



**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

STEVEN WATTS FOR U.S. SENATE

Report Covering the Period: From: 1<sup>M</sup> 0<sup>M</sup> / 1<sup>D</sup> 5<sup>D</sup> / 2<sup>Y</sup> 0<sup>Y</sup> 1<sup>Y</sup> 2<sup>Y</sup> To: 1<sup>M</sup> 0<sup>M</sup> / 2<sup>D</sup> 2<sup>D</sup> / 2<sup>Y</sup> 0<sup>Y</sup> 1<sup>Y</sup> 2<sup>Y</sup>

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)).....	\$0.00	\$3,000.00
(b) Total Contribution Refunds (from Line 20(d)).....	0 0 0, 0 0 0, 0 0 0, 0 0 0	0 0 0, 0 0 0, 0 0 0, 0 0 0
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	\$0.00	\$3,000.00
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	\$18.95	\$1,138.13
(b) Total Offsets to Operating Expenditures (from Line 14).....	0 0 0, 0 0 0, 0 0 0, 0 0 0	0 0 0, 0 0 0, 0 0 0, 0 0 0
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	\$18.95	\$1,138.13
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	<b>\$1,861.87</b>	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>0 0 0, 0 0 0, 0 0 0, 0 0 0</b>	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>0 0 0, 0 0 0, 0 0 0, 0 0 0</b>	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

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**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

**STEVEN WATTS FOR U.S. SENATE**

Report Covering the Period: From: 10 / 15 / 2012 To: 10 / 22 / 2012

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0 0 0,0 0 0,0 0 0.0 0	0 0 0,0 0 0,0 0 0.0 0
(ii) Unitemized.....	0 0 0,0 0 0,0 0 0.0 0	0 0 0,0 0 0,0 0 0.0 0
(iii) TOTAL of contributions from individuals ▶	0 0 0,0 0 0,0 0 0.0 0	0 0 0,0 0 0,0 0 0.0 0
(b) Political Party Committees.....	0 0 0,0 0 0,0 0 0.0 0	0 0 0,0 0 0,0 0 0.0 0
(c) Other Political Committees (such as PACs).....	0 0 0,0 0 0,0 0 0.0 0	0 0 0,0 0 0,0 0 0.0 0
(d) The Candidate.....	, , \$0.00	, , \$3,000.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	, , \$0.00	, , \$3,000.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....		
	0 0 0,0 0 0,0 0 0.0 0	0 0 0,0 0 0,0 0 0.0 0
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0 0 0,0 0 0,0 0 0.0 0	0 0 0,0 0 0,0 0 0.0 0
(b) All Other Loans.....	0 0 0,0 0 0,0 0 0.0 0	0 0 0,0 0 0,0 0 0.0 0
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0 0 0,0 0 0,0 0 0.0 0	0 0 0,0 0 0,0 0 0.0 0
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....		
	0 0 0,0 0 0,0 0 0.0 0	0 0 0,0 0 0,0 0 0.0 0
15. OTHER RECEIPTS (Dividends, Interest, etc.).....		
	0 0 0,0 0 0,0 0 0.0 0	0 0 0,0 0 0,0 0 0.0 0
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	, , \$0.00	, , \$3,000.00

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**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 10				
	<input type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a	<input type="checkbox"/> 11c <input type="checkbox"/> 13b	<input type="checkbox"/> 11d <input type="checkbox"/> 14	<input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**STEVEN WATTS FOR U.S. SENATE NONE**

Full Name (Last, First, Middle Initial)		Date of Receipt
A. Mailing Address		M M / D D / Y Y Y Y
City	State Zip Code	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period
Name of Employer	Occupation	, , .
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	
Full Name (Last, First, Middle Initial)		Date of Receipt
B. Mailing Address		M M / D D / Y Y Y Y
City	State Zip Code	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period
Name of Employer	Occupation	, , .
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	
Full Name (Last, First, Middle Initial)		Date of Receipt
C. Mailing Address		M M / D D / Y Y Y Y
City	State Zip Code	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period
Name of Employer	Occupation	, , .
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	, , .
<b>TOTAL</b> This Period (last page this line number only).....	, , . <b>\$0.00</b>

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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 10			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**STEVEN WATTS FOR U.S. SENATE**

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>A. U.S. POST OFFICE</b>		M M / D D / Y Y Y Y <b>1 0 / 2 2 / 2 0 1 2</b>
Mailing Address <b>7339 East Williams Drive</b>		Amount of Each Disbursement this Period  <b>\$18.95</b>
City <b>Scottsdale</b> State <b>AZ</b> Zip Code <b>85255</b>	0 0 1	
Purpose of Disbursement <b>Postage</b>	Category/Type	
Candidate Name <b>Steven Watts</b>		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <b>AZ</b> District:	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>B.</b>		M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period  ,
City State Zip Code	Category/Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>C.</b>		M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period  ,
City State Zip Code	Category/Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	, , .
<b>TOTAL</b> This Period (last page this line number only).....	, , <b>\$18.95</b>

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**SCHEDULE D (FEC Form 3)  
DEBTS AND OBLIGATIONS  
Excluding Loans**

**NONE**

NAME OF COMMITTEE (In Full) **STEVEN WATTS FOR U.S. SENATE**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):	
Mailing Address			
City	State	Zip Code	
Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):	
Mailing Address			
City	State	Zip Code	
Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):	
Mailing Address			
City	State	Zip Code	
Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

1) SUBTOTALS This Period This Page (optional) .....	0 0 0 0 0 0 0 0 0 0
2) TOTALS This Period (last page this line number only) .....	0 0 0 0 0 0 0 0 0 0
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0 0 0 0 0 0 0 0 0 0
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	0 0 0 0 0 0 0 0 0 0

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Post Office To Addressee

Addressee Copy LEASE PRESS  
Label 11-B, March 2004

EXPRESS MAIL  
ENV/1 n/c



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PAID  
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OCT 22 12  
AMOUNT  
\$18.95  
00033289-04

1007



When used internationally  
affix customs declarations  
(PS Form 2976, or 2976A).

**ORIGIN (POSTAL SERVICE USE ONLY)**

No ZIP Code	Day of Delivery	Postage	Return Receipt Fee
	<input type="checkbox"/> Next <input type="checkbox"/> 2nd Day	\$	\$
Date Accepted	Scheduled Date of Delivery	COO Fee	Insurance Fee
	Month Day	\$	\$
Day	Scheduled Time of Delivery	Total Postage & Fees	
Accepted <input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Noon <input type="checkbox"/> 3 PM	\$	
Rate <input type="checkbox"/> or Weight	Military <input type="checkbox"/>	Acceptance Emp. Initials	
	<input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day		
	Intl Alpha Country Code		

**DELIVERY (POSTAL SERVICE ONLY)**

Delivery Attempt	Time	Employee Signature
<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Delivery Attempt	Time	Employee Signature
<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Delivery Date	Time	Employee Signature
Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	

**CUSTOMER USE ONLY**

NO DELIVERY  
 Weekend  Holiday  Mailer Signature

**WAVER OF SIGNATURE (Domestic Mail Only)**  
Additional merchandise insurance is void if customer requests waiver of signature. Signature of addressee or authorized agent of addressee must be in secure location and include full delivery employee's signature constitutes valid proof of delivery.

TO: (PLEASE PRINT) PHONE ( )

ZIP + 4 (U.S. ADDRESSES ONLY. DO NOT USE FOR FOREIGN POSTAL CODES.)

FOR INTERNATIONAL DESTINATIONS, WRITE COUNTRY NAME BELOW.

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# United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED \_\_\_\_\_  
Date of Receipt

USPS FIRST CLASS MAIL \_\_\_\_\_  
Postmark

USPS REGISTERED/CERTIFIED \_\_\_\_\_  
Postmark

USPS PRIORITY MAIL \_\_\_\_\_  
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL **10.22.12** \_\_\_\_\_  
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION \_\_\_\_\_  
Date of Receipt

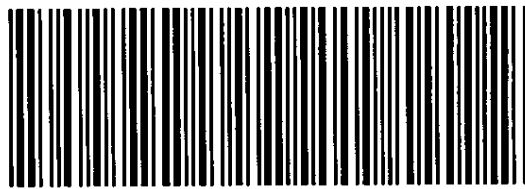
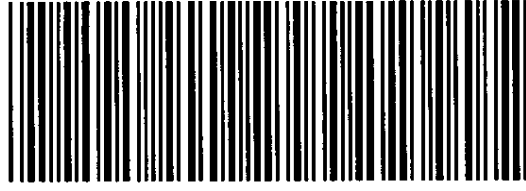
POSTMARK ILLEGIBLE  NO POSTMARK

FAX \_\_\_\_\_  
Date of Receipt

OTHER \_\_\_\_\_  
Date of Receipt or Postmark

PREPARER **RD** DATE PREPARED **10.25.12**

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