

SEEC FORM 20

Itemized Campaign Finance Disclosure Statement  
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION  
Rev. 1/08

FILED SEEC



3:48

FILED OCT 09, 08

083822  
Do Not Mark in This Space For  
Official Use Only

SUMMARY PAGE

<b>1. NAME OF COMMITTEE</b>				
People for Excellence in Government				
<b>2. TREASURER NAME</b>				
Title	First	MI	Last	Suffix
Mr	William	A	Beccaro	
<b>3. TREASURER ADDRESS</b>				
Street Address		City	State	Zip Code
12 New City Street		Essex	CT	06426
<b>4. ELECTION/REFERENDUM DATE</b> (mm/dd/yyyy)	<b>5. OFFICE SOUGHT</b> (Complete only if Candidate Committee)		<b>6. DISTRICT NUMBER</b> (if applicable)	
<b>7. CANDIDATE NAME</b> (Complete only if Candidate or Exploratory Committee)				
Title	First	MI	Last	Suffix
<b>8. TYPE OF REPORT</b> (Check One Box)				
<input type="checkbox"/> January 10 filing	<input type="checkbox"/> 7th day preceding primary	<input type="checkbox"/> 7th day preceding referendum	<input type="checkbox"/> Initial Contribution or Disbursement (PACs ONLY)	
<input type="checkbox"/> April 10 filing	<input type="checkbox"/> 30 days following primary	<input type="checkbox"/> 45 days following referendum	<input type="checkbox"/> Amendment to	
<input type="checkbox"/> July 10 filing	<input type="checkbox"/> 7th day preceding election	<input type="checkbox"/> Deficit	Type of Report: _____	
<input checked="" type="checkbox"/> October 10 filing	<input type="checkbox"/> 12th day preceding election (State Central Committees Only)	<input type="checkbox"/> Termination		
<input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Primary <input type="checkbox"/> Election	<input type="checkbox"/> 45 days following election not held in November			
<b>9. PERIOD COVERED</b>				
Beginning Date		Ending Date		
07/01/2008		thru 09/30/2008		
<b>10. CERTIFICATION</b>				
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.				
<u>William A. Beccaro</u> TREASURER OR DEPUTY TREASURER (SIGNATURE)		<u>William A. Beccaro</u> PRINT NAME OF SIGNER		<u>10/08/2008</u> DATE (mm/dd/yyyy)
<b>PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.</b>				

**SEEC FORM 20**

**Itemized Campaign Finance Disclosure Statement**  
 CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION  
 Rev. 1/08

**SUMMARY PAGE**  
**TOTALS**

NAME OF COMMITTEE	FILING DUE DATE	
	10/10/2008	
People for Excellence in Government	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for Ongoing and Party Committees OR Balance on hand from day Committee was formed for all other committees		\$20.00
12. Balance on hand at the beginning of Reporting Period	\$2,397.48	
13. Contributions received from Individuals (Sections A and B)	\$250.00	\$81,934.18
14. Receipts from Other Committees (Sections C1 and C2)	\$46,056.37	\$189,667.77
15. Other Monetary Receipts (Sections D-K)	\$0.00	\$104,506.10
16a. Total Small Food and Beverage Receipts at Fair (Section L1) <i>Town Committees ONLY</i>	\$0.00	\$0.00
16b. Total Proceeds from Small Purchases at Tag Sales, Auctions or Other Sales (Section L2)	\$0.00	\$0.00
16c. Total Purchases of Advertising in a Program Book (Section L3) <i>Municipal and Town Committees ONLY</i>	\$0.00	\$0.00
17. Total Monetary Receipts (add totals for lines 13-16c)	\$46,306.37	\$376,108.05
18. Subtotals (add totals in line 12 + line 17 in Column A; and in line 11 + 17 in Column B)	\$48,703.85	\$376,128.05
19. Expenses Paid by Committee (Section P)	\$14,930.30	\$342,354.50
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both Columns)	\$33,773.55	\$33,773.55
21. In-Kind Donations not Considered Contributions Received (Section L4)	\$0.00	\$0.00
22. In-Kind Contributions Received (Section M)	\$0.00	\$0.00
23. Refundable Deposit to Telephone Company (Section N)	\$0.00	\$0.00
24. Receipts of Organization Expenditures (Section O)	\$0.00	\$0.00
25. Beginning Loan Balance	\$0.00	\$0.00
25a. + Loans Received (Section D)	\$0.00	\$0.00
25b. + Interest and Penalties on Loan	\$0.00	\$0.00
25c. - Payments on Loan	\$0.00	\$0.00
25d. Total Outstanding Loan Amount	\$0.00	\$0.00
26. Campaign Expenses Paid by Candidate (Section Q)	\$0.00	\$0.00
27. Expenses Incurred on Committee Credit Card (Section R)	\$0.00	\$0.00
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	\$0.00	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	\$0.00	

I. MONETARY RECEIPTS (Sections A-K)

<b>NAME OF COMMITTEE</b> People for Excellence in Government	<b>FILING DUE DATE</b> 10/10/2008
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>	
<b>Subtotal Section A</b>	\$ 0.00

**B. Itemized Contributions from Individuals**

Last Name	First	MI	Principal Occupation	Amount of Contribution	
Steeneck	Sherri		homemaker	\$250.00	
Residential Street Address 166 Rock Ridge Road	City Fairfield	State CT	Zip Code 06824		Name of Employer
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No				
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event # _____</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No				
Method of contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order	Date Received 09/22/2008	Aggregate contributions \$250.00			
				\$0.00	
Residential Street Address	City	State CT	Zip Code		Name of Employer
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No				
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event # _____</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No				
Method of contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order	Date Received	Aggregate contributions \$0.00			
				\$0.00	
Residential Street Address	City	State CT	Zip Code		Name of Employer
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No				
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event # _____</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No				
Method of contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order	Date Received	Aggregate contributions \$0.00			
				\$0.00	
Residential Street Address	City	State CT	Zip Code		Name of Employer
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No				
Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event # _____</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No				
Method of contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order	Date Received	Aggregate contributions \$0.00			
<b>SUBTOTAL Section B-This Page</b>				\$250.00	
<b>TOTAL of additional Section B Pages</b>				\$0.00	
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A &amp; B) (Enter total on Line 13 of Summary Page)</b>				\$250.00	

**I. MONETARY RECEIPTS (Sections A-K)**

<b>NAME OF COMMITTEE</b>	<b>FILING DUE DATE</b>
People for Excellence in Government	10/10/2008

**C1. Contributions from Other Committees**

Name of Committee Finch for Mayor					Name of Treasurer Kenneth Moales	
Address 70 Crown Street			Is this contribution associated with a fundraising event listed in Section L1? <input checked="" type="checkbox"/> Yes <i>If yes, list event #</i> <input checked="" type="checkbox"/> No			<b>Amount of Contribution</b>  \$46,056.37
City Bridgeport	State CT	Zip Code 06610	Date Received	Aggregate Contributions \$46,056.37		
Name of Committee					Name of Treasurer	
Address			Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <i>If yes, list event #</i> <input type="checkbox"/> No			<b>Amount of Contribution</b>  \$0.00
City	State CT	Zip Code	Date Received	Aggregate Contributions \$0.00		
Name of Committee					Name of Treasurer	
Address			Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <i>If yes, list event #</i> <input type="checkbox"/> No			<b>Amount of Contribution</b>  \$0.00
City	State CT	Zip Code	Date Received	Aggregate Contributions \$0.00		
Name of Committee					Name of Treasurer	
Address			Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <i>If yes, list event #</i> <input type="checkbox"/> No			<b>Amount of Contribution</b>  \$0.00
City	State CT	Zip Code	Date Received	Aggregate Contributions \$0.00		
Name of Committee					Name of Treasurer	
Address			Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <i>If yes, list event #</i> <input type="checkbox"/> No			<b>Amount of Contribution</b>  \$0.00
City	State CT	Zip Code	Date Received	Aggregate Contributions \$0.00		

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

Name of Committee					Name of Treasurer	
Address			Date Received			<b>Amount of Receipt</b>  \$0.00
City	State CT	Zip Code	<input type="checkbox"/> Reimbursement for shared expense <input type="checkbox"/> Surplus <input type="checkbox"/> Payment for goods and services <input type="checkbox"/> Distribution			
Name of Committee					Name of Treasurer	
Address			Date Received			<b>Amount of Receipt</b>  \$0.00
City	State CT	Zip Code	<input type="checkbox"/> Reimbursement for shared expense <input type="checkbox"/> Surplus <input type="checkbox"/> Payment for goods and services <input type="checkbox"/> Distribution			

<b>SUBTOTAL Section C-This Page</b>					\$46,056.37	
<b>TOTAL of additional Section C Pages</b>					\$0.00	
<b>TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS (Enter total on Line 14 of Summary Page)</b>					\$46,056.37	

**I. MONETARY RECEIPTS (Sections A-K)**

<b>NAME OF COMMITTEE</b> People for Excellence in Government	<b>FILING DUE DATE</b> 10/10/2008
---	--------------------------------------

**D. Loans Received this Period**

Name of Lender				Source of Loan:		Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes (if yes list name and address of Cosigner/Guarantor) <input checked="" type="checkbox"/> No	Amount Received  \$0.00
Street Address	City	State CT	Zip Code	<input type="checkbox"/> Bank	<input type="checkbox"/> Candidate		
Name of Cosigner/Guarantor				<input type="checkbox"/> Individual <input type="checkbox"/> Other Committee			
Street Address	City	State CT	Zip Code	Date of Receipt			

Name of Lender				Source of Loan:		Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes (if yes list name and address of Cosigner/Guarantor) <input checked="" type="checkbox"/> No	Amount Received  \$0.00
Street Address	City	State CT	Zip Code	<input type="checkbox"/> Bank	<input type="checkbox"/> Candidate		
Name of Cosigner/Guarantor				<input type="checkbox"/> Individual <input type="checkbox"/> Other Committee			
Street Address	City	State CT	Zip Code	Date of Receipt			

**Total Section D**      \$ 0.00

**E. Receipts from Entities other than Individuals or Other Committees (Referendum Committees ONLY)**

Name of Entity					Date Received	Amount Received
Street Address						
City	State CT	Zip Code	Aggregate Contributions			\$0.00

Name of Entity					Date Received	Amount Received
Street Address						
City	State CT	Zip Code	Aggregate Contributions			\$0.00

Name of Entity					Date Received	Amount Received
Street Address						
City	State CT	Zip Code	Aggregate Contributions			\$0.00

**Total Section E**      \$ 0.00

**F. Amount Transferred from Affiliated Business Treasury (Business Entity Committees ONLY)**

Date of Receipt	Amount \$0.00	Date of Receipt	Amount \$0.00	Total Transfers  \$ 0.00
Is this transaction associated with a fundraising event listed in Section L1? <input checked="" type="checkbox"/> Yes <i>If yes, list Event # _____</i> <input type="checkbox"/> No		Is this transaction associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <i>If yes, list Event # _____</i> <input checked="" type="checkbox"/> No		

**G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Organization Committees ONLY)**

Date of Receipt	Amount \$0.00	Date of Receipt	Amount \$0.00	Total Transfers  \$ 0.00

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

Date of Receipt	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Date of Receipt	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Total Amount Received  \$ 0.00
Amount \$0.00		Amount \$0.00		

**I. MONETARY RECEIPTS (Sections A-K)**

<b>NAME OF COMMITTEE</b> People for Excellence in Government	<b>FILING DUE DATE</b> 10/10/2008
---	--------------------------------------

**I. Anonymous Contributions (Specify dollar amount of the bills received)**

Date Received	Amount	Date Received	Amount	<b>Total Amount Received</b>
	\$0.00		\$0.00	
\$1 bills <u>    \$0.00    </u> \$5 bills <u>    \$0.00    </u> coins <u>    \$0.00    </u> \$10 bill <u>    \$0.00    </u>		\$1 bills <u>    \$0.00    </u> \$5 bills <u>    \$0.00    </u> coins <u>    \$0.00    </u> \$10 bill <u>    \$0.00    </u>		

**J. Interest from Deposits in Authorized Accounts**

Date Received	Amount	Date Received	Amount	<b>Total Amount Received</b>
	\$0.00		\$0.00	
Name of Institution		Name of Institution		
Street Address		Street Address		
City	State	City	State	\$ 0.00
	CT		CT	

**K. Miscellaneous Monetary Receipts not Considered Contributions**

Name			Date of Transaction		<b>Amount Received</b>
Street Address		City	State	Zip Code	
			CT		
Description					\$ 0.00
Name			Date of Transaction		<b>Amount Received</b>
Street Address		City	State	Zip Code	
			CT		
Description					\$ 0.00
Name			Date of Transaction		<b>Amount Received</b>
Street Address		City	State	Zip Code	
			CT		
Description					\$ 0.00
<b>Total Section K</b>					\$ 0.00

**Summary of Other Monetary Receipts (Sections D-K)**

<b>Total Loans Received this Period (Section D)</b>	0.00
<b>Total Receipts from Entities other than Individuals or Other Committees (Section E)</b>	0.00
<b>Total Amount Transferred from Affiliated Business Treasury (Section F)</b>	0.00
<b>Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G)</b>	0.00
<b>Total Amount of Personal Funds of the Candidate Received this Period (Section H)</b>	0.00
<b>Total Amount of Anonymous Contributions (Section I)</b>	0.00
<b>Total Amount of Interest from Deposits in Authorized Accounts (Section J)</b>	0.00
<b>Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)</b>	0.00
<b>Total of Other Monetary Receipts (Add Sections D-K)</b> <i>(Enter total on Line 15 of Summary Page)</i>	0.00

**II. FUNDRAISING EVENT ACTIVITY**

<b>NAME OF COMMITTEE</b> People for Excellence in Government	<b>FILING DUE DATE</b> 10/10/2008
---	--------------------------------------

**L1. Fundraiser Event Information**

Fundraising Event # Date of Fundraiser	Letter	Description	Location: Street Address	City	State	Zip Code
					CT	

**Subpart 1: (All Committees)**  
 Was this fundraising event hosted at a personal residence?  Yes (If yes, go to Section L4 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 \$100 or items donated by an individual of up to \$50?  Yes (If yes, go to Section L4 In-kind Donations not Considered Contributions and complete required information.)  No

Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$50?  Yes (If yes, go to Section L2 Proceeds from Tag Sale, Auction, or Other Sale of Donated Items.)  No

**Subpart 2: (Town Committees and Municipal Candidate Committees ONLY)**  
 Were there purchases of advertising space in a program book associated with this fundraiser?  Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book and complete required information.)  No

**Subpart 3: (Town Committees ONLY)**  
 Did your committee sell food or beverage at a fair or similar mass gathering held within the state?  Yes (If yes, enter Total Receipts from small purchases here.)  No \$ 0.00

Fundraising Event # Date of Fundraiser	Letter	Description	Location: Street Address	City	State	Zip Code
					CT	

**Subpart 1: (All Committees)**  
 Was this fundraising event hosted at a personal residence?  Yes (If yes, go to Section L4 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 \$100 or items donated by an individual of up to \$50?  Yes (If yes, go to Section L4 In-kind Donations not Considered Contributions and complete required information.)  No

Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$50?  Yes (If yes, go to Section L2 Proceeds from Tag Sale, Auction, or Other Sale of Donated Items.)  No

**Subpart 2: (Town Committees and Municipal Candidate Committees ONLY)**  
 Were there purchases of advertising space in a program book associated with this fundraiser?  Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book and complete required information.)  No

**Subpart 3: (Town Committees ONLY)**  
 Did your committee sell food or beverage at a fair or similar mass gathering held within the state?  Yes (If yes, enter Total Receipts from small purchases here.)  No \$ 0.00

<b>SUBTOTAL Section L1 (Town Committees ONLY) Total Receipts-This Page</b>	\$0.00
<b>TOTAL of additional Section L1 Pages</b>	+ \$0.00
<b>TOTAL OF ALL RECEIPTS FROM SECTION L1 (Enter total on Line 16a of Summary Page)</b>	<b>\$0.00</b>

**II. FUNDRAISING EVENT ACTIVITY**

<b>NAME OF COMMITTEE</b> People for Excellence in Government	<b>FILING DUE DATE</b> 10/10/2008
---	--------------------------------------

**L2. Proceeds from Tag Sale, Auction, or Other Sale of Donated Items**

Name of Purchaser Last Name <i>(Individuals ONLY)</i>	First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	<b>Aggregate Amount of Purchases</b>
Residential Street Address	City	State CT	Zip Code	Date Received
Event #				
Items Purchased				\$0.00
Name of Purchaser Last Name <i>(Individuals ONLY)</i>	First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	<b>Aggregate Amount of Purchases</b>
Residential Street Address	City	State CT	Zip Code	Date Received
Event #				
Items Purchased				\$0.00
Name of Purchaser Last Name <i>(Individuals ONLY)</i>	First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	<b>Aggregate Amount of Purchases</b>
Residential Street Address	City	State CT	Zip Code	Date Received
Event #				
Items Purchased				\$0.00
Name of Purchaser Last Name <i>(Individuals ONLY)</i>	First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	<b>Aggregate Amount of Purchases</b>
Residential Street Address	City	State CT	Zip Code	Date Received
Event #				
Items Purchased				\$0.00
Name of Purchaser Last Name <i>(Individuals ONLY)</i>	First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	<b>Aggregate Amount of Purchases</b>
Residential Street Address	City	State CT	Zip Code	Date Received
Event #				
Items Purchased				\$0.00
Name of Purchaser Last Name <i>(Individuals ONLY)</i>	First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	<b>Aggregate Amount of Purchases</b>
Residential Street Address	City	State CT	Zip Code	Date Received
Event #				
Items Purchased				\$0.00
Name of Purchaser Last Name <i>(Individuals ONLY)</i>	First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	<b>Aggregate Amount of Purchases</b>
Residential Street Address	City	State CT	Zip Code	Date Received
Event #				
Items Purchased				\$0.00
<b>SUBTOTAL Section L2-This Page</b>				\$0.00
<b>TOTAL of additional Section L2 Pages</b>				\$0.00
<b>TOTAL OF ALL SMALL PURCHASES FROM TAG SALES, AUCTIONS OR OTHER SALES OF DONATED ITEMS</b> <i>(Enter total on Line 16b of Summary Page)</i>				\$0.00

**II. FUNDRAISING EVENT ACTIVITY**

<b>NAME OF COMMITTEE</b>	<b>FILING DUE DATE</b>
People for Excellence in Government	10/10/2008

**L3. Purchases of Advertising in a Program Book (Municipal Candidate and Town Committees ONLY)**

Name of Purchaser	Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	<input type="checkbox"/> Yes <input type="checkbox"/> No	Event #	\$0.00	\$0.00
City		State		
		CT		
Street Address	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Event #	\$0.00	\$0.00
City		State		
		CT		
Street Address	<input type="checkbox"/> Yes <input type="checkbox"/> No	Event #	\$0.00	\$0.00
City		State		
		CT		
Street Address	<input type="checkbox"/> Yes <input type="checkbox"/> No	Event #	\$0.00	\$0.00
City		State		
		CT		
Street Address	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Event #	\$0.00	\$0.00
City		State		
		CT		
Street Address	<input type="checkbox"/> Yes <input type="checkbox"/> No	Event #	\$0.00	\$0.00
City		State		
		CT		
Street Address	<input type="checkbox"/> Yes <input type="checkbox"/> No	Event #	\$0.00	\$0.00
City		State		
		CT		
Street Address	<input type="checkbox"/> Yes <input type="checkbox"/> No	Event #	\$0.00	\$0.00
City		State		
		CT		
Street Address	<input type="checkbox"/> Yes <input type="checkbox"/> No	Event #	\$0.00	\$0.00
City		State		
		CT		
Street Address	<input type="checkbox"/> Yes <input type="checkbox"/> No	Event #	\$0.00	\$0.00
City		State		
		CT		
Street Address	<input type="checkbox"/> Yes <input type="checkbox"/> No	Event #	\$0.00	\$0.00
City		State		
		CT		
Street Address	<input type="checkbox"/> Yes <input type="checkbox"/> No	Event #	\$0.00	\$0.00
City		State		
		CT		
<b>SUBTOTAL Section L3-This Page</b>				\$0.00
<b>TOTAL of additional Section L3 Pages</b>				\$0.00
<b>TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK (Enter total on Line 16c of Summary Page)</b>				\$0.00

**II. FUNDRAISING EVENT ACTIVITY**

<b>NAME OF COMMITTEE</b> People for Excellence in Government	<b>FILING DUE DATE</b> 10/10/2008
---	--------------------------------------

**L4. In-Kind Donations Not Considered Contributions**

Name of Donor				Donation given by: <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Business Entity	Fair Market Value of Donation  \$0.00
Street Address	City	State CT	Zip Code	Aggregate value for this event \$0.00	
Description of donation			Date Received	Event #	
Name of Donor				Donation given by: <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Business Entity	Fair Market Value of Donation  \$0.00
Street Address	City	State CT	Zip Code	Aggregate value for this event \$0.00	
Description of donation			Date Received	Event #	
Name of Donor				Donation given by: <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Business Entity	Fair Market Value of Donation  \$0.00
Street Address	City	State CT	Zip Code	Aggregate value for this event \$0.00	
Description of donation			Date Received	Event #	
Name of Donor				Donation given by: <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Business Entity	Fair Market Value of Donation  \$0.00
Street Address	City	State CT	Zip Code	Aggregate value for this event \$0.00	
Description of donation			Date Received	Event #	
Name of Donor				Donation given by: <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Business Entity	Fair Market Value of Donation  \$0.00
Street Address	City	State CT	Zip Code	Aggregate value for this event \$0.00	
Description of donation			Date Received	Event #	
Name of Donor				Donation given by: <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Business Entity	Fair Market Value of Donation  \$0.00
Street Address	City	State CT	Zip Code	Aggregate value for this event \$0.00	
Description of donation			Date Received	Event #	
Name of Donor				Donation given by: <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Business Entity	Fair Market Value of Donation  \$0.00
Street Address	City	State CT	Zip Code	Aggregate value for this event \$0.00	
Description of donation			Date Received	Event #	
Name of Donor				Donation given by: <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Business Entity	Fair Market Value of Donation  \$0.00
Street Address	City	State CT	Zip Code	Aggregate value for this event \$0.00	
Description of donation			Date Received	Event #	
Name of Donor				Donation given by: <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Business Entity	Fair Market Value of Donation  \$0.00
Street Address	City	State CT	Zip Code	Aggregate value for this event \$0.00	
Description of donation			Date Received	Event #	
<b>SUBTOTAL Section L4-This Page</b>					\$0.00
<b>TOTAL of additional Section L4 Pages</b>					\$0.00
<b>TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS (Enter total on Line 21 of Summary Page)</b>					\$0.00

**III. NONMONETARY RECEIPTS**

<b>NAME OF COMMITTEE</b> People for Excellence in Government	<b>FILING DUE DATE</b> 10/10/2008
---	--------------------------------------

**M. In-Kind Contributions**

Name				Type of Contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Other (Applicable only to Referendum Committees)		<b>Fair Market Value of this Contribution</b>
Street Address		City	State CT	Zip Code		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Date Received	Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event # _____</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No		Description of In-Kind Contribution	Aggregate contributions  \$0.00

Name				Type of Contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Other (Applicable only to Referendum Committees)		<b>Fair Market Value of this Contribution</b>
Street Address		City	State CT	Zip Code		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Date Received	Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event # _____</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No		Description of In-Kind Contribution	Aggregate contributions  \$0.00

Name				Type of Contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Other (Applicable only to Referendum Committees)		<b>Fair Market Value of this Contribution</b>
Street Address		City	State CT	Zip Code		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Date Received	Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event # _____</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No		Description of In-Kind Contribution	Aggregate contributions  \$0.00

Name				Type of Contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Other (Applicable only to Referendum Committees)		<b>Fair Market Value of this Contribution</b>
Street Address		City	State CT	Zip Code		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Date Received	Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event # _____</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No		Description of In-Kind Contribution	Aggregate contributions  \$0.00

Name				Type of Contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Other (Applicable only to Referendum Committees)		<b>Fair Market Value of this Contribution</b>
Street Address		City	State CT	Zip Code		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Date Received	Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event # _____</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No		Description of In-Kind Contribution	Aggregate contributions  \$0.00

**SUBTOTAL Section M-This Page**

\$0.00

**TOTAL of additional Section M Pages**

\$0.00

**TOTAL OF ALL IN-KIND CONTRIBUTIONS (Enter total on Line 22 of Summary Page)**

\$0.00

*(NOTE: This section refers only to advances of deposits by individuals from personal funds to benefit the committee, not deposits made by the committee.)*

**N. Refundable Deposit to Telephone Company**

Last Name of Individual		First	MI	Date Deposit Made		<b>Amount of Deposit</b>
Residential Street Address		City	State CT	Zip Code		
Name of telephone company						
Street Address		City	State CT	Zip Code		\$0.00

**Total Section N (Enter total on Line 23 of Summary Page)**

\$0.00

**III. NONMONETARY RECEIPTS**

<b>NAME OF COMMITTEE</b>				<b>FILING DUE DATE</b>	
People for Excellence in Government				10/10/2008	
<b>O. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus, and Party Committee</b>					
Name of Committee ( <i>Legislative Leadership, Legislative Caucus, and Party Committees ONLY</i> )			Name of Treasurer		
Street Address			Date Notice Received		<b>Fair Market Value of Donation</b>
City	State CT	Zip Code	Aggregate Donations \$0.00		
Description of Donation			Purpose of Expenditure ( <i>see instructions</i> ) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
					\$0.00
Name of Committee ( <i>Legislative Leadership, Legislative Caucus, and Party Committees ONLY</i> )			Name of Treasurer		
Street Address			Date Notice Received		<b>Fair Market Value of Donation</b>
City	State CT	Zip Code	Aggregate Donations \$0.00		
Description of Donation			Purpose of Expenditure ( <i>see instructions</i> ) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
					\$0.00
Name of Committee ( <i>Legislative Leadership, Legislative Caucus, and Party Committees ONLY</i> )			Name of Treasurer		
Street Address			Date Notice Received		<b>Fair Market Value of Donation</b>
City	State CT	Zip Code	Aggregate Donations \$0.00		
Description of Donation			Purpose of Expenditure ( <i>see instructions</i> ) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
					\$0.00
Name of Committee ( <i>Legislative Leadership, Legislative Caucus, and Party Committees ONLY</i> )			Name of Treasurer		
Street Address			Date Notice Received		<b>Fair Market Value of Donation</b>
City	State CT	Zip Code	Aggregate Donations \$0.00		
Description of Donation			Purpose of Expenditure ( <i>see instructions</i> ) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
					\$0.00
Name of Committee ( <i>Legislative Leadership, Legislative Caucus, and Party Committees ONLY</i> )			Name of Treasurer		
Street Address			Date Notice Received		<b>Fair Market Value of Donation</b>
City	State CT	Zip Code	Aggregate Donations \$0.00		
Description of Donation			Purpose of Expenditure ( <i>see instructions</i> ) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
					\$0.00
Name of Committee ( <i>Legislative Leadership, Legislative Caucus, and Party Committees ONLY</i> )			Name of Treasurer		
Street Address			Date Notice Received		<b>Fair Market Value of Donation</b>
City	State CT	Zip Code	Aggregate Donations \$0.00		
Description of Donation			Purpose of Expenditure ( <i>see instructions</i> ) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
					\$0.00
Name of Committee ( <i>Legislative Leadership, Legislative Caucus, and Party Committees ONLY</i> )			Name of Treasurer		
Street Address			Date Notice Received		<b>Fair Market Value of Donation</b>
City	State CT	Zip Code	Aggregate Donations \$0.00		
Description of Donation			Purpose of Expenditure ( <i>see instructions</i> ) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
					\$0.00
Name of Committee ( <i>Legislative Leadership, Legislative Caucus, and Party Committees ONLY</i> )			Name of Treasurer		
Street Address			Date Notice Received		<b>Fair Market Value of Donation</b>
City	State CT	Zip Code	Aggregate Donations \$0.00		
Description of Donation			Purpose of Expenditure ( <i>see instructions</i> ) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
					\$0.00
Name of Committee ( <i>Legislative Leadership, Legislative Caucus, and Party Committees ONLY</i> )			Name of Treasurer		
Street Address			Date Notice Received		<b>Fair Market Value of Donation</b>
City	State CT	Zip Code	Aggregate Donations \$0.00		
Description of Donation			Purpose of Expenditure ( <i>see instructions</i> ) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
					\$0.00
<b>Total Section O (Enter total on Line 24 of Summary Page)</b>					<b>\$0.00</b>

**IV. EXPENDITURES**

<b>NAME OF COMMITTEE</b>						<b>FILING DUE DATE</b>	
People for Excellence in Government						10/10/2008	
<b>P. Expenses Paid by Committee</b>							
Name of Payee Gloria Beccaro				Date of Payment 7/29/2008		Method of Payment	Amount
Street Address 10 South View Terrace		City Old Saybrook	State CT	Zip Code 06475		<input checked="" type="checkbox"/> Check # 1173 <input type="checkbox"/> Debit Card	
Purpose of Expenditure (by code) RCW		Description Verizon Wireless				Event #	
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		Candidate(s) Name (if applicable)		Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$ 158.17
Name of Payee DCCC				Date of Payment 9/12/2008		Method of Payment	Amount
Street Address 430 South Capitol Street, SE		City Washington	State DC	Zip Code 20003		<input checked="" type="checkbox"/> Check # 1174 <input type="checkbox"/> Debit Card	
Purpose of Expenditure (by code) CNTRB		Description contribution				Event #	
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		Candidate(s) Name (if applicable)		Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$ 1,000.00
Name of Payee Larson for Congress				Date of Payment 7/12/2008		Method of Payment	Amount
Street Address P.O. Box 261172		City Hartford	State CT	Zip Code 06126		<input checked="" type="checkbox"/> Check # 1175 <input type="checkbox"/> Debit Card	
Purpose of Expenditure (by code) CNTRB		Description contribution				Event #	
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		Candidate(s) Name (if applicable)		Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$ 1,000.00
Name of Payee Gloria Beccaro				Date of Payment 8/29/2008		Method of Payment	Amount
Street Address 10 South View Terrace		City Old Saybrook	State CT	Zip Code 06475		<input checked="" type="checkbox"/> Check # 1176 <input type="checkbox"/> Debit Card	
Purpose of Expenditure (by code) RCW		Description Verizon Wireless				Event #	
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		Candidate(s) Name (if applicable)		Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$ 124.72
Name of Payee Bill & Sonya Finch				Date of Payment 9/26/2008		Method of Payment	Amount
Street Address 70 Crown Street		City Bridgeport	State CT	Zip Code 06610		<input checked="" type="checkbox"/> Check # 1177 <input type="checkbox"/> Debit Card	
Purpose of Expenditure (by code) RCW		Description 2008 Democratic National Convention				Event #	
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		Candidate(s) Name (if applicable)		Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$ 3,954.61
<b>SUBTOTAL Section P-This Page</b>						\$6,237.50	
<b>TOTAL of additional Section P Pages</b>						\$8,692.80	
<b>TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19 of Summary Page)</b>						\$14,930.30	

**IV. EXPENDITURES**

<b>NAME OF COMMITTEE</b>				<b>FILING DUE DATE</b>		
People for Excellence in Government				10/10/2008		
<b>Q. Campaign Expenses Paid by Candidate</b>						
<b>Name of Payee (Name of Vendor who candidate paid directly)</b>				<b>Date of Payment</b>	<b>Is Reimbursement Claimed?</b>	<b>Amount</b>
Street Address		City	State CT	Zip Code	<input type="radio"/> Yes <input type="radio"/> No	
					\$0.00	
<b>Purpose of Expenditure (by code)</b>		<b>Description</b>			<b>Event #</b>	
<b>Name of Payee (Name of Vendor who candidate paid directly)</b>				<b>Date of Payment</b>	<b>Is Reimbursement Claimed?</b>	<b>Amount</b>
Street Address		City	State CT	Zip Code	<input type="radio"/> Yes <input type="radio"/> No	
					\$0.00	
<b>Purpose of Expenditure (by code)</b>		<b>Description</b>			<b>Event #</b>	
<b>Name of Payee (Name of Vendor who candidate paid directly)</b>				<b>Date of Payment</b>	<b>Is Reimbursement Claimed?</b>	<b>Amount</b>
Street Address		City	State CT	Zip Code	<input type="radio"/> Yes <input type="radio"/> No	
					\$0.00	
<b>Purpose of Expenditure (by code)</b>		<b>Description</b>			<b>Event #</b>	
<b>Name of Payee (Name of Vendor who candidate paid directly)</b>				<b>Date of Payment</b>	<b>Is Reimbursement Claimed?</b>	<b>Amount</b>
Street Address		City	State CT	Zip Code	<input type="radio"/> Yes <input type="radio"/> No	
					\$0.00	
<b>Purpose of Expenditure (by code)</b>		<b>Description</b>			<b>Event #</b>	
<b>Name of Payee (Name of Vendor who candidate paid directly)</b>				<b>Date of Payment</b>	<b>Is Reimbursement Claimed?</b>	<b>Amount</b>
Street Address		City	State CT	Zip Code	<input type="radio"/> Yes <input type="radio"/> No	
					\$0.00	
<b>Purpose of Expenditure (by code)</b>		<b>Description</b>			<b>Event #</b>	
<b>Name of Payee (Name of Vendor who candidate paid directly)</b>				<b>Date of Payment</b>	<b>Is Reimbursement Claimed?</b>	<b>Amount</b>
Street Address		City	State CT	Zip Code	<input type="radio"/> Yes <input type="radio"/> No	
					\$0.00	
<b>Purpose of Expenditure (by code)</b>		<b>Description</b>			<b>Event #</b>	
<b>Name of Payee (Name of Vendor who candidate paid directly)</b>				<b>Date of Payment</b>	<b>Is Reimbursement Claimed?</b>	<b>Amount</b>
Street Address		City	State CT	Zip Code	<input type="radio"/> Yes <input type="radio"/> No	
					\$0.00	
<b>Purpose of Expenditure (by code)</b>		<b>Description</b>			<b>Event #</b>	
<b>Name of Payee (Name of Vendor who candidate paid directly)</b>				<b>Date of Payment</b>	<b>Is Reimbursement Claimed?</b>	<b>Amount</b>
Street Address		City	State CT	Zip Code	<input type="radio"/> Yes <input type="radio"/> No	
					\$0.00	
<b>Purpose of Expenditure (by code)</b>		<b>Description</b>			<b>Event #</b>	
<b>SUBTOTAL Section Q-This Page</b>					\$0.00	
<b>TOTAL of additional Section Q Pages</b>					\$0.00	
<b>TOTAL OF ALL EXPENSES PAID BY CANDIDATE (Enter total on Line 26 of Summary Page)</b>					\$0.00	

**IV. EXPENDITURES**

<b>NAME OF COMMITTEE</b>	<b>FILING DUE DATE</b>
People for Excellence in Government	10/10/2008

**R. Expenses Incurred on Committee Credit Card**

<b>Name of Issuing Institution</b>	<b>Type of Credit Card:</b> <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input checked="" type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other _____
------------------------------------	--

<b>Name of Vendor</b>				<b>Date of Transaction</b>	<b>Amount</b>  \$0.00
<b>Street Address</b>	<b>City</b>	<b>State</b> CT	<b>Zip Code</b>		
<b>Purpose of Expenditure (by code)</b>		<b>Description</b>		<b>Event #</b>	

<b>Name of Vendor</b>				<b>Date of Transaction</b>	<b>Amount</b>  \$0.00
<b>Street Address</b>	<b>City</b>	<b>State</b> CT	<b>Zip Code</b>		
<b>Purpose of Expenditure (by code)</b>		<b>Description</b>		<b>Event #</b>	

<b>Name of Vendor</b>				<b>Date of Transaction</b>	<b>Amount</b>  \$0.00
<b>Street Address</b>	<b>City</b>	<b>State</b> CT	<b>Zip Code</b>		
<b>Purpose of Expenditure (by code)</b>		<b>Description</b>		<b>Event #</b>	

<b>Name of Vendor</b>				<b>Date of Transaction</b>	<b>Amount</b>  \$0.00
<b>Street Address</b>	<b>City</b>	<b>State</b> CT	<b>Zip Code</b>		
<b>Purpose of Expenditure (by code)</b>		<b>Description</b>		<b>Event #</b>	

<b>Name of Vendor</b>				<b>Date of Transaction</b>	<b>Amount</b>  \$0.00
<b>Street Address</b>	<b>City</b>	<b>State</b> CT	<b>Zip Code</b>		
<b>Purpose of Expenditure (by code)</b>		<b>Description</b>		<b>Event #</b>	

<b>Name of Vendor</b>				<b>Date of Transaction</b>	<b>Amount</b>  \$0.00
<b>Street Address</b>	<b>City</b>	<b>State</b> CT	<b>Zip Code</b>		
<b>Purpose of Expenditure (by code)</b>		<b>Description</b>		<b>Event #</b>	

<b>Name of Vendor</b>				<b>Date of Transaction</b>	<b>Amount</b>  \$0.00
<b>Street Address</b>	<b>City</b>	<b>State</b> CT	<b>Zip Code</b>		
<b>Purpose of Expenditure (by code)</b>		<b>Description</b>		<b>Event #</b>	

<b>Name of Vendor</b>				<b>Date of Transaction</b>	<b>Amount</b>  \$0.00
<b>Street Address</b>	<b>City</b>	<b>State</b> CT	<b>Zip Code</b>		
<b>Purpose of Expenditure (by code)</b>		<b>Description</b>		<b>Event #</b>	

<b>SUBTOTAL Section R-This Page</b>					\$0.00
-------------------------------------	--	--	--	--	--------

<b>TOTAL of additional Section R Pages</b>					\$0.00
--	--	--	--	--	--------

<b>TOTAL OF ALL EXPENSES INCURRED ON COMMITTEE CREDIT CARD (Enter total on Line 27 of Summary Page)</b>					\$0.00
---	--	--	--	--	--------

**IV. EXPENDITURES**

<b>NAME OF COMMITTEE</b> People for Excellence in Government	<b>FILING DUE DATE</b> 10/10/2008
---	--------------------------------------

**S. Expenses Incurred by Committee but Not Paid During this Period**

Name of Creditor				Date Incurred		<b>Amount Incurred (Estimate or Actual)</b>
Street Address				Event #		
City	State CT	Zip Code	Candidate(s) Name (if applicable)		Office Sought	
Purpose of Expenditure (by code)	Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed		\$0.00	
Description						
Name of Creditor				Date Incurred		<b>Amount Incurred (Estimate or Actual)</b>
Street Address				Event #		
City	State CT	Zip Code	Candidate(s) Name (if applicable)		Office Sought	
Purpose of Expenditure (by code)	Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed		\$0.00	
Description						
Name of Creditor				Date Incurred		<b>Amount Incurred (Estimate or Actual)</b>
Street Address				Event #		
City	State CT	Zip Code	Candidate(s) Name (if applicable)		Office Sought	
Purpose of Expenditure (by code)	Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed		\$0.00	
Description						
Name of Creditor				Date Incurred		<b>Amount Incurred (Estimate or Actual)</b>
Street Address				Event #		
City	State CT	Zip Code	Candidate(s) Name (if applicable)		Office Sought	
Purpose of Expenditure (by code)	Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed		\$0.00	
Description						
Name of Creditor				Date Incurred		<b>Amount Incurred (Estimate or Actual)</b>
Street Address				Event #		
City	State CT	Zip Code	Candidate(s) Name (if applicable)		Office Sought	
Purpose of Expenditure (by code)	Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed		\$0.00	
Description						
<b>SUBTOTAL Section S-This Page</b>						\$0.00
<b>TOTAL of additional Section S Pages</b>						\$0.00
<b>TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID</b> (Enter total on Line 28 of Summary Page)						\$0.00
<b>Previously reported Expenses Unpaid and still Outstanding</b>						+ \$0.00
<b>TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID</b> (Enter total on Line 28a of Summary Page)						\$0.00

**IV. EXPENDITURES**  
**Section P. Additional Page**

<b>NAME OF COMMITTEE</b> PEOPLE FOR EXC. IN GOVT	<b>FILING DUE DATE</b> 10/10/08
---	------------------------------------

**P. Expenses Paid by Committee**

<b>Name of Payee</b> WILLIAM BECCARO				<b>Date of Payment</b> 9/26/08	<b>Method of Payment</b> <input checked="" type="checkbox"/> Check # 1178 <input type="checkbox"/> Debit Card	<b>Amount</b>  \$ 6434.19
<b>Street Address</b> 12 NEW CITY ST		<b>City</b> ESSEX	<b>State</b> CT	<b>Zip Code</b> 06426		
<b>Purpose of Expenditure (by code)</b> RCW		<b>Description</b> 2008 Democratic National Convention			<b>Event #</b>	
<b>Type of Expenditure (if applicable):</b> <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		<b>Candidate(s) Name (if applicable)</b> Office Sought			<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	

<b>Name of Payee</b> LAMDA LEGAL				<b>Date of Payment</b> 9/26/08	<b>Method of Payment</b> <input checked="" type="checkbox"/> Check # 1179 <input type="checkbox"/> Debit Card	<b>Amount</b>  \$ 250.00
<b>Street Address</b> 120 WALL ST		<b>City</b> NEW YORK	<b>State</b> NY	<b>Zip Code</b> 10005		
<b>Purpose of Expenditure (by code)</b> CHAR		<b>Description</b> contribution (charity)			<b>Event #</b>	
<b>Type of Expenditure (if applicable):</b> <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		<b>Candidate(s) Name (if applicable)</b> Office Sought			<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	

<b>Name of Payee</b> GLORIA BECCARO				<b>Date of Payment</b> 9/26/08	<b>Method of Payment</b> <input checked="" type="checkbox"/> Check # 1180 <input type="checkbox"/> Debit Card	<b>Amount</b>  \$ 131.59
<b>Street Address</b> 10 S. View Terr		<b>City</b> Old Saybrook	<b>State</b> CT	<b>Zip Code</b> 06475		
<b>Purpose of Expenditure (by code)</b> RCW		<b>Description</b> VERIZON WIRELESS			<b>Event #</b>	
<b>Type of Expenditure (if applicable):</b> <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		<b>Candidate(s) Name (if applicable)</b> Office Sought			<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	

<b>Name of Payee</b> CITY + STATE LLC				<b>Date of Payment</b> 9/29/08	<b>Method of Payment</b> <input checked="" type="checkbox"/> Check # 1181 <input type="checkbox"/> Debit Card	<b>Amount</b>  \$ 1350.00
<b>Street Address</b> 260 France St		<b>City</b> Rocky Hill	<b>State</b> CT	<b>Zip Code</b> 06067		
<b>Purpose of Expenditure (by code)</b> CNSLT		<b>Description</b> CONSULTING			<b>Event #</b>	
<b>Type of Expenditure (if applicable):</b> <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		<b>Candidate(s) Name (if applicable)</b> Office Sought			<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	

<b>Name of Payee</b> WILLIAM P. BECCARO				<b>Date of Payment</b> 9/29/08	<b>Method of Payment</b> <input checked="" type="checkbox"/> Check # 1182 <input type="checkbox"/> Debit Card	<b>Amount</b>  \$ 177.02
<b>Street Address</b> 12 NEW CITY ST		<b>City</b> ESSEX	<b>State</b> CT	<b>Zip Code</b> 06426		
<b>Purpose of Expenditure (by code)</b> RCW		<b>Description</b> FOOD + OFFICE SUPPLIES			<b>Event #</b>	
<b>Type of Expenditure (if applicable):</b> <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions)		<b>Candidate(s) Name (if applicable)</b> Office Sought			<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	

**SUBTOTAL Section P-This Page** 8432.80

**IV. EXPENDITURES**  
**Section P. Additional Page**

<b>NAME OF COMMITTEE</b> <b>PEOPLE FOR EXC. IN GOVT</b>	<b>FILING DUE DATE</b> <b>10/10/08</b>
--	---

**P. Expenses Paid by Committee**

<b>Name of Payee</b> <b>NATIONAL M.S. SOCIETY</b>				<b>Date of Payment</b> <b>9/29/08</b>	<b>Method of Payment</b> <input checked="" type="checkbox"/> Check # <b>1183</b> <input type="checkbox"/> Debit Card	<b>Amount</b>  <b>\$ 350.00</b>
<b>Street Address</b> <b>659 Tower Ave</b>		<b>City</b> <b>HARTFORD</b>	<b>State</b> <b>CT</b>	<b>Zip Code</b> <b>06112</b>		
<b>Purpose of Expenditure (by code)</b> <b>CHAR</b>		<b>Description</b> <b>contribution (charity)</b>			<b>Event #</b>	
<b>Type of Expenditure (if applicable):</b> <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		<b>Candidate(s) Name (if applicable)</b>		<b>Office Sought</b>	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	

<b>Name of Payee</b>				<b>Date of Payment</b>	<b>Method of Payment</b> <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card	<b>Amount</b>  <b>\$</b>
<b>Street Address</b>		<b>City</b>	<b>State</b>	<b>Zip Code</b>		
<b>Purpose of Expenditure (by code)</b>		<b>Description</b>			<b>Event #</b>	
<b>Type of Expenditure (if applicable):</b> <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		<b>Candidate(s) Name (if applicable)</b>		<b>Office Sought</b>	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	

<b>Name of Payee</b>				<b>Date of Payment</b>	<b>Method of Payment</b> <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card	<b>Amount</b>  <b>\$</b>
<b>Street Address</b>		<b>City</b>	<b>State</b>	<b>Zip Code</b>		
<b>Purpose of Expenditure (by code)</b>		<b>Description</b>			<b>Event #</b>	
<b>Type of Expenditure (if applicable):</b> <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		<b>Candidate(s) Name (if applicable)</b>		<b>Office Sought</b>	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	

<b>Name of Payee</b>				<b>Date of Payment</b>	<b>Method of Payment</b> <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card	<b>Amount</b>  <b>\$</b>
<b>Street Address</b>		<b>City</b>	<b>State</b>	<b>Zip Code</b>		
<b>Purpose of Expenditure (by code)</b>		<b>Description</b>			<b>Event #</b>	
<b>Type of Expenditure (if applicable):</b> <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		<b>Candidate(s) Name (if applicable)</b>		<b>Office Sought</b>	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	

<b>Name of Payee</b>				<b>Date of Payment</b>	<b>Method of Payment</b> <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card	<b>Amount</b>  <b>\$</b>
<b>Street Address</b>		<b>City</b>	<b>State</b>	<b>Zip Code</b>		
<b>Purpose of Expenditure (by code)</b>		<b>Description</b>			<b>Event #</b>	
<b>Type of Expenditure (if applicable):</b> <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions)		<b>Candidate(s) Name (if applicable)</b>		<b>Office Sought</b>	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	

**SUBTOTAL Section P-This Page** **350.00**

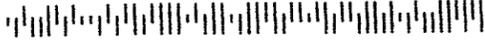
**IV. EXPENDITURES**

<b>NAME OF COMMITTEE</b>					<b>FILING DUE DATE</b>	
People for Excellence in Government					10/10/2008	
<b>T. Itemization of Reimbursements to Committee Workers and Consultants</b>						
Last Name of Worker/Consultant Beccaro		First Gloria	MI	Date of Payment 07/29/2008	Method of Payment	
Secondary Payee Verizon			Purpose of Expenditure (by code) RCW		<input checked="" type="checkbox"/> Check # 1173 <input type="checkbox"/> Debit Card	
Street Address PO Box 15041		City Worcester		State MA	Zip Code 01615	
Description Telephone, cellular & internet services						
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input checked="" type="checkbox"/> Organization (see Instructions) CA CB CC CD CE		Candidate(s) Name (if applicable)		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
\$ 158.17						
Last Name of Worker/Consultant Beccaro		First Gloria	MI	Date of Payment 08/29/2008	Method of Payment	
Secondary Payee Verizon			Purpose of Expenditure (by code) RCW		<input checked="" type="checkbox"/> Check # 1176 <input type="checkbox"/> Debit Card	
Street Address 12 New City Street		City Worcester		State MA	Zip Code 01615	
Description Telephone, cellular & internet services						
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input checked="" type="checkbox"/> Organization (see Instructions) CA CB CC CD CE		Candidate(s) Name (if applicable)		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
\$ 124.75						
Last Name of Worker/Consultant Finch		First Bill & Sonya	MI	Date of Payment 09/26/2008	Method of Payment	
Secondary Payee			Purpose of Expenditure (by code) RCW		<input checked="" type="checkbox"/> Check # 1177 <input type="checkbox"/> Debit Card	
Street Address 70 Crown Street		City Bridgeport		State CT	Zip Code 06610	
Description Travel, lodging, meals & expenses related to 2008 Democratic National Convention						
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input checked="" type="checkbox"/> Organization (see Instructions) CA CB CC CD CE		Candidate(s) Name (if applicable)		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
\$ 3,954.61						
Last Name of Worker/Consultant Beccaro		First William	MI	Date of Payment 09/26/2008	Method of Payment	
Secondary Payee			Purpose of Expenditure (by code) RCW		<input type="checkbox"/> Check # 1176 <input type="checkbox"/> Debit Card	
Street Address 12 New City Street		City Essex		State CT	Zip Code 06426	
Description Travel, lodging, meals & expenses related to 2008 Democratic National Convention						
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input checked="" type="checkbox"/> Organization (see Instructions) CA CB CC CD CE		Candidate(s) Name (if applicable)		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
\$ 6,434.19						
<b>SUBTOTAL Section T-This Page</b>						\$10,671.72
<b>TOTAL of additional Section T Pages</b>						\$1,481.59
<b>TOTAL OF ALL REIMBURSEMENTS TO COMMITTEE WORKERS AND CONSULTANTS</b>						\$12,153.31



FIRST CLASS

William P. Beccaro  
12 New City St.  
Essex, CT 06426



7007 1490 0001 3897 6466



0000

06106

U.S. POSTAGE  
PAID  
ESSEX, CT  
06426  
OCT 09 08  
AMOUNT  
**\$7.26**  
00040403-09

# First Class Mail

ELECTIONS ENFORCEMENT COMMISSION  
CAMPAIGN FINANCE DISCLOSURE & AUDIT  
20 TRINITY STREET - 3rd FLOOR  
HARTFORD, CT

06106-1634  
06106-1634