New Haven | State CT | Zip Code 06511 |
| Principal Occupation | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>06152013A</u> | | Date Received 06/15/2013 | Aggregate Contributions \$10.00 |
| Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$10.00 | |

| | | | |
|---|-------------------|---|-----------------------------------|
| Last Name Booker | First Faith | MI | Contribution ID # 0082 |
| Residential Street Address 414-6 Austin Rd | City Waterbury | State CT | Zip Code 06705 |
| Principal Occupation | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>06152013A</u> | | Date Received 06/15/2013 | Aggregate Contributions \$5.00 |
| Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$5.00 | |

| | | | |
|---|-------------------|---|------------------------------------|
| Last Name Walker | First Ebony | MI | Contribution ID # 0083 |
| Residential Street Address 48 Dayton St Fl 3 | City New Haven | State CT | Zip Code 06515 |
| Principal Occupation | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>06152013A</u> | | Date Received 06/15/2013 | Aggregate Contributions \$20.00 |
| Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$20.00 | |

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 - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|------------------------------------|
| Last Name Blackman | First Keith | MI | Contribution ID # 0084 |
| Residential Street Address 27 Beechwood Ave | City Hamden | State CT | Zip Code 06514 |
| Principal Occupation Correction Officer | Name of Employer Dept of Corrections | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06152013A</u> | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 06/15/2013 | Aggregate Contributions \$80.00 |
| | | | Amount of Contribution \$80.00 |

| | | | |
|--|--|---|------------------------------------|
| Last Name Blackman | First Sharon | MI | Contribution ID # 0085 |
| Residential Street Address 27 Beechwood Ave | City Hamden | State CT | Zip Code 06514 |
| Principal Occupation | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06152013A</u> | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 06/15/2013 | Aggregate Contributions \$40.00 |
| | | | Amount of Contribution \$40.00 |

| | | | |
|--|--|---|------------------------------------|
| Last Name Dade | First Willie | MI | Contribution ID # 0086 |
| Residential Street Address 1B Nalcolme Ct | City New Haven | State CT | Zip Code 06519 |
| Principal Occupation | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06152013A</u> | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 06/15/2013 | Aggregate Contributions \$15.00 |
| | | | Amount of Contribution \$15.00 |

| | | | |
|--|--|---|-----------------------------------|
| Last Name Howlett-Desheild | First Beverly | MI | Contribution ID # 0087 |
| Residential Street Address 41 Redfield St | City New Haven | State CT | Zip Code 06519 |
| Principal Occupation | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06152013A</u> | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 06/15/2013 | Aggregate Contributions \$5.00 |
| | | | Amount of Contribution \$5.00 |

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 - Original |

B. Itemized Contributions from Individuals

| | | | |
|---|--|---|------------------------------------|
| Last Name Ford | First Sheila | MI | Contribution ID # 0088 |
| Residential Street Address 192 West St . | City New Haven | State CT | Zip Code 06519 |
| Principal Occupation | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Amount of Contribution | | | |
| Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>06152013A</u> | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 06/15/2013 | Aggregate Contributions \$20.00 |
| | | | \$20.00 |

| | | | |
|---|--|---|------------------------------------|
| Last Name Preston | First Shawn | MI | Contribution ID # 0089 |
| Residential Street Address 37 Elizabeth St | City New Haven | State CT | Zip Code 06571 |
| Principal Occupation | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Amount of Contribution | | | |
| Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>06152013A</u> | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 06/15/2013 | Aggregate Contributions \$10.00 |
| | | | \$10.00 |

| | | | |
|---|--|---|------------------------------------|
| Last Name Harp | First Reynaud | MI | Contribution ID # 0090 |
| Residential Street Address 300 Whalley Ave | City New Haven | State CT | Zip Code 06511 |
| Principal Occupation | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Amount of Contribution | | | |
| Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>06152013A</u> | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 06/15/2013 | Aggregate Contributions \$75.00 |
| | | | \$75.00 |

| | | | |
|---|--|---|------------------------------------|
| Last Name Davis | First Ivy | MI | Contribution ID # 0091 |
| Residential Street Address 44 Orange St | City New Haven | State CT | Zip Code 06510 |
| Principal Occupation | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Amount of Contribution | | | |
| Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>06152013A</u> | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 06/15/2013 | Aggregate Contributions \$30.00 |
| | | | \$30.00 |

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 - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|------------------------------------|
| Last Name Mohamoud | First Muse | MI | Contribution ID # 0092 |
| Residential Street Address 119 Hollywood Ave | City West Hartford | State CT | Zip Code 06110 |
| Principal Occupation | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06152013A</u> | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 06/15/2013 | Aggregate Contributions \$35.00 |
| | | | Amount of Contribution \$35.00 |

| | | | |
|--|--|---|------------------------------------|
| Last Name Alexander | First Michael | MI | Contribution ID # 0093 |
| Residential Street Address 26 Greenhill Ter | City New Haven | State CT | Zip Code 06515 |
| Principal Occupation | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06152013A</u> | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 06/15/2013 | Aggregate Contributions \$20.00 |
| | | | Amount of Contribution \$20.00 |

| | | | |
|--|--|---|------------------------------------|
| Last Name Bost | First Eric | MI | Contribution ID # 0094 |
| Residential Street Address 203 W Sneden Pl | City Spring Valley | State NY | Zip Code 10977 |
| Principal Occupation Sales | Name of Employer Medtronic | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06152013A</u> | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 06/15/2013 | Aggregate Contributions \$75.00 |
| | | | Amount of Contribution \$75.00 |

| | | | |
|--|--|---|------------------------------------|
| Last Name Richardson | First Edward | MI B | Contribution ID # 0095 |
| Residential Street Address 50 Whiting St | City Hamden | State CT | Zip Code 06514 |
| Principal Occupation | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>06152013A</u> | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 06/15/2013 | Aggregate Contributions \$10.00 |
| | | | Amount of Contribution \$10.00 |

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 - Original |

B. Itemized Contributions from Individuals

| | | | |
|---|------------------|---|------------------------------------|
| Last Name Printz | First Dorothy | MI | Contribution ID # 0096 |
| Residential Street Address Wooden St | City Hamden | State CT | Zip Code 06514 |
| Principal Occupation | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>06152013A</u> | | Date Received 06/15/2013 | Aggregate Contributions \$25.00 |
| Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$25.00 | |

| | | | |
|---|------------------|---|------------------------------------|
| Last Name Walker | First James | MI | Contribution ID # 0097 |
| Residential Street Address 2 Morningview Ct | City Hamden | State CT | Zip Code 06518 |
| Principal Occupation | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>06152013A</u> | | Date Received 06/15/2013 | Aggregate Contributions \$75.00 |
| Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$75.00 | |

| | | | |
|---|---------------------------------|---|-------------------------------------|
| Last Name Walker | First Barbara | MI | Contribution ID # 0098 |
| Residential Street Address 2 Morningview Ct | City Hamden | State CT | Zip Code 06518 |
| Principal Occupation probation officer | Name of Employer State of CT | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>06152013A</u> | | Date Received 06/15/2013 | Aggregate Contributions \$100.00 |
| Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$50.00 | |

| | | | |
|---|------------------|---|------------------------------------|
| Last Name Sharry | First William | MI M | Contribution ID # 0099 |
| Residential Street Address 360 Dover Rd | City Westwood | State MA | Zip Code 02090 |
| Principal Occupation | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # | | Date Received 06/18/2013 | Aggregate Contributions \$50.00 |
| Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$50.00 | |

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 - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|--|
| Last Name Smart | First Jerry | MI | Contribution ID # 0100 |
| Residential Street Address 48 Dayton St | City New Haven | State CT | Zip Code 06511 |
| Principal Occupation | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 06/18/2013 | Aggregate Contributions \$5.00 |
| | | Amount of Contribution \$5.00 | |

| | | | |
|--|--|---|---|
| Last Name Aponte | First April | MI | Contribution ID # 0101 |
| Residential Street Address 483 Pine Rock Ave | City Hamden | State CT | Zip Code 06514 |
| Principal Occupation Surgical Scheduler | Name of Employer Greater Hartford | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 06152013A | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 06/21/2013 | Aggregate Contributions \$25.00 |
| | | Amount of Contribution \$25.00 | |

| | | | |
|--|--|---|--|
| Last Name Mann | First Nellie | MI | Contribution ID # 0102 |
| Residential Street Address 19 Lawrence St | City Norwalk | State CT | Zip Code 06854 |
| Principal Occupation | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 06/24/2013 | Aggregate Contributions \$5.00 |
| | | Amount of Contribution \$5.00 | |

| | | | |
|--|--|---|--|
| Last Name Fedor | First Chris | MI | Contribution ID # 0103 |
| Residential Street Address 10 Leuvine St | City Norwalk | State CT | Zip Code 06850 |
| Principal Occupation Manager | Name of Employer Fedor Autobody | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 06/24/2013 | Aggregate Contributions \$5.00 |
| | | Amount of Contribution \$5.00 | |

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 - Original |

B. Itemized Contributions from Individuals

| | | | |
|---|-----------------------------|---|-------------------------------------|
| Last Name Hilliard | First Carvin | MI | Contribution ID # 0104 |
| Residential Street Address 8 Raymond St | City Norwalk | State CT | Zip Code 06854 |
| Principal Occupation Retired | Name of Employer Retired | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # | | Date Received 06/25/2013 | Aggregate Contributions \$120.00 |
| Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$100.00 | |

| | | | |
|---|------------------|---|-----------------------------------|
| Last Name Mann | First Joseph | MI W | Contribution ID # 0105 |
| Residential Street Address 19 Lawrence St | City Norwalk | State CT | Zip Code 06854 |
| Principal Occupation | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # | | Date Received 06/25/2013 | Aggregate Contributions \$5.00 |
| Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$5.00 | |

| | | | |
|---|------------------|---|-----------------------------------|
| Last Name Chernet | First Rebecca | MI | Contribution ID # 0106 |
| Residential Street Address 5 Gibson Ct | City Norwalk | State CT | Zip Code 06850 |
| Principal Occupation | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # | | Date Received 06/25/2013 | Aggregate Contributions \$5.00 |
| Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$5.00 | |

| | | | |
|---|------------------|---|------------------------------------|
| Last Name Maye | First Queen | MI | Contribution ID # 0107 |
| Residential Street Address 135 Flax Hill Rd # 31 | City Norwalk | State CT | Zip Code 06854 |
| Principal Occupation | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # | | Date Received 06/25/2013 | Aggregate Contributions \$10.00 |
| Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | | Amount of Contribution \$10.00 | |

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 - Original |

B. Itemized Contributions from Individuals

| | | | |
|--|--|---|------------------------------------|
| Last Name Kydes | First Naomi | MI | Contribution ID # 0108 |
| Residential Street Address 6 White Birch Ct | City Norwalk | State CT | Zip Code 06851 |
| Principal Occupation | Name of Employer Self | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 06/26/2013 | Aggregate Contributions \$50.00 |
| | | | Amount of Contribution \$50.00 |

| | | | |
|--|--|---|-------------------------------------|
| Last Name Rice | First Margaret | MI A | Contribution ID # 0109 |
| Residential Street Address 22 June Ave | City Norwalk | State CT | Zip Code 06850 |
| Principal Occupation | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 06/27/2013 | Aggregate Contributions \$100.00 |
| | | | Amount of Contribution \$100.00 |

| | | | |
|--|--|---|------------------------------------|
| Last Name Blank | First Adam | MI | Contribution ID # 0110 |
| Residential Street Address 49 Bartlett Ave | City Norwalk | State CT | Zip Code 06880 |
| Principal Occupation | Name of Employer | | |
| Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Date Received 06/27/2013 | Aggregate Contributions \$10.00 |
| | | | Amount of Contribution \$10.00 |

| | | | |
|--|--|--|-------------------|
| Total of Section B | | | \$3,442.00 |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS | | | \$3,442.00 |

(Sections A + B)

(Total on Line 14 of Summary Page)

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 - Original |

C1. Contributions from Other Committees

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

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

| NAME OF COMMITTEE | TYPE OF REPORT |
|-------------------|---------------------------|
| David Watts 2014 | July 10 Filing - Original |

C2. Reimbursements, Payments, or Surplus Distributions from other Committees

| Name of Committee | | Name of Treasurer | |
|-------------------|-------|-------------------|-------------------|
| Address | | Date Received | Amount of Receipt |
| City | State | Zip Code | |

Total of Section C2

I. MONETARY RECEIPTS (Section A-I)

| NAME OF COMMITTEE | TYPE OF REPORT |
|-------------------|---------------------------|
| David Watts 2014 | July 10 Filing - Original |

D. Loans Received this Period

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

I. MONETARY RECEIPTS (Section A-I)

| NAME OF COMMITTEE | TYPE OF REPORT |
|-------------------|---------------------------|
| David Watts 2014 | July 10 Filing - Original |

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

| | | |
|---------------------------|---|----------------|
| Date of Receipt | Method of Payment | Amount |
| 04/01/2013 | <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card | \$40.00 |
| Total of Section E | | \$40.00 |

I. Monetary Receipts (Section A-I)

| NAME OF COMMITTEE | | TYPE OF REPORT | | |
|---|-----------------|-----------------------------|-------------------|----------------------|
| David Watts 2014 | | July 10 Filing - Original | | |
| G. Interest from Deposits in Authorized Accounts | | | | |
| Name of Institution Fairfield County Bank | | Date Received 05/07/2013 | | Amount \$0.01 |
| Street Address 121 New Canaan Ave | City Norwalk | State CT | Zip Code 06850 | |
| Name of Institution Fairfield County Bank | | Date Received 06/07/2013 | | Amount \$0.04 |
| Street Address 121 New Canaan Ave | City Norwalk | State CT | Zip Code 06850 | |
| Total of Section G | | | | \$0.05 |

I. MONETARY RECEIPTS (Section A-K)

| NAME OF COMMITTEE | | TYPE OF REPORT | | | |
|--|------------------|---------------------------|------------------|------------------|--------|
| David Watts 2014 | | July 10 Filing - Original | | | |
| H. Public Grant Funds Received from the Citizens' Election Fund | | | | | |
| Purpose of Grant: | | Grant Cycle: | | Date Received | Amount |
| Initial | Grant Adjustment | Primary | General Election | Special Election | |
| Supplemental/Post Election Deficit | | | | | |
| Total of Section H | | | | | |

I. MONETARY RECEIPTS (Section A-K)

| | |
|-------------------|---------------------------|
| NAME OF COMMITTEE | TYPE OF REPORT |
| David Watts 2014 | July 10 Filing - Original |

I. Miscellaneous Monetary Receipts not Considered Contributions

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

Total of Section I**II. FUNDRAISING EVENT ACTIVITY (Sections J1 - J3)**

| | |
|-------------------|---------------------------|
| NAME OF COMMITTEE | TYPE OF REPORT |
| David Watts 2014 | July 10 Filing - Original |

J1. Fundraising Event Information

| | | | |
|---|----------------|--------------------------|-------------------|
| Fundraising Event # Date of Fundraiser 06/15/2013 | Letter A | Description BBQ Event | |
| Location: Street Address 2 Morningview Ct | City Hamden | State CT | Zip Code 06518 |

Was this fundraising event hosted at a personal residence? Yes if yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations. No

Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100? Yes If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information. No

Subpart 1:
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? Yes (If yes, enter Total Receipts here.) No

\$0.00

Total of Section J1**\$0.00**

II. FUNDRAISING EVENT ACTIVITY (Sections J1 - J3)

| | |
|---|---------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| David Watts 2014 | July 10 Filing - Original |

J3. In-Kind Donations Not Considered Contributions

| | | | | |
|----------------------------|-------------------------|---------|--------------------------------|-------------------------------|
| Name of the Donor | | | | |
| Street Address | | City | State | Zip Code |
| Donation Given by: | Description of Donation | | | Fair Market Value of Donation |
| Individual | Date Received | Event # | Aggregate value for this event | |
| Business Entity | | | | |
| Sole Proprietorship | | | | |
| Total of Section J3 | | | | |

III. NONMONETARY RECEIPTS (Sections K - M)

| | |
|-------------------|---------------------------|
| NAME OF COMMITTEE | TYPE OF REPORT |
| David Watts 2014 | July 10 Filing - Original |

K. In-Kind Contributions

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

III. Non Monetary Receipts (Sections K - M)

| | |
|---|---------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| David Watts 2014 | July 10 Filing - Original |

L. Refundable Deposit to Telephone Company

| | | | | |
|----------------------------|------------|-------|-------------------|-------------------|
| Last Name of Individual | First Name | MI | Date Deposit Made | |
| Residential Street Address | City | State | Zip Code | Amount of Deposit |
| Name of Telephone company | | | | |
| Street Address | City | State | Zip Code | |
| Total of Section L | | | | |

III. NONMONETARY RECEIPTS (Sections K - M)

| | |
|--|---------------------------|
| NAME OF COMMITTEE | TYPE OF REPORT |
| David Watts 2014 | July 10 Filing - Original |
| M. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus, and Party Committee - OPTIONAL See Public Act 11-48 | |

| | | | | |
|---|---|----------|-------------------------------|--|
| Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONLY) | Name of Treasurer | | | |
| Street Address | Date Notice Received | | Fair Market Value of Donation | |
| City | State | Zip Code | | |
| Description of Donation | Purpose of Expenditure A B C D E | | | |
| Total of Section M | | | | |

IV. EXPENDITURES (Sections N - S)

| | | | | | |
|---|-------------|------|-----------------|----------------------------------|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | | | TYPE OF REPORT | |
| David Watts 2014 | | | | July 10 Filing - Original | |
| N. Expenses Paid By Committee | | | | | |
| Name of Payee | | | Date of Payment | | Method of Payment Check # Debit Card |
| Street Address | | City | | State | Zip Code |
| Purpose of Expend | Description | | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum | | | Yes No | Expenditure # (if applicable) | Event # |
| Total of Section N | | | | | |

IV. EXPENDITURES (Sections N - S)

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

IV. EXPENDITURES (Sections N - S)

| | | | |
|---|-------------|--|---------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | | TYPE OF REPORT | |
| David Watts 2014 | | July 10 Filing - Original | |
| P. Expenses Incurred on Committee Credit Card | | | |
| Name of Issuing Institution | | Type of Credit Card: Visa Master Card Discover American Express Other | |
| Name of Vendor | | | Date of Transaction |
| Street Address | | City | State Zip Code |
| Purpose of Expenditure (by code) | Description | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | Yes No | Expenditure # (if applicable) | Event # |
| If yes, assign an Expenditure # and complete Itemization in Addendum | | | |
| Total of Section P | | | |

IV. EXPENDITURES (Sections N - S)

| | |
|--|---------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| David Watts 2014 | July 10 Filing - Original |
| Q. Expenses Incurred By Committee but Not Paid During this Period | |

| | | | |
|--|-------------------------------|-------------------------------|--------------------------------------|
| Name of Creditor Kathleen Watts | | Date Incurred 04/02/2013 | |
| Street Address 22 June Ave | | City Norwalk | State CT |
| | | Zip Code 06850 | |
| Purpose of Expenditure (bv code) WEB | Description Domain.com | | Amount Incurred (Estimate or Actual) |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Expenditure # (if applicable) | Event # |
| If yes, assign an Expenditure # and completes Itemization in Addendum Q | | | \$18.98 |

| | | | |
|--|---|-------------------------------|--------------------------------------|
| Name of Creditor Kathleen Watts | | Date Incurred 06/14/2013 | |
| Street Address 22 June Ave | | City Norwalk | State CT |
| | | Zip Code 06850 | |
| Purpose of Expenditure (bv code) FNDR * | Description Inv. #394873126 Shoprite | | Amount Incurred (Estimate or Actual) |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Expenditure # (if applicable) | Event # |
| If yes, assign an Expenditure # and completes Itemization in Addendum Q | | | \$36.89 |

IV. EXPENDITURES (Sections N - S)

| | |
|---|---------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| David Watts 2014 | July 10 Filing - Original |

Q. Expenses Incurred By Committee but Not Paid During this Period

| | | | |
|---|--|----------------------------------|---|
| Name of Creditor Kathleen Watts | | Date Incurred 06/14/2013 | |
| Street Address 22 June Ave | | City Norwalk | State Zip Code CT 06850 |
| Purpose of Expenditure (bv code) FNDR * | Description Inv.068omkd00402ef Party City | | Amount Incurred (Estimate or Actual) |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and completes Itemization in Addendum Q | | Expenditure # (if applicable) | Event # 06152013A |
| | | | \$25.95 |

| | | | |
|---|--|----------------------------------|---|
| Name of Creditor Kathleen Watts | | Date Incurred 06/15/2013 | |
| Street Address 22 June Ave | | City Norwalk | State Zip Code CT 06850 |
| Purpose of Expenditure (bv code) FNDR * | Description Inv#9122993244515353165 Walmart | | Amount Incurred (Estimate or Actual) |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and completes Itemization in Addendum Q | | Expenditure # (if applicable) | Event # 06152013A |
| | | | \$39.55 |

IV. EXPENDITURES (Sections N - S)

| | |
|---|---------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| David Watts 2014 | July 10 Filing - Original |

Q. Expenses Incurred By Committee but Not Paid During this Period

| | | | |
|---|--|----------------------------------|---|
| Name of Creditor Kathleen Watts | | Date Incurred 06/15/2013 | |
| Street Address 22 June Ave | | City Norwalk | State Zip Code CT 06850 |
| Purpose of Expenditure (bv code) FNDR * | Description inv#147880 Wine Merchants | | Amount Incurred (Estimate or Actual) |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and completes Itemization in Addendum Q | | Expenditure # (if applicable) | Event # 06152013A |
| | | | \$61.62 |

| | | | |
|---|---|----------------------------------|---|
| Name of Creditor Kathleen Watts | | Date Incurred 06/15/2013 | |
| Street Address 22 June Ave | | City Norwalk | State Zip Code CT 06850 |
| Purpose of Expenditure (bv code) FNDR * | Description inv#28064 Total Wine | | Amount Incurred (Estimate or Actual) |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and completes Itemization in Addendum Q | | Expenditure # (if applicable) | Event # 06152013A |
| | | | \$67.21 |

IV. EXPENDITURES (Sections N - S)

| | |
|--|---------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT |
| David Watts 2014 | July 10 Filing - Original |
| Q. Expenses Incurred By Committee but Not Paid During this Period | |

| | | | |
|---|-----------------------------------|---|-------------|
| Name of Creditor Kathleen Watts | | Date Incurred 06/15/2013 | |
| Street Address 22 June Ave | | City Norwalk | State CT |
| | | Zip Code 06850 | |
| Purpose of Expenditure (bv code) FNDR * | Description inv.324 Costco | Amount Incurred (Estimate or Actual) | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Expenditure # (if applicable) | Event # |
| If yes, assign an Expenditure # and completes Itemization in Addendum Q | | | 06152013A |
| | | \$108.91 | |

| | | | |
|--|---|---|-------------|
| Name of Creditor Kathleen Watts | | Date Incurred 06/15/2013 | |
| Street Address 22 June Ave | | City Norwalk | State CT |
| | | Zip Code 06850 | |
| Purpose of Expenditure (bv code) FNDR * | Description Inv#28063 Total Wine | Amount Incurred (Estimate or Actual) | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Expenditure # (if applicable) | Event # |
| If yes, assign an Expenditure # and completes Itemization in Addendum Q | | | 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 Filing - Original |

Q. Expenses Incurred By Committee but Not Paid During this Period

| | | | |
|--|---|--------------------------------------|-------------------|
| Name of Creditor Kathleen Watts | | Date Incurred 06/15/2013 | |
| Street Address 22 June Ave | City Norwalk | State CT | Zip Code 06850 |
| Purpose of Expenditure (bv code) FNDR * | Description Inv#11120122 Ferraro Foods | Amount Incurred (Estimate or Actual) | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and completes Itemization in Addendum Q | | Expenditure # (if applicable) | Event # |
| | | | 06152013A |
| | | | \$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 - Original |

R. Itemization of Reimbursements to Committee Workers and Consultants

| | | | | |
|--|-------------|-------------------------------|-----------------|--|
| Last Name of Worker/Consultant | First | MI | Date of Payment | Method of Payment Check # Debit Card |
| Secondary Payee | | | | |
| Street Address | City | | State | Zip Code |
| Purpose of Expenditure (by code) | Description | | | Amount |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No | | Expenditure # (if applicable) | Event # | |
| If yes, assign an Expenditure # and completes Itemization in Addendum R | | | | |

Total of Section R

| IV. EXPENDITURES (Sectuibs N - S) | | | | |
|---|---------------------------|-------|----------|----------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT | | | |
| David Watts 2014 | July 10 Filing - Original | | | |
| 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 | | | | |