



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							
April 10 Filing - Original							
10. PERIOD COVERED							
		Beginning Date				Ending Date	
		01/01/2014		thru		03/31/2014	
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			04/08/2014 6:26:52PM		
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	April 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	\$4,660.69	
14. Contributions received from Individuals (Section A and B)	\$197.00	\$5,504.00
15. Receipts from Other Committees (Sections C1 and C2)	\$35.94	\$35.94
16. Other Monetary Receipts (Section D through I)	\$34.56	\$74.94
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)	\$267.50	\$5,614.88
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$4,928.19	\$5,614.88
20. Expenses Paid by Committee (Section N)	\$1,215.80	\$1,902.49
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col)	\$3,712.39	\$3,712.39
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)	\$0.00	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$0.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Watts 2014	April 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 Darby	First Olivia	MI	Contribution ID # 0174
Residential Street Address 10 Cliff 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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution
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 01/10/2014	Aggregate Contributions \$10.00
			\$10.00

Last Name Skinner	First Yolanda	MI	Contribution ID # 0175
Residential Street Address 27 Sention 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	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 01/20/2014	Aggregate Contributions \$25.00
			\$25.00

Last Name Cole	First Nellie	MI	Contribution ID # 0176
Residential Street Address 583 Belden Hill 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? 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	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 01/25/2014	Aggregate Contributions \$25.00
			\$25.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Camacho	First Edwin	MI	Contribution ID # 0177
Residential Street Address 38 Quintard 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 02/15/2014	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Zuniga	First Rolando	MI A	Contribution ID # 0178
Residential Street Address 213 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 02/16/2014	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Sequeira	First William	MI	Contribution ID # 0179
Residential Street Address 38 Benedict 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? <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 02/16/2014	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Sequeira	First Ana	MI	Contribution ID # 0180
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 02/16/2014	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	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Brancato	First Joseph	MI R	Contribution ID # 0181
Residential Street Address 167 Grumman Ave	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	Amount of Contribution \$5.00
		Date Received 03/08/2014	Aggregate Contributions \$5.00

Last Name Folgar	First Zaida	MI 	Contribution ID # 0182
Residential Street Address 208 Flax Hill Rd # 27	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	Amount of Contribution \$5.00
		Date Received 03/08/2014	Aggregate Contributions \$5.00

Last Name Valencia	First Nabil	MI E	Contribution ID # 0183
Residential Street Address 208 Flax Hill Rd # 27	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	Amount of Contribution \$5.00
		Date Received 03/09/2014	Aggregate Contributions \$5.00

Last Name Farnsworth	First Judy	MI 	Contribution ID # 0184
Residential Street Address 38 Quintard 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	Amount of Contribution \$5.00
		Date Received 03/15/2014	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	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Colarossi	First Jennifer	MI	Contribution ID # 0189
Residential Street Address 27 Plymouth Ave	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 03/30/2014	Aggregate Contributions \$5.00
			\$5.00

Last Name Giordani	First Mary Jo	MI	Contribution ID # 0190
Residential Street Address 6 Kingsbury 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 03/30/2014	Aggregate Contributions \$5.00
			\$5.00

Last Name Colarossi	First Liza	MI H	Contribution ID # 0187
Residential Street Address 6 Kingsbury 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 03/30/2014	Aggregate Contributions \$5.00
			\$5.00

Last Name Colarossi	First Kana	MI	Contribution ID # 0188
Residential Street Address 6 Kingsbury 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 03/30/2014	Aggregate Contributions \$5.00
			\$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Hernandez	First Jairo	MI	Contribution ID # 0185
Residential Street Address 107 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	
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 03/30/2014	Aggregate Contributions \$10.00
			\$10.00

Last Name Conte	First Katie	MI	Contribution ID # 0186
Residential Street Address 62 Barbara 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 03/30/2014	Aggregate Contributions \$10.00
			\$10.00

Last Name Navarro	First Israel	MI	Contribution ID # 0192
Residential Street Address 14 Prowitt St Apt 16	City Norwalk	State CT	Zip Code 06855
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> 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 03/31/2014	Aggregate Contributions \$5.00
			\$5.00

Last Name Williams	First Andre	MI	Contribution ID # 0193
Residential Street Address 40 Lincoln 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? 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 03/31/2014	Aggregate Contributions \$5.00
			\$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Olguin	First Juanita	MI	Contribution ID # 0195
Residential Street Address 60 Wolfpit Ave Apt 3B	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 03/31/2014	Aggregate Contributions \$20.00
			Amount of Contribution \$20.00

Last Name Ayers	First Nicol	MI	Contribution ID # 0196
Residential Street Address 7 Ohio Ave	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 03/31/2014	Aggregate Contributions \$7.00
			Amount of Contribution \$7.00

Last Name Serasis	First Steve	MI	Contribution ID # 0194
Residential Street Address 24 High 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? <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 03/31/2014	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Sacchinelli	First Nicholas	MI	Contribution ID # 0197
Residential Street Address 15 Perry 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 03/31/2014	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	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Goldstein	First Debora	MI	Contribution ID # 0198
Residential Street Address 66 Osborne 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 03/31/2014	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Navarro	First Israel	MI	Contribution ID # 0191
Residential Street Address 4 Lincoln 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 03/31/2014	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Total of Section B			\$197.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS			\$197.00
(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	April 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Amount of Contribution
City	State	Zip Code	Date Received
			Aggregate Contributions

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

NAME OF COMMITTEE				TYPE OF REPORT	
David Watts 2014				April 10 Filing - Original	
C2. Reimbursements, Payments, or Surplus Distributions from other Committees					
Name of Committee Pena 2014			Name of Treasurer Razwan Ahmad		
Address 162 East Ave				Date Received 03/28/2014	Amount of Receipt \$35.94
City Norwalk	State CT	Zip Code 06855	<input checked="" type="checkbox"/> Reimbursement for shared expense <input type="checkbox"/> Payment for goods and services		
Total of Section C2					\$35.94

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT		
David Watts 2014				April 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				April 10 Filing - Original	
E. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)					
Date of Receipt	Method of Payment			Amount	
	Cash	Personal Check	Credit/Debit Card		
Total of Section E					

I. Monetary Receipts (Section A-I)

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

G. Interest from Deposits in Authorized Accounts

Name of Institution	Date Received	Amount
Fairfield County Bank	01/07/2014	
Street Address	City	State
121 New Canaan Ave	Norwalk	CT
	Zip Code	Amount
	06850	\$0.07
Name of Institution	Date Received	Amount
Fairfield County Bank	02/07/2014	
Street Address	City	State
121 New Canaan Ave	Norwalk	CT
	Zip Code	Amount
	06850	\$0.08
Name of Institution	Date Received	Amount
Fairfield County Bank	03/07/2014	
Street Address	City	State
121 New Canaan Ave	Norwalk	CT
	Zip Code	Amount
	06850	\$0.07
Total of Section G		\$0.22

I. MONETARY RECEIPTS (Section A-K)

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

H. Public Grant Funds Received from the Citizens' Election Fund

Purpose of Grant:	Grant Cycle:	Date Received	Amount
Initial	Primary		
Grant Adjustment	General Election		
Supplemental/Post Election Deficit	Special Election		
Total of Section H			

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE			TYPE OF REPORT		
David Watts 2014			April 10 Filing - Original		
I. Miscellaneous Monetary Receipts not Considered Contributions					
Name Avis			Date of Transaction 02/17/2014		Amount Received \$34.34
Street Address 789 Connecticut Ave		City Norwalk	State CT	Zip Code 06854	
Description refund of incorrect charge					
Total of Section I					\$34.34

II. FUNDRAISING EVENT ACTIVITY (Sections J1 - J3)

NAME OF COMMITTEE			TYPE OF REPORT		
David Watts 2014			April 10 Filing - Original		
J1. Fundraising Event Information					
Fundraising Event # Date of Fundraiser		Description			
Letter					
Location: Street Address			City	State	Zip Code
Was this fundraising event hosted at a personal residence?			Yes	if yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.	
			No		
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?			Yes	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.	
			No		
Subpart 1:			Yes	(If yes, enter Total Receipts here.)	
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?			No		
Total of Section J1					

II. FUNDRAISING EVENT ACTIVITY (Sections J1 - J3)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Watts 2014	April 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	April 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	April 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
Name of Telephone company			Amount of Deposit
Street Address	City	State	
Total of Section L			

III. NONMONETARY RECEIPTS (Sections K - M)

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

N. Expenses Paid By Committee

Name of Payee Englewood Edge LLC		Date of Payment 01/07/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>9999</u> <input type="checkbox"/> Debit Card	
Street Address P.O. Box		City Norwalk	State CT	Zip Code 06856
Purpose of Expend A-WEB	Description Nancy on Norwalk			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$250.00
Name of Payee Silver Star Diner		Date of Payment 01/31/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 210 Connecticut Ave		City Norwalk	State CT	Zip Code 06854
Purpose of Expend FOOD	Description Committee meeting			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$68.08
Name of Payee Avis		Date of Payment 02/06/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 789 Connecticut Ave		City Norwalk	State CT	Zip Code 06854
Purpose of Expend TRVL	Description Travel to opening session at capital			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$79.56

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee New Canaan Ave Serv		Date of Payment 02/07/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 87 New Canaan Ave		City Norwalk	State CT	Zip Code 06850
Purpose of Expend TRVL	Description Gas for travel to capital-opening session		Amount \$20.00	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)		
Name of Payee Bradford Schmidt		Date of Payment 02/12/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>0000</u> <input type="checkbox"/> Debit Card	
Street Address 23 N Main St Apt D3		City Norwalk	State CT	Zip Code 06854
Purpose of Expend CNSLT	Description Wage for consultant		Amount \$50.00	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)		
Name of Payee Dunkin Donuts		Date of Payment 02/15/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 81 N Main St .		City Norwalk	State CT	Zip Code 06854
Purpose of Expend FOOD	Description Committee Meeting		Amount \$18.16	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)		

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee Bradford Schmidt		Date of Payment 02/22/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>0001</u> <input type="checkbox"/> Debit Card	
Street Address 23 N Main St Apt D3		City Norwalk	State CT	Zip Code 06854
Purpose of Expend CNSLT	Description Wage for consultant		Amount \$50.00	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)		
Name of Payee Stop & Shop		Date of Payment 03/08/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 380 Main Ave		City Norwalk	State CT	Zip Code 06851
Purpose of Expend ATT *	Description Men Cooking for Delta		Amount \$19.93	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)		
Name of Payee WFL Real Estate		Date of Payment 03/18/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>0002</u> <input type="checkbox"/> Debit Card	
Street Address 162 East Ave		City Norwalk	State CT	Zip Code 06851
Purpose of Expend OVHD	Description Rent for Headquarters		Amount \$500.00	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)		

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee Walmart		Date of Payment 03/18/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 680 Connecticut Ave		City Norwalk	State CT	Zip Code 06854
Purpose of Expend OFFICE	Description Phones for Headquarters			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable) 140746	Event #	\$65.77
Name of Payee Staples		Date of Payment 03/21/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 654 Main Ave		City Norwalk	State CT	Zip Code 06897
Purpose of Expend OFFICE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable) 140747	Event #	\$42.05
Name of Payee Staples		Date of Payment 03/21/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 654 Main St		City Norwalk	State CT	Zip Code 06897
Purpose of Expend OFFICE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$24.73

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee Papa Johns		Date of Payment 03/23/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 205 Main Ave		City Norwalk	State CT	Zip Code 06851
Purpose of Expend FOOD	Description Food for campaign volunteers			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$17.85
Name of Payee Dunkin Donuts		Date of Payment 03/25/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 196 East Ave		City Norwalk	State CT	Zip Code 06855
Purpose of Expend FOOD	Description Food for campaign volunteers			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$9.67
Total of Section N				\$1,215.80

IV. EXPENDITURES (Sections N - S)						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)					TYPE OF REPORT	
					April 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 #		Amount
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					April 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	April 10 Filing - Original

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

Name of Creditor			Date Incurred	
Street Address		City	State	Zip Code
Purpose of Expenditure (bv code)	Description			Amount Incurred (Estimate or Actual)
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 Q				

Total of Section Q**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
David Watts 2014	April 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 (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
David Watts 2014				April 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					

Section N. ADDENDUM

NAME OF COMMITTEE				TYPE OF REPORT	
David Watts 2014				April 10 Filing - Original	
N. Expenses Paid By Committee - Addendum					
Expenditure #			Amount of Expenditure		
140746			\$65.77		
Name of Candidate Warren Pena			Office Sought State Representative		
Name of Candidate Israel Navarro			Office Sought State Senator		

Expenditure #			Amount of Expenditure		
140747			\$42.05		
Name of Candidate Warren A. Pena			Office Sought State Representative		
Name of Candidate Israel Navarro			Office Sought State Senator		

