

PUSIMARKED JAN 12,094

SEEC FORM 20

Itemized Campaign Finance Disclosure Statement 2019 1441 CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Rev. 1/08



Do Not Mark in This Space For Official Use Only

Page 1 of 17

SUMMARY PAGE

TREASURER NA Mr TREASURER AD tot Address 2 New City	First William		МІ			upatensiggest a fig. 1873 i 1971. T	大型、大型性を対象を対象を表現しませた。必要を対象を行るなると思いました。	
TREASURER AD	Total			Last			Suffix	
et Address	DRESS	REASURER ADDRESS			Beccaro			
							Zip Code	
			City Essex		State CT			
ELECTION/REFI	ERENDUM DATE	5. OFFICE SOUGHT (Co	mplete only if (Candidate C	Committee)	6. DISTRICT N		
CANDIDATE NA	ME (Complete only	lf Candidate or Exploratory	Committee)					
e	First		MI	Last			Suffix	
TYPE OF REPOR	T (Check One Box)							
January 10 filin		© 7th day preceding pr	imary (7th day	preceding referendun	n 🧲 Initial (Contribution or Disbursen	
April 10 filing		○ 30 days following pr	imary (⊃ 45 days	following referendur	n C Amend	(PACs ONLY)	
July 10 filing		7th day preceding eld	ection 5	C Deficit		•	of Report:	
October 10 filin	ng	(State Central Commit		C Termina	ation	-21		
Independent Ex	penditure © Election	6 45 days following elenot held in November						
PERIOD COVER	ED							
		Beginning Date			Ending Date			
		10/22/2008	tł	hru	12/31/2008			
		10	CERTIFICA'	TION				
		penalties of false statem			ormation set forth o	on this Itemize c	l Campaign Finance	
Disclosure Stat	tement for the pe	riod covered is true, acc	curate and co	ompiete.				
	/	1						
115,00:	ma. B	00000	Willia	mΔR	eccaro		01/11/2009	
TREASURER OR	DEPUTY TREASUR	ER (SIGNATURE)		IAME OF S			DATE (mm/dd/yyyy	
			eng saga algebakka Hijika sa lagahak					

PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.

SUMMARY PAGE TOTALS

NAME OF COMMITTEE	FILING DUE DATE	
	01/12/	
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	\$33,773.55	
13. Contributions received from Individuals (Sections A and B)	\$0.00	\$81,934.18
14. Receipts from Other Committees (Sections C1 and C2)	\$2,000.00	\$191,667.77
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
Municipal and Town 16c. Total Purchases of Advertising in a Program Book (Section L3) Committees ONLY	\$0.00	\$0.00
17. Total Monetary Receipts (add totals for lines 13-16c)	\$2,000.00	\$378,108.05
18. Subtotals (add totals in line 12 + line 17 in Column A; and in line 11 + 17 in Column B)	\$35,773.55	\$378,128.05
19. Expenses Paid by Committee (Section P)	\$16,505.13	\$358,859.63
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both Columns)	\$19,268.42	\$19,268.42
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 REC	EIPTS	S (Se	ctions A-K)			Page 3 of 17
NAME OF COMMITTEE	Cover			An week		FILING I	DUE DATE	
People for Excellence in A. Total Contributions from Sm			l this	Perio	od ONLY		01/12/2009	
(See instructions for definition of Small Cont	ributor)			Subte	otal Section A	\$	0.00	
Last Name	First	B. Itemized Cont		ons 1				
	FIISI		MI		Principal Occupat	ion		Amount of Contribution
Residential Street Address	City	State CT	Zip Code		Name of Employe			
Is contributor a lobbyist, spouse, C Yes or dependent child of a lobbyist? C No	municip	ibution is in excess of \$400 pality does contributor or bushality valued at more than \$	isiness he	she is	committee for a committee for	have a co	utive officer of a ntract with said	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #		Is contributor a principal <i>If yes</i> , indicate which of government the con	branch o	r branc			© No	
Method of contribution: CC Cash C Personal Check C Credit/Debit	Card C Pa	ayroll Deduction <table-cell> Mone</table-cell>	y Order	Date	Received		Aggregate contributions \$0.00	\$0.00
Last Name	First		MI		Principal Occupat	ion		Amount of
Residential Street Address	City	State CT	Zip Code		Name of Employe	r		Contribution
Is contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No	municipa	bution is in excess of \$400 pality does contributor or buriality valued at more than \$	isiness he	she is	committee for a cassociated with	have a co	utive officer of a ntract with said	
Is this contribution associated with a fundraising event listed in Section L1? O N If yes, list Event #		Is contributor a principal If yes, indicate which of government the con	branch o	r branc			⊘ No	
Method of contribution: Classification Contribution Contribution: Classification Contribution Contrib	Card C Pa	ayroll Deduction [C] Mone	y Order	Date	Received		Aggregate contributions \$0.00	\$0.00
Last Name	First		MI		Principal Occupati	ion	<u> </u>	Amount of
Residential Street Address	City	State CT	Zip Code		Name of Employe	г		Contribution
Is contributor a lobbyist, spouse, C: Yes or dependent child of a lobbyist? C: No	municipa	bution is in excess of \$400 sality does contributor or bushlity valued at more than \$	siness he	/she is	committee for a cassociated with	have a con	utive officer of a ntract with said	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #		Is contributor a principal If yes, indicate which of government the con	branch o	contra r branc	ctor or prospecti	ve state co	O No	
Method of contribution: Ci Cash Ci Personal Check Ci Credit/Debit Ci	Card 🗀 Pa	ayroll Deduction C Money	y Order	Date	Received		Aggregate contributions \$0.00	\$0.00
Last Name	First		MI		Principal Occupati	ion	<u> </u>	Amount of
Residential Street Address	City	State	Zip Code		Name of Employe	r		Contribution
Is contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No	municipa	bution is in excess of \$400 ality does contributor or bu	siness he	she is	associated with	hief execu	utive officer of a	
Is this contribution associated with a fundraising event listed in Section L1? C: N	es	ality valued at more than \$ Is contributor a principal of fyes, indicate which of government the con	of a state branch o	contra r branc		ve state co	∑ No	
Method of contribution: C Cash C Personal Check C Credit/Debit C	Card C. Pa				Received	IVC V.S.E.	Aggregate contributions \$0.00	\$0.00
					SUI	втота	L Section B-This Page	\$0.00
					TOTAL	of addi	tional Section B Pages	\$0.00
TOTAL OF ALL CONTRIBU	TIONS F	ROM INDIVIDUALS	(Sectio	ns A	& B) (Enter to	tal on Li	ne 13 of Summary Page)	\$0.00
LL CONTRIBU	TIONS F	FROM INDIVIDUALS	(Section	ns A	TOTAL	of addi	tional Section B Pages	\$0.00

				RECEIPTS		s A-K)			Page 4 of 17
NAME OF COMMITTEE					A Section of Section 1		FILING DUE	DATE	
People for Excelle	nce in Gov	ernment						01	1/12/2009
	C1.	Contril	butions 1	from Oth					
Name of Committee Southern Connecticut Citiz	zens for G	overnme	nt Excelle	ence	Name of Trea		he Epstein		
Address 3543 Main Street			Is this con fundraisin	tribution asso g event listed	ciated with a	a (Yes .1? (No	s If yes, list Event #		Amount of Contribution
City Bridgeport	State	Zip Code	06608	Date Received 12/04	/2008	Aggregate	Contributions	\$0.00	\$2,000.00
Name of Committee		ļ.			Name of Trea	asurer		¥4.00	
Address			Is this con	tribution asso	ciated with a	a (TYes	s If yes, list	<u> </u>	Amount of Contribution
City	State	Zip Code		fundraising event listed in Section L1?			Contributions		* 0.00
o.i.y	СТ	Zip Code		Date Received		Aggregate	Controllions	\$0.00	\$0.00
Name of Committee					Name of Trea				
Address			Is this con	tribution asso g event listed	ciated with a	12 C No	If yes, list		Amount of Contribution
Cîty	State	Zip Code		Date Received			Contributions	*****************	\$0.00
Name of Committee	СТ				Name of Tre	asurer		\$0.00	
Address			Is this con fundraisin	tribution asso	ciated with a	a C Yes	s If yes, list Event #		Amount of Contribution
City	State CT	Zip Code		Date Received			Contributions	\$0.00	\$0.00
Name of Committee	1				Name of Trea	asurer			
Address			Is this con	tribution asso	ciated with a	a C Yes	s <i>If yes</i> , list		Amount of Contribution
City	State	Zip Code		g event listed Date Received	in Section L		Contributions		\$0.00
	СТ							\$0.00	
Name of Committee					Name of Trea	asurer			
Address			Is this con fundraisin	tribution asso g event listed	ciated with a	a C Yes	s <i>If yes</i> , list		Amount of Contribution
City	State	Zip Code		Date Received			Contributions	\$0.00	\$0.00
C2. Reimburs	y arge laster) Davissas	4 C.	oslas Di			ingstyre		
Name of Committee	ememsa	<u>ayınıcı</u>	18-01-80	Name of Ti		us iroin	other Col	mmutees	
Address				Date Recei	ved				Amount of Receipt
City	State CT	Zip Code			oursement for				\$0.00
Name of Committee					reasurer	and Selvic	Les Di	stribution	
Address				Date Recei	ved		·		Amount of Receipt
City	State CT	Zip Code	Zip Code C Reimbursement for shared expense C Surplus Distribution						\$0.00
		<u> </u>		ayılıc		San Alas	ection C-This	mistrach tit	\$2,000.00
							nal Section (Con Made	\$0.00
TOTAL OF ALL COMMITTEE O	ONTRIBI	JTIONS .	AND REC	CEIPTS (E)				14.63.6048	\$2,000.00

		I. M	ONETAR	Y RECEIPT	S (Sections A-K)	· ···	·	P	age 5 of 17
NAME OF COMMITTE						FILING D		11 1 2 1 1 3 22 1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
was si gaya a yangan a .	People for Excelle	ence in Gover	nment				01/12/	2009	
			D. Loans	Received t	his Period	\$141.1.19			
Name of Lender					Source of Loan:		Is there a Cosigner or Guarantor of	Amount	Received
Street Address	City		State CT	Zip Code	☐ Bank ☐ (Candidate	this loan?		
Name of Cosigner/Guaranto	or				🖒 Individual 🎉		name and address of Cosigner/Guarantor)		\$0.00
Street Address	City	<u></u>	State	Zip Code	Date of Receipt	Committee	□ No		
			СТ						
Name of Lender	•				Source of Loan:		Is there a Cosigner	Amount	Received
Street Address	City		State CT	Zip Code	□ Bank □	Candidate	or Guarantor of this loan? Yes (if yes list		
Name of Cosigner/Guaranto	or				☐ Individual ☐	Other	name and address of Cosigner/Guarantor)		\$0.00
Street Address	City		State	Zip Code	Date of Receipt	Committee	© No		
5			СТ				1		
							T-/10-20-30	Φ.	0.00
							Total Section D	\$	3 191 PE 1911
Name of Entity	eceipts from Entit	ies other th	<u>an Indivi</u>	duals or Ot	her Committees	(Referend	um Committees ON	LY)	39991000
Name of Entity									
Street Address					Date Received			Amount	Received
City		State CT	Zip Code		Aggregate Contributions		\$0.00		\$0.00
Name of Entity		<u> </u>							
Street Address					Date Received			Amount	Received
City		State	Zip Code		Aggregate Contributions			-	
City		CT	Zip code		Triggregate commounts		\$0.00		\$0.00
Name of Entity		L	!		1			<u> </u>	
Street Address					Date Received			Amount	t Received
City		State	Zip Code		Aggregate Contributions			-	# 0.00
ĺ		СТ					\$0.00		\$0.00
						Andria (1884) Teorra (1884)	Total Section E	s	0.00
								1 *	0.00
Date of Receipt	F. Amount Trans		Attiliate	Date of Receip		ss Entity C Amount	Committees ONLY)	Tread T	ransfers
		\$0.00					\$0.00	Total I	ransiers
Is this transaction associant fundraising event listed	100	s If yes, list Event #			ion associated with a ent listed in Section L1?	Yes I	f yes, list Event #	\$	0.00
G. Amount	Fransferred from	Affiliated I	∟abor Un	ion or Othe	er Organization	reasury	(Organization Con	ımittees C	ONLY)
Date of Receipt			,	Date of Rec				Total 7	Cransfers
	£0.00					\$0.00			
Amount	\$0.00			Amount				s	0.00
	H. Personal Fu	nds of the C	Candidat	e Received	this Period (Cana	iidate Con	mittees ONI V		
	ALL A VIDVIIII TU				January Can				rotal .
Date of Receipt		Method of p	ayment:	Date of Receip	t	i	Method of payment:	Amoun	ıt Received
1	\$0.00	C Cash C Personal	Check		\$0.00		Cash Personal Check		
Amount		C Credit/D		Amount	φυ.υυ		Credit/Debit Card	s	0.00
				•——		1			

		I. MON	NETAF	RY RECEIPTS	(Sections	s A-k	()				Page 6 of 17
NAME OF COMMITTEE							FILI	NG DUE I	DATE		
People f	for Excellence			£	50.00	11.5			01/12/2	009	
	I. Anony	mous Cont	tributi	Ons (Specify dol Date Received	lar amouni		Amount	received)		7	rotal .
Date Received	Amount	\$0.00		Date Received					\$0.00		it Received
\$1 bills\$0.00	\$5 bills	\$0.00		\$1 bills _	\$0.00		\$5 bil	lls\$0	0.00		
coins \$0.00	\$10 bill	\$0.00		coins _	\$0.00		\$10 b	ill\$C	.00	\$	0.00
		Interest fi	rom D	eposits in Aut	horized A	Acco					
Date Received	Amount	\$0.00		Date Received			Amoun	t	\$0.00		Total it Received
Name of Institution				Name of Institution							
Street Address		 		Street Address							
City	State CT	Zip Code		City			State	CT	Zip Code	s	0.00
		naous Mo	notors	r Daggints not	Cansida	rod (Contr	ihndan		g ng villagiya. Tang gwellof	
Name	· K. giviiscen	ineous ivio	петагу	«Neceipts not	Consider			ransaction		Amoui	nt Received
Street Address			City			State		Zip Code			
Description							СТ				
·										\$	\$0.00
Name		*					Date of T	Transaction		Amou	nt Received
Street Address			City	·		State	CT	Zip Code			
Description			l			1			· <u>·</u>		\$0.00
Name							Date of T	Γransaction		Amou	nt Received
Street Address			City			State		Zip Code			
Description			<u> </u>			<u> </u>	CT	<u> </u>			
										\$	\$0.00
									Total Section K	\$	0.00
	Summai	y of Other	·Mone	etary Receipts	(Section	s D-	K)				
Total Loans Received this Per	iod (Section D)								0	.00
Total Receipts from Entities of	ther than Indiv	iduals or Otl	her Con	nmittees (Section	E)				+	0	.00
Total Amount Transferred fr	om Affiliated B	usiness Trea	sury (Se	ection F)					+	0	.00
Total Amount Transferred fr	om Affiliated L	abor Union c	or Othe	r Organization T	reasury (S	ectio	n G)		+	C	.00
Total Amount of Personal Fu	nds of the Cano	idate Receiv	ed this	Period (Section I	I)				+	0	.00
Total Amount of Anonymous	Contributions	(Section I)			•				+	0	.00
Total Amount of Interest from	n Deposits in A	uthorized Ac	counts	(Section J)					+	0	.00
Total Miscellaneous Monetar	y Receipts not	Considered C	Contribu	utions (Section K					+	0	.00
Total of Other Monetary (Enter total on Line 15 of S			ns D-K)						C	0.00

		II. F	UNDRAISIN	IG EVE	NT ACTIVITY			Page 7 of 17
NAME OF COMMITTEE						FILING DUE DATE		
	People	e for Excellence in Govern	ment	55444444445		()1/12/20(09
		Li,	1 11 11 11 11 11 11 11 11 11 11 11 11 1		Information			
Fundraising Event # Date of Fundraiser	Letter	Description	Location: Street	Address		City	State	Zip Code
							CT	
Subpart 1: (All Comm Was this fundraising ev		ted at a personal residence?		O Yes		L4 In-kind Donations not Co d information for purchases m ons.)		
Did this fundraiser incl \$100 or items donated		ns donated by a business entit dividual of up to \$50?	y of up to	© Yes	(If yes, go to Section and complete require	L4 In-kind Donations not Co d information.)	nsidered (Contributions
Was this fundraiser a ta with purchases from an		auction, or other sale of donat ual of up to \$50?	ed items		(If yes, go to Section I Donated Items.)	.2 Proceeds from Tag Sale, A	uction, or	Other Sale of
Were there purchases with this fundraiser?	of adver	and Municipal Candidate C tising space in a program boo		LY)	(If yes, go to Section and complete require	L3 Purchases of Advertisinged information.)	Space in a	a Program Book
Subpart 3: (Town Co Did your committee se gathering held within to	ell food (or beverage at a fair or simila	r mass	O Yes	(If yes, enter Total R	teceipts from small purchase	s here.)	\$ 0.00

Fundraising Event # Date of Fundraiser	Letter	Description	Location: Street	Address		City	State CT	Zip Code
Subpart 1: (All Comm	nittees)	<u> </u>	J			1	1	
Was this fundraising ev	vent hos	ted at a personal residence?		○ Yes○ No		L4 In-kind Donations not Co d information for purchases m ons.)		
Did this fundraiser incl \$100 or items donated		ns donated by a business entit dividual of up to \$50?	y of up to	© Yes	(If yes, go to Section and complete require	L4 In-kind Donations not Co d information.)	nsidered (Contributions
with purchases from an	individ	•		O Yes	(If yes, go to Section Donated Items.)	L2 Proceeds from Tag Sale, A	Auction, o	r Other Sale of
Subpart 2: (Town Co Were there purchases with this fundraiser?	<i>mmittee</i> of adver	s and Municipal Candidate of tising space in a program boo	Committees ON k associated	VLY) Yes	(If yes, go to Section and complete require	L3 Purchases of Advertising ed information.)	Space in	a Program Book
Subpart 3: (Town Co Did your committee se gathering held within t	ell food (or beverage at a fair or simila	r mass	O Yes	(If yes, enter Total F	Receipts from small purchase	s here.)	0.00
walanda wasani wa 20mma na 10mma								
		\$	SUBTOTAL S	ection L		ONLY) Total Receipts-T		\$0.00
						AL of additional Section I		+ \$0.00 \$0.00
		TOTAL OF ALL REC	EIPTS FRO	M SEC	FION L1 (Enter to	tal on Line 16a of Summa	ry Page)	\$0.00

		II. F	UNDRA	ISING E	EVEN	FACTIVITY			Page 8 of 17
NAME OF COMMITTEE							ILING DUE DATE		
People for	Excellence i	n Governme	ent				01/12/	2009	
	L2. Proceed	ls from Ta	ag Sale, .	Auction	ı, or (Other Sale of Do	nated Items		
Name of Purchaser Last Name (Individuals ONLY)		First			MI	Method of payment:		t Card	Aggregate Amount of
Residential Street Address	City		State CT	Zip Code	:	Date Received	Event #		Purchases
Items Purchased									\$0.00
Name of Purchaser Last Name (Individuals ONLY)		First			MI	Method of payment	rsonal Check	. Card	Aggregate
Residential Street Address	City		State CT	Zip Code		Date Received	Event #	Card	Amount of Purchases
Items Purchased	, I		. 1. 5.						\$0.00
Name of Purchaser Last Name		First	-		MI	Method of payment:		_	Aggregate
(Individuals ONLY) Residential Street Address	ICin.		State	7:- 0-4-			rsonal Check C Credit/Debi	t Card	Amount of Purchases
	City		CT	Zip Code	,	Date Received	Event #		Purchases
Items Purchased								:	\$0.00
Name of Purchaser Last Name (Individuals ONLY)		First			MI	Method of payment	rsonal Check © Credit/Debi	t Cord	Aggregate Amount of
Residential Street Address	City		State CT	Zip Code		Date Received	Event #	Card	Purchases
Items Purchased	_		1 5,	_1		1	I		\$0.00
Name of Purchaser Last Name (Individuals ONLY)		First			Ml	Method of payment		i. C1	Aggregate
Residential Street Address	City		State CT	Zip Code	<u> </u>	Date Received	ersonal Check C Credit/Debi	Card	Amount of Purchases
Items Purchased							1		\$0.00
Name of Purchaser Last Name (Individuals ONLY)		First			MI	Method of payment			Aggregate
Residential Street Address	City		State	Zip Code	<u> </u>	O Cash O Pe	ersonal Check Credit/Debi	t Card	Amount of Purchases
Items Purchased	. I		CT						\$0.00
Name of Purchaser Last Name (Individuals ONLY)		First				Method of payment			Aggregate
Residential Street Address	City		State	Zip Code	e	C Cash C Pe	rsonal Check O Credit/Debi	t Card	Amount of Purchases
Items Purchased			СТ						\$0.00
Name of Purchaser Last Name		First				Method of payment			Aggregate
(Individuals ONLY)	lo:		- Ica-a-	la: o i		C Cash O Pe	rsonal Check	t Card	Amount of Purchases
Residential Street Address	City		State CT	Zip Code	e	Date Received	Event #		rurchases
Items Purchased									\$0.00
Name of Purchaser Last Name (Individuals ONLY)		First				Method of payment	: ersonal Check - Credit/Debi	it Card	Aggregate Amount of
Residential Street Address	City	I	State	Zip Code	e	Date Received	Event #		Purchases
Items Purchased						1			\$0.00
						SUI	BTOTAL Section L2-This	Page	\$0.00
							of additional Section L2 l		\$0.00
TOTAL OF ALL SM	IALL PURCI	IASES FRO	M TAG S	ALES, A	UCTI		SALES OF DONATED IT	MOATS, BETTER MEDIAL NEWS	\$0.00
					.049%		on Line 16b of Summary 1		

		FUNDRAIS	ING EVENT	ACTIVIT	Υ		Page 9 of 17		
NAME OF COMMITTEE					FILING DUE	EDATE			
People	for Excellence in Govern	ment	***************************************			01/12/200	9		
L3. Purcl	ases of Advertising in	a Progran	n Book (<i>Mun</i>	icipal Candid	late and Town C	ommittees ONLY)			
Name of Purchaser				Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase		
Street Address	City	State	Zip Code	C Yes O No	Event #	\$0.00	\$0.00		
Name of Purchaser	<u> </u>		, 	Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase		
Street Address	City	State	Zip Code	Yes	Event #	\$0.00	\$0.00		
Name of Purchaser		J		Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase		
Street Address	City	State	Zip Code	O Yes	Event #	\$0.00	\$0.00		
Name of Purchaser				Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase		
Street Address	City	State	Zip Code	① Yes ② No	Event #	\$0.00	\$0.00		
Name of Purchaser		<u> </u>	. <u>. </u>	Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase		
Street Address	City	State	Zip Code	☐ Yes	Event #	\$0.00	\$0.00		
Name of Purchaser				Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase		
Street Address	City	State	Zip Code	O Yes O No	Event #	\$0.00	\$0.00		
Name of Purchaser		<u> </u>		Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase		
Street Address	City	State	Zip Code	☐ Yes ☐ No	Event #	\$0.00	\$0.00		
Name of Purchaser	l			Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase		
Street Address	City	State CT	Zip Code	(i) Yes (i) No	Event #	\$0.00	\$0.00		
Name of Purchaser				Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase		
Street Address	City	State CT	Zip Code	C Yes O No	Event #	\$0.00	\$0.00		
Name of Purchaser				Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase		
Street Address	City	State CT	Zip Code	C Yes C No	Event #	\$0.00	\$0.00		
Name of Purchaser	,			Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase		
Street Address	City	State CT	Zip Code	O Yes O No	Event #	\$0.00	\$0.00		
Name of Purchaser		•	. 	Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase		
Street Address	City	State CT	Zip Code	C Yes C No	Event #	\$0.00	\$0.00		
				SU	BTOTAL Secti	on L3-This Page	\$0.00		
				TOTAL	f additional Sec	tion L3 Pages	\$0.00		
TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK (Enter total on Line 16c of Summary Page)									

	II. FUN	IDRAISING EVE	NT ACTIVITY	<u></u>	Page 10 of 17
NAME OF COMMITTEE				FILING DUE DATE	
People for	Excellence in Government	New York Control of the Control of t	s som et en element en la compaña de la c	01/12/200)9
	L4. In-Kind Dor	nations Not Cons	idered Contril		
Name of Donor			-	Donation	Fair Market Value of Donation
Street Address	City	State CT	Zip Code	Aggregate value for this event \$0.00	\$0.00
Description of donation		1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Date Received	Event #	
Name of Donor			<u> </u>	Donation Individual given by: Business Entity	Fair Market Value of Donation
Street Address	City	State CT	Zip Code	Aggregate value for this event \$0.00	\$0.00
Description of donation			Date Received	Event #	
Name of Donor				Donation	Fair Market Value of Donation
Street Address	City	State	Zip Code	Aggregate value for this event	\$0.00
Description of donation		1 01	Date Received	Event #	
Name of Donor				Donation	Fair Market Value of Donation
Street Address	City	State CT	Zip Code	Aggregate value for this event \$0.00	\$0.00
Description of donation			Date Received	Event #	
Name of Donor				Donation	Fair Market Value of Donation
Street Address	City	State	Zip Code	Aggregate value for this event \$0.00	\$0.00
Description of donation			Date Received	Event #	
Name of Donor			.1	Donation G Individual given by: G Business Entity	Fair Market Value of Donatio
Street Address	City	State CT	Zip Code	Aggregate value for this event \$0.00	\$0.00
Description of donation		···· · · · · · · · · · · · · · · · · ·	Date Received	Event #	
Name of Donor			1-	Donation G Individual given by: G Business Entity	Fair Market Value of Donatio
Street Address	City	State	Zip Code	Aggregate value for this event \$0.00	\$0.00
Description of donation			Date Received	Event #	-
Name of Donor				Donation C Individual given by: © Business Entity	Fair Market Value of Donatio
Street Address	City	State CT	Zip Code	Aggregate value for this event \$0.00	\$0.00
Description of donation	<u> </u>		Date Received	Event #	1
			, SI	UBTOTAL Section L4-This Page	\$0.00
			TOTA	AL of additional Section L4 Pages	\$0.00
TOTAL OF ALL IN-KIND D	and the second s			operat gandra demokratik og dette gjarnet en det i ke koji flagt flatter de 1990 ble stell. De Ostania de 10-te og 1991 ble stelle gjarnet flatte flatte flatte flatte flatte flatte flatte flatte flatte	\$0.00

			II	I. NO	NMONETAR	RY RECEIPTS				Page 11 of 17
NAME OF COMMIT				1. 24. 48.12K - Maria Ban 1. 1			FILING DUE I			
Faven (2004) U. Silver, Fr. Kr.	People	for Excelle	nce in Governi	ment	ag vyzán vizefel v 2 er nem ényés			01/1	2/2009)
				M. I	n-Kind Con	tributions				
Name Street Address		City		State	Zip Code	Type of Contributo Ci Individu Ci Commit	al tee			Fair Market Value of this Contribution
Is contributor a lobby	ist snouse	Yes	If contribution	is in ev	cess of \$400 to a c	andidate committee for a	pplicable only to		mittees)	
or dependent child of		Ö No	municipality d	oes cont	ributor or business more than \$5,000	s he/she is associated with?	have a contract	with said		
Date Received		ibution associa event listed in Event #		Yes No	Description of In	-Kind Contribution		Aggregate contr	ibutions 0.00	\$0.00
Name		 -				Type of Contributo		L		Fair Market
Street Address		City		State CT	Zip Code	☐ Individu		Referendum Com	mittees)	Value of this Contribution
Is contributor a lobby or dependent child of	, i	O Yes O No	municipality d	oes cont		andidate committee for a s he/she is associated with?	have a contract		*******	
Date Received	fundraising	ibution associa	ated with a (Yes No		-Kind Contribution		Aggregate contr	ibutions	\$0.00
Name	If yes, list l	Event #				Type of Contributo		Ψ		Fair Market
Street Address		City		State CT	Zip Code	C Individu	al tee	0 d l C		Value of this Contribution
Is contributor a lobby or dependent child of		☐ Yes No	municipality, o	is in ext loes con	L	andidate committee for a she/she is associated with	have a contract	officer of a	mitteesj	
Date Received				Yes No	Description of In	-Kind Contribution	14.0	Aggregate contr	ibutions	\$0.00
Name					 	Type of Contributo		<u> </u>		Fair Market
Street Address		City		State CT	Zip Code	C Individu		Referendum Com	mittees)	Value of this Contribution
Is contributor a lobby or dependent child of		C Yes C No	municipality d	oes cont	cess of \$400 to a c ributor or business more than \$5,000	andidate committee for a she/she is associated with	chief executive of	officer of a		
Date Received	1	ibution associa event listed in Event #	ated with a	Yes No		-Kind Contribution		Aggregate contri	ibutions	
Name					— d-111	Type of Contributor		·		Fair Market Value of this
Street Address		City		State CT	Zip Code	C Individu C Commit C Other (A		Referendum Com	mittees)	Contribution
Is contributor a lobby or dependent child of		C Yes O No	municipality de	oes cont	cess of \$400 to a c ributor or business more than \$5,000	andidate committee for a she/she is associated with?	have a contract	officer of a with said		
Date Received		ibution associa event listed in Event #		Yes No	Description of In	-Kind Contribution		Aggregate contr	butions	\$0.00
						SÜ	BTOTAL Sec	tion M-This	Page	\$0.00
						COST CAN DESCRIPTION OF THE SECOND	of additiona			\$0.00
		т	OTAL OF ALL	l IN-K	IND CONTRIE	BUTIONS (Enter tota				\$0.00
N Dafund	ahla Danas		phone Comp	gattaan.		(NOTE: This section	refers only to a	lvances of depo	sits by ir	ndividuals from
Last Name of Individual	raic richos	on to 1 CIC	First	зану.		personal funds to ben	II Date Dep			<i>the committee.)</i> Amount of
Residential Street Addre	ss		Čity			State Zip Code				Deposit
Name of telephone comp	oany									
Street Address			City			State Zip Code		.,,,,,,,,,		\$0.00
					Total Section	N (Enter total on Lin	e 23 of Summ	ary Page)		\$0.00

III.	NONMONET	ARY RECEI	PTS		Page 12 of 17
NAME OF COMMITTEE				FILING DUE DATE	
People for Excellence in Government				01/12/	2009
O. Non-Monetary R					
Legislative Leaders				y Committee	
Name of Committee (Legislative Leadership, Legislative Caucus, and Party C	ommittees ONLY)	Name of Treas	surer		
Street Address				Date Notice Received	Fair Market Value of Donation
City	State	Zip Code		Aggregate Donations	
	СТ			\$0.00	
Description of Donation				se of Expenditure (see instructions)	\$0.00
		- In the same		OB OC OD OE	•
Name of Committee (Legislative Leadership, Legislative Caucus, and Party C	ommittees ONLY)	Name of Treas	urer		
Street Address				Date Notice Received	Fair Market Value of Donation
City	State	Zip Code		Aggregate Donations	
	СТ	Dip code		\$0.00	
Description of Donation				ose of Expenditure (see instructions)	\$0.00
		1		ОВОС ОДОЕ	Ψ0.00
Name of Committee (Legislative Leadership, Legislative Caucus, and Party C	ommittees ONLY)	Name of Treas	surer		
Street Address		l		Date Notice Received	Fair Market Value of Donation
City	State CT	Zip Code		Aggregate Donations \$0.00	
Description of Donation	I			se of Expenditure (see instructions)	\$0.00
			ΩA	OB OC OD OE	ψ0.00
Name of Committee (Legislative Leadership, Legislative Caucus, and Party C	omnittees ONLY)	Name of Treas	surer		
Street Address				Date Notice Received	Fair Market Value
					of Donation
City	State CT	Zip Code		Aggregate Donations \$0.00	
Description of Donation				se of Expenditure (see instructions)	\$0.00
		[om		OB OC OD OE	\$0.00
Name of Committee (Legislative Leadership, Legislative Caucus, and Party C	ommittees ONLY)	Name of Treas	surer		
Street Address				Date Notice Received	Fair Market Value of Donation
City	State	Zip Code		Aggregate Donations	or Donation
Chy	СТ	Zip Code		\$0.00	
Description of Donation	I		Purpo	se of Expenditure (see instructions)	\$0.00
				OB CC OD OE	φ0.00
Name of Committee (Legislative Leadership, Legislative Caucus, and Party C	ommittees ONLY)	Name of Treas	surer		
Street Address				Date Notice Received	Fair Market Value
					of Donation
City	State	Zip Code		Aggregate Donations	
	CT			\$0.00	
Description of Donation				se of Expenditure (see instructions)	\$0.00
Name of Committee (Legislative Leadership, Legislative Caucus, and Party C	Committees ONLY)	Name of Trea		NIB COC MID ME	
(,,,,,,,	,				
Street Address				Date Notice Received	Fair Market Value
	16:-:-				of Donation
City	State CT	Zip Code		Aggregate Donations \$0.00	
Description of Donation	1	1	Purpo	se of Expenditure (see instructions)	#0.00
			-	. ОВ ОС ОООЕ	\$0.00
	TotalS	ection () (Enter	total on	Line 24 of Summary Page)	\$0.00

		IV. I	EXPENDITUR	RES			Page 13 of 17		
NAME OF COMMITTEE					FILING DUE DATE		very delication.		
People for Exc	cellence in Governme	ent		striktika Masalijan, la tejeste	01/12/2	009			
	P.	Expense	es Paid by Co	_					
Name of Payee Naral - Pro Choice CT				Date of Payment	Method of Payment		Amount		
Street Address 135 Broad Street	City Hartford	State CT	Zip Code 06105	10/24/2008	© Check #_1184 © Debit Card				
Purpose of Expenditure (by code) Char	Description charitable			.1	Event #				
Type of Expenditure (if applicable): C Coordinated with reimbursement sough C Coordinated without reimbursement so Independent C Organization (see Instructions)	nt (if applicable) ught	оррозси							
Name of Payee Sonya Finch				Date of Payment	Method of Payment		Amount		
Street Address 70 Crown Street	City Bridgeport	State CT	Zip Code 06610	10/24/2008	© Check # 1185				
Purpose of Expenditure (by code) cnslt	Description fundraising			<u> </u>	Event #	┨			
Type of Expenditure (if applicable): C: Coordinated with reimbursement sough C: Coordinated without reimbursement so	Candidate(s) Nam (if applicable)			ce Sought	☐ Supported ☐ Opposed				
Coordinated without reimbursement sought Coordinated with reimbursement sought						s	550.00		
Name of Payee Gloria Beccaro	Date of Payment	Method of Payment		Amount					
Street Address 10 South View Terrace	City Old Saybrook	State CT	Zip Code 06475	10/24/2008	© Check # 1186 © Debit Card				
Purpose of Expenditure (by code) RCW	Description Verizon	1 01	1 00470		Event #	-			
Coordinated without reimbursement so I Independent So Organization (see Instructions)	Type of Expenditure (if applicable): C Coordinated with reimbursement sought C Coordinated without reimbursement sought S Independent C Candidate(s) Name (if applicable) C Condidate(s) Name (if applicable) Opposed						128.73		
Name of Payee				Date of Payment	Method of Payment	\$	Amount		
Democratic State Centre	ral Committee	State	Zip Code	10/24/2008	⊕ Check # 1187				
70 Allyn Street	Hartford	CT	06601	10/2 1/2000	C Debit Card				
Purpose of Expenditure (by code) Cntrb	Description donation				Event #				
Type of Expenditure (if applicable): Coordinated with reimbursement sough Coordinated without reimbursement so Condependent Corganization (see Instructions)		ne	Offic	ce Sought	☐ Supported ☐ Opposed				
CA CB CC OD	Ω E					\$	2,000.00		
Name of Payee Bill Beccaro				Date of Payment	Method of Payment		Amount		
Street Address 12 New City Street	City Essex	State CT	Zip Code 06426	10/24/2008	€ Check # 1188 € Debit Card				
Purpose of Expenditure (by code) RCW	Description expense re	eimbursen	nents	·	Event #	1			
Type of Expenditure (if applicable): Coordinated with reimbursement sough Coordinated without reimbursement so Condependent Corganization (see Instructions)		e	Offic	ce Sought	□Supported □Opposed				
CA OB CC OD	CE			ANGELIO SI PANGKAN		s	684.34		
				SU	BTOTAL Section P-This Page	1	\$3,438.07		
				Control of the Control of the Control of	L of additional Section P Pages	_	\$13,067.06		
TO	TAL OF ALL EXPE	NSES PAI	D BY COMMIT	TTEE (Enter tot	al on Line 19 of Summary Page)		\$16,505.13		

		IV. I	EXPENDITU	JRES		Page 14 of 17		
NAME OF COMMITTEE FILING DUE DATE People for Excellence in Government 01/12/2009								
People for Excellence in Government 01/12/2009 Q. Campaign Expenses Paid by Candidate								
Name of Payee (Name of Vendor who c		Campaign E	xpenses Pai	Date of Payment	In Deimberson Claim 40	Amount		
			~		Is Reimbursement Claimed?	Amount		
Street Address	City	State CT	Zip Code		☐ Yes ☐ No	\$0.00		
Purpose of Expenditure (by code)	Description				Event #			
Name of Payee (Name of Vendor who candidate paid directly) Date of Payment Is Reimbursement Claimed?								
Street Address	City	State	Zip Code		C Yes			
		СТ	l'		C No	\$0.00		
Purpose of Expenditure (by code)	Description				Event #			
Name of Payee (Name of Vendor who	andidate paid directly)			Date of Payment	Is Reimbursement Claimed?	Amount		
Street Address	City	State CT	Zip Code		C Yes	\$0.00		
Purpose of Expenditure (by code)	Description	1 01			Event #	,		
Name of Payee (Name of Vendor who o	candidate paid directly)			Date of Payment	Is Reimbursement Claimed?	Amount		
Street Address		State	[2: . C.].		C: Yes	7111104111		
Succi Address	City	CT	Zip Code	ļ	O No	\$0.00		
Purpose of Expenditure (by code)	Description	1			Event #			
Name of Payee (Name of Vendor who c	andidate paid directly)		· · · ·	Date of Payment	Is Reimbursement Claimed?	Amount		
Street Address	City	State	Zip Code		Ç Yes	•		
Purpose of Expenditure	Description	СТ	<u> </u>		Event #	\$0.00		
(by code)								
Name of Payee (Name of Vendor who c	candidate paid directly)			Date of Payment	Is Reimbursement Claimed?	Amount		
Street Address	City	State CT	Zip Code		C Yes C No	\$0.00		
Purpose of Expenditure (by code)	Description	01			Event #	*****		
Name of Payee (Name of Vendor who c	andidate paid directly)			Date of Payment	Is Reimbursement Claimed?	Amount		
Street Address	City	State	T 7:- C- 4-		O Yes	Amount		
Silver Address	City	CT	Zip Code		© No	\$0.00		
Purpose of Expenditure (by code)	Description	· · · · · · · · · · · · · · · · · · ·		,	Event #			
Name of Payee (Name of Vendor who c	andidate paid directly)			Date of Payment	Is Reimbursement Claimed?	Amount		
Street Address	City	State	Zip Code		C Yes C No	\$0.00		
Purpose of Expenditure (by code)	Description	CT		I	Event #	Ψ0.00		
Name of Payee (Name of Vendor who c	candidate paid directly)			Date of Payment				
				Date of Payment	Is Reimbursement Claimed?	Amount		
Street Address	City	State CT	Zip Code		C Yes O No	\$0.00		
Purpose of Expenditure (by code)	Description				Event #			
SUBTOTAL Section Q-This Page						\$0.00 \$0.00		
TOTAL of additional Section Q Pages						\$0.00		
TOTAL OF ALL EXPENSES PAID BY CANDIDATE (Enter total on Line 26 of Summary Page)								

IV. EXPENDITURES									
NAME OF COMMITTEE FILING DUE DATE									
People for Excellence in Government 01/12/20									
	R. Expenses Incu	rred on Comm	ittee Credit	Card					
Name of Issuing Institution			Type of Credi	it Card:					
			◯ Visa	Master Card Discover A	merican Express				
			C: Other _						
Name of Vendor				Date of Transaction	Amount				
Street Address	City	State	Zip Code						
	Description	СТ		Event #	\$0.00				
Purpose of Expenditure (by code)	Безеприон			Event					
Name of Vendor Date of Transaction									
Street Address	City	State	Zip Code						
Succi Address	City	CT	Zip Code		\$0.00				
Purpose of Expenditure (by code)	Description	1		Event #	\$0.00				
Name of Vendor	!			Date of Transaction	Amount				
Street Address	City	State	Zip Code						
5.0007764355		СТ	Zip Code		\$0.00				
Purpose of Expenditure (by code)	Description			Event #	Ψ0.00				
Name of Vendor				Date of Transaction	Amount				
Street Address	City	State	Zip Code						
Succi Addiess	City	CT	Zip Code		\$0.00				
Purpose of Expenditure (by code)	Description	1	'	Event #	\$0.00				
Name of Vendor				Date of Transaction	Amount				
Street Address	City	State	Zip Code						
Purpose of Expenditure	Description	СТ		Event #	\$0.00				
(by code)									
Name of Vendor				Date of Transaction	Amount				
Street Address	City	State	Zip Code						
		СТ	:		\$0.00				
Purpose of Expenditure (by code)	Description			Event #					
Name of Vendor				Date of Transaction	Amount				
Street Address	City	State	Zip Code						
Purpose of Expenditure	Description	101		Event #	\$0.00				
(by code)									
Name of Vendor				Date of Transaction	Amount				
Street Address	City	State	Zip Code						
	Description	СТ		Event #	\$0.00				
Purpose of Expenditure (by code)	Description			Lyell #					
SUBTOTAL Section R-This Page									
			ТОТА	L of additional Section R Pages	\$0.00				
TOTAL OF ALL EXPENSES INCURRED ON COMMITTEE CREDIT CARD (Enter total on Line 27 of Summary Page)									

			IV. EXPE	NDITUR	ES		Page 16 of 17		
NAME OF COMMITTEE						FILING DUE DATE			
Ped	ple for Excelle	4,715 4, 75,53				01/12/20	009		
Name of Creditor	S. Expe	nses Incu	rred by Committ	ee but N	ot Paid Durin	ig this Period	T		
Name of Crednor					Date incurred		Amount Incurred (Estimate or Actual)		
Street Address					Event #				
City		State	Zip Code	Candidate(s)	Name (if applicable)	Office Sought	_		
		СТ							
Purpose of Expenditure (by code)	C Coo	pe of Expenditure (if applicable): Coordinated with reimbursement sought Coordinated without reimbursement sought							
Description	O Independent Organization (see Instructions) OA OB CC OD CE			(Supporte (Opposed	ed		\$0.00		
Name of Creditor	I.			1	Date Incurred		Amount Incurre		
Street Address	Street Address						(Estimate or Actual)		
	· · ·								
City		State CT	Zip Code	Candidate(s)	Name (if applicable)	Office Sought			
Purpose of Expenditure (by code)	C₀₀		if applicable): reimbursement sought out reimbursement sough						
scription C Independent Organization (see Instructions) C A C B C C D C E				OSupporte COpposed			\$0.00		
Name of Creditor Date Incurred							Amount Incurre		
Street Address Event #							(Estimate or Actual)		
City		State CT	Zip Code	Candidate(s)	Name (if applicable)	Office Sought			
Purpose of Expenditure (by code)	C Coo	<u>l</u> Expenditure <i>(i</i> rdinated with	f applicable): reimbursement sought out reimbursement sough						
Description	C Inde	pendent	Instructions)	C!Supporte C:Opposed	\$0.00				
Name of Creditor				-1	Date Incurred		Amount Incurre		
Street Address	· · · · · · · · · · · · · · · · · · ·				Event #		(Estimate of Actual)		
City		State	Zip Code	Candidate(s)	Name (if applicable)	Office Sought			
	,	СТ							
Purpose of Expenditure (by code)	Coo	Expenditure (i rdinated with	reimbursement sought						
Description	☐ Inde	pendent	Instructions) CCCCCE	Supporte	ed		\$0.00		
		CA CB	CC OD OE						
Alexandra (Company)		AA STA			SU	BTOTAL Section S-This Page	\$0.00		
						of additional Section S Pages	\$0.00		
TC	OTAL OF ALL	EXPENSES	S INCURRED BY CO	OMMITTE		IIS PERIOD BUT NOT PAID l on Line 28 of Summary Page)	\$0.00		
			Pre	viously rep	orted Expenses	Unpaid and still Outstanding	+ \$0.00		
TOTAL OF ALL I	EXPENSES IN	CURRED B	Y COMMITTEE BU	T NOT PA	AID (Enter total	on Line 28a of Summary Page)	\$0.00		

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		IV. EXPEN	DITUI	RES			Page 17 of 17		
NAME OF COMMITTEE					FILIN	IG DUE DATE			
People for Excellence	in Governr	nent		ending at King South State		01/12/2009	an Chadaga ao ser 1891.		
T. Itemizatio	n of Reim	bursements to (Comm	ittee W	orkers and	Consultants			
Last Name of Worker/Consultant Finch	First Sony	a	MI	Date of Payment 10/24/2008		Method of Payment	Amount		
Secondary Payee	1.,.,		•	Purpose (by code	of Expenditure c) CNSLT	© Check #_1185			
Street Address		City			State	Zip Code	•		
70 Crown Street		Bridgepoi	rt	_	CT	06610			
Description fundraising consulting									
Type of Expenditure (if applicable): Coordinated with reimbursement sought Coordinated without reimbursement sought Independent Corganization (see Instructions) CACBBCCCDCE	Candidate(s			Office S	Sought	C Supported C Opposed	\$ \$550.00		
Last Name of Worker/Consultant	First	· · · · · · · · · · · · · · · · · · ·	MI	Date of	Payment	Method of Payment	Amount		
Beccaro	Gloria				10/24/2008				
Secondary Payer Verizon				(by code	of Expenditure RCW	C Check #_1189 C Debit Card			
Street Address PO Box 15041		City Worchest	ter		State MA	Zip Code 01615]		
Description telephone, cellular & internet services	Description telephone, cellular & internet services								
Type of Expenditure (if applicable): Candidate(s) Name Office Sought Coordinated with reimbursement sought Coordinated without reimbursement sought Independent Corganization (see Instructions) CACA BACA BACA BACA BACA BACA BACA BAC							s \$128.73		
Last Name of Worker/Consultant Beccaro	First Bill		MI	MI Date of Payment 10/24/2008		Method of Payment	Amount		
Secondary Payee	-1		- I	Purpose (by cod	e of Expenditure	© Check # 1188			
Street Address 12 New City Street		City Essex		State CT		Zip Code 06426	1		
Description reimbursement for political meals & P	AC office s	upplies	·····				-		
Type of Expenditure (if applicable): \[\int \text{Coordinated with reimbursement sought} \] \[\int \text{Coordinated without reimbursement sought} \] \[\int \text{Independent} \] \[\int \text{Organization} \] (see Instructions)	Candidate(Office S	Sought	C: Supported C: Opposed	\$684.34		
Last Name of Worker/Consultant	First		Імі	Date of	Pavment		3		
Finch	Bill		1	Daile of	10/24/2008	Method of Payment	Amount		
Secondary Payee	•			Purpose (by cod	e of Expenditure e) RCW	© Check # 1189	•		
Street Address PO Box 15041		City Bridgepo	rt		State CT	Zip Code 06610	1		
Description reimbursement - transportation			···	L		1	-		
Type of Expenditure (if applicable): Clear Coordinated with reimbursement sought Coordinated without reimbursement sought Independent Corganization (see Instructions)	Candidate(Office S	Sought	C]Supported COpposed	s \$127.80		
SA CEDIC ED SE	<u> </u>				SUB	TOTAL Section T-This Page	\$4.400.07		
						of additional Section T Pages			
TOTAI	OF ALL R	EIMBURSEMEN	TS TO (COMMIT	ITEE WORK	ERS AND CONSULTANTS	\$12,180.13		

IV. EXPENDITURES Section P. Additional Page							
NAME OF COMMITTEE FILING DUE DATE							
People for Excelle	ince in 6	oot			1/12/09		
P. Expenses Paid by Committee							
Name of Payee BILL FINCH Street Address				Date of Payment	Method of Payment	Amount	
Street Address 70 CROWN ST	BRILEFORT	State	Zip Code OGGIO	10/24/08	Check # 118 C	:	
Purpose of Expenditure (by code)	Description Reinbur	Comort	- · trans	pochation	Event #		
Type of Expenditure (if applicable): Coordinated with reimbursement sought Coordinated without reimbursement sou	Candidate(s) Name (if applicable)		<u> </u>	Sought	Supported Opposed	_	
☐ Organization (see Instructions) ☐ A ☐ B ☐ C ☐ D ☐	_ ¬ к					s 127.80	
Name of Payee	LLC			Date of Payment	Method of Payment	Amount	
Street Address ZLOU France Street	City Rocky Hill	State	Zip Code 7	11/17/08	Check #		
Purpose of Expenditure (by code) CNSLT	Description Polit	ical	Consultin	Λ	Event #	7	
Type of Expenditure (if applicable): Coordinated with reimbursement sought Coordinated without reimbursement sou				Sought	Supported Opposed		
☐ Independent ☐ Organization (see Instructions) ☐ A ☐ B ☐ C ☐ D ☐	7 E					s 750,00	
Name of Payee	CCARO		·	Date of Payment	Method of Payment	Amount	
Street Address 12 New City St	City ESSEX	State	Zip Code	11/17/08	Check #		
Purpose of Expenditure (by code)	Description	litica	<u>'</u>	1	Event #		
Type of Expenditure (if applicable): ☐ Coordinated with reimbursement sought ☐ Coordinated without reimbursement sou ☐ Independent ☐ Organization (see Instructions)	Candidate(s) Name (if applicable)			Sought	☐ Supported ☐ Opposed	s 678.40	
Name of Paves			<u> </u>	Date of Payment	Method of Payment		
Name of Payee GEORIA BECC Street Address		State	Zip Code	11/25/08	194 Check #_ 1194	Amount	
Purpose of Expenditure (by code) RCW	Description	ri 70	06425	111 52 LI	Debit Card	_	
Type of Expenditure (if applicable): Coordinated with reimbursement sought Coordinated without reimbursement sou	Candidate(s) Name (if applicable)			Sought	☐ Supported ☐ Opposed	_	
☐ Independent ☐ Organization (see Instructions) ☐ A ☐ B ☐ C ☐ D						s 162.84	
Name of Payee SONYA FINC	H			Date of Payment	Method of Payment	Amount	
Street Address 70 CROWN ST	BRIDERORT	State	Zip Code 000010	11/25/08	Check #Debit Card		
Purpose of Expenditure (by code)	Fundrais	70'	milage		Event #		
Type of Expenditure (if applicable): Coordinated with reimbursement sought Coordinated without reimbursement sou		7	Affice	Sought	☐ Supported ☐ Opposed		
☐ Independent☐ Organization (see Instructions)						s 29665	
				SUBTO	TAL Section P-This Pag	10	
					Page	l of 5	

IV. EXPENDITURES Section P. Additional Page								
NAME OF COMMITTEE			grant files, and a contract of production of the contract of t	ING DUE DATE				
	CELLENCE IN	GOUT		1/12/09				
	2	enses Paid by Con	nmittee					
Name of Payee			Date of Payment	Method of Payment	Amount			
Street Address 12 DEN CITY ST	CLARO State CT CIV CIV CV CV CV CV CV CV CV		11/25/08	☐ Debit Card				
Purpose of Expenditure (by code)	Description	FOR PAC		Event #				
Type of Expenditure (if applicable): Coordinated with reimbursement sough: Coordinated without reimbursement sou Independent Organization (see Instructions)	Candidate(s) Name (if applicable)		Sought	☐ Supported ☐ Opposed	s 3, 030, i8			
	□ E		10	G				
Name of Payee KERI WOOD			Date of Payment	Method of Payment	Amount			
Street Address 260 France Street	Rocky Hill State	Zip Code 7	11/25/08	Check #Debit Card				
Purpose of Expenditure (by code)		al consult	<u> </u>	Event #				
Type of Expenditure (if applicable): Coordinated with reimbursement sough Coordinated without reimbursement sou Independent		Office	Sought	☐ Supported ☐ Opposed				
☐ Organization (see Instructions) ☐ A ☐ B ☐ C ☐ D	□ E				s 1,800.00			
Name of Payee TYLONE MC	Chin		Date of Payment	Method of Payment	Amount			
Strong Address Main St	City-	25 Code 04	1/25/08	☐ Debit Card				
Purpose of Expenditure (by code)	Description Polit	ical consul	tart	Event #				
Type of Expenditure (if applicable): Coordinated with reimbursement sough Coordinated without reimbursement sou Independent Organization (see Instructions)		Office	Sought	□ Supported □ Opposed	s 125,00			
Name of Payee	□ E		Date of Payment	District of Spanning				
BRIDGEPORT Street Address	P.A.L.		111	Method of Payment Acheck #_1179	Amount			
Po Box 531	Bridgeport C	0 1 1	121700	Debit Card				
(by code) CHAR	Charitable Candidate(s) Name	<u>Contribut</u>	787 Sought	Supported	_			
Type of Expenditure (if applicable): ☐ Coordinated with reimbursement sough ☐ Coordinated without reimbursement sou ☐ Independent ☐ Organization (see Instructions)			Ü	Opposed				
	E				s (00.00			
Name of Payee William B	eccaro		Date of Payment	Method of Payment	Amount			
Street Address NEW City ST	City ESSEX C		12/1/08	Debit Card				
(by code) RCW	reimburgem			Event #				
Type of Expenditure (if applicable): ☐ Coordinated with reimbursement sough ☐ Coordinated without reimbursement sou		· Office	: Sought	□ Supported □ Opposed				
Organization (see Instructions)					s 230,00			
			SUBTO	OTAL Section P-This Pag	E 5285, 18			
				Page	2 _{of} 5			

IV. EXPENDITURES Section P. Additional Page								
NAME OF COMMITTEE								
	ELLENCE IN GO	OUT		1/12/09				
P. Expenses Paid by Committee								
Name of Payee AFRY RAY	PTIST CHORCH	***************************************	Date of Payment	Method of Payment	Amount			
Street Address Frank Street	Cib Stidgeport State	Zip Code	izlilos	Check #_ 126				
Purpose of Expenditure (by code)	Charitable	0 1 1	otion	Event #	7			
Type of Expenditure (if applicable): Coordinated with reimbursement sought Coordinated without reimbursement sou	Candidate(s) Name (if applicable)		Sought	☐ Supported ☐ Opposed				
☐ Independent ☐ Organization (see Instructions) ☐ A ☐ B ☐ C ☐ D [□ E				s 1,000.00			
Name of Payer MS SociETY	- CT CHAPTER		Date of Payment	Method of Payment	Amount			
Street Address 65% TOWER AVE,	City HARTFORS State CT	Zip Code	12/15/08	Debit Card				
Purpose of Expenditure (by code) CHAR	Charitable	Contributio	20	Event #				
Type of Expenditure (if applicable): Coordinated with reimbursement sought Coordinated without reimbursement sou	(if applicable)	Office	Sought	☐ Supported ☐ Opposed				
☐ Independent ☐ Organization (see Instructions) ☐ A ☐ B ☐ C ☐ D	⊒E				s 250,00			
Name of Payee Sough Fine			Date of Payment	Method of Payment	Amount			
Street Address 70 CROWN STREET	City BRIOGERALT State	- Zip Code OWELD	12/15/08	Meheck #_ 1203 □ Debit Card				
Purpose of Expenditure (by code)		or political	Xuas aft	Event #				
Type of Expenditure (if applicable): ☐ Coordinated with reimbursement sought ☐ Coordinated without reimbursement sou ☐ Independent ☐ Organization (see Instructions)		Office	e Sought	☐ Supported ☐ Opposed				
	□ E				s 213,67			
Name of Payee. BRIDGEPORT Street Address	P.A.L.		Date of Payment	Method of Payment	Amount			
PO BOX 531	Bridgeport State	Zip Code (12/18/08	☐ Check # 120 4 ☐ Debit Card				
Purpose of Expenditure (by code)	Chasi table	e Contribu	tron	Event #				
Type of Expenditure (if applicable): ☐ Coordinated with reimbursement sought ☐ Coordinated without reimbursement sou ☐ Independent		Office	e Sought	☐ Supported ☐ Opposed				
☐ Organization (see Instructions) ☐ A ☐ B ☐ C ☐ D	□ E				s 400,00			
Name of Payee BLACK Street Address C 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	SENIOR CENTE		Date of Payment	Method of Payment	Amount			
2675 Fairfield Ave	CinBridgepurt State	T OGGOS	80/81/21	Check # Debit Card				
(by code) CHAR	Charitable Candidate(s) Name	2 Contrib	Sought	Event #	_			
Type of Expenditure (if applicable): ☐ Coordinated with reimbursement sought ☐ Coordinated without reimbursement sou ☐ Independent ☐ Organization (see Instructions)	(if applicable)	Office	, sought	□Supported □Opposed				
					s 250,00			
			SUBT	OTAL Section P-This Pag				
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IV. EXPENDITURES								
Section P. Additional Page NAME OF COMMITTEE FILING DUE DATE								
	LENCE IN G	1000	SEASO MINISTER NO CONTRACTOR OF THE SEASON	recommendation of the control of the	112/08	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
P. Expenses Paid by Committee								
Name of Payee WILLIAM BE	CCARO	apenses	raid by Col	Date of Payment	Method of Payment	Amount		
Street Address DEW City ST	ESSEX	State Z	p Code 06426	12/18/08	Check # 1206 Debit Card			
Purpose of Expenditure (by code)	Description REIMBURSEME	- 7 W	POLIDERE	MEALS +	Event #			
Type of Expenditure (if applicable): Coordinated with reimbursement sought Coordinated without reimbursement sou	Candidate(s) Name (if applicable)			Sought GIFT CARI	Supported Opposed			
☐ Organization (see Instructions) ☐ A ☐ B ☐ C ☐ D ☐	J E					s 393,92		
Name of Payee SON IA FINCH				Date of Payment	Method of Payment	Amount		
Street Address TO CLOWN ST	BRIDGEFORT Description	State Zi	p Code O6610	12/18/08	© Check # <u>1267</u> ☐ Debit Card			
Purpose of Expenditure (by code) RCW	Description XMas ail	s for	Political	Lied	Event #			
Type of Expenditure (if applicable): Coordinated with reimbursement sought Coordinated without reimbursement sou	Candidate(s) Name (if applicable)		Office	Sought	□ Supported □ Opposed			
☐ Organization (see Instructions) ☐ A ☐ B ☐ C ☐ D ☐	J E					s 165.72		
Name of Payer ALPHA COMM	DUMY SER	VICES		Date of Payment	Method of Payment	Amount		
Street Address William Ave			p Code OOGOLO	12/18/08	Check # 1208			
Purpose of Expenditure (by code)		able	Contri	00,400	Event #			
Type of Expenditure (if applicable): Coordinated with reimbursement sought Coordinated without reimbursement sought Independent	Candidate(s) Name (if applicable)	<u></u>	Office	Sought	☐ Supported ☐ Opposed			
☐ Organization (see Instructions) ☐ A ☐ B ☐ C ☐ D	□ E					s 250,00		
Name of Payer GLOPIA BECCAS				Date of Payment	Method of Payment	Amount		
Street Address VIEW TERR			D6475	12/23/08	Check # (20°() ☐ Debit Card			
Purpose of Expenditure (by code)	Description UERIZ	01		- 4 4	Event #			
Type of Expenditure (if applicable): Coordinated with reimbursement sought Coordinated without reimbursement soug	Candidate(s) Name (if applicable)		Office	Sought	☐ Supported ☐ Opposed			
☐ Organization (see Instructions) ☐ A ☐ B ☐ C ☐ D ☐	_ E					s 148, 57		
Name of Pavee	CCARO			Date of Payment	Method of Payment	Amount		
12 NEW CITY STREET	City ESSEX	State Zi	56426	12/31/08	Check # 1210 Debit Card			
	Description Reinburgue	1	olitical Mos	elit xunc	Event #			
Type of Expenditure (if applicable): Coordinated with out reimbursement sought Coordinated without reimbursement soug	Candidate(s) Name (if applicable)	as re	Office :	Sought GIFE	Supported Opposed			
Organization (see Instructions)						s 634.71		
				SUBT	OTAL Section P-This Pag	1592.92		
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				ENDIT			
NAME OF COMMITTEE PROPIE FOR EXCELLE	nce i	n Gov	on r. /	X UU1110	nal Page	FILING DUE DATE	
		Р, Ехр	enses P	aid by C	Committee		
Name of Payee ADAM WOOD					Date of Payment	Method of Payment	Amount
Street Address	City	State	Zip	Code	12/31/08 5+61FTS	△Check # 1211 ☐ Debit Card	
Purpose of Expenditure (by code)	Description PEMBU	esenent-H	Event #				
Type of Expenditure (if applicable): ☐ Coordinated with reimbursement sought ☐ Coordinated without reimbursement sou ☐ Independent ☐ Organization (see Instructions) ☐ A ☐ B ☐ C ☐ D	ght (if a	didate(s) Name pplicable)		О	ffice Sought	☐ Supported ☐ Opposed	s 2,059.60
Name of Payee					Date of Payment	Method of Payment	Amount
Street Address	City	State	Zip	Code		☐ Check # ☐ Debit Card	
Purpose of Expenditure (by code)	Description	<u> </u>				Event #	
Type of Expenditure (if applicable): Coordinated with reimbursement sought Coordinated without reimbursement sou Independent Organization (see Instructions)	ght (if a	didate(s) Name pplicable)		O	ffice Sought	□ Supported □ Opposed	s
Name of Payee					Date of Payment	Method of Payment	Amount
Street Address	City	State	Zip	Code		☐ Check # ☐ Debit Card	
Purpose of Expenditure (by code)	Description	1	<u> </u>			Event #	
Type of Expenditure (if applicable): Coordinated with reimbursement sought Coordinated without reimbursement sou Independent Organization (see Instructions)	ght (if a	didate(s) Name pplicable)		0	ffice Sought	☐ Supported☐ Opposed	\$
Name of Payee					Date of Payment	Method of Payment	Amount
Street Address	City	State	Zip	Code		☐ Check # ☐ Debit Card	
Purpose of Expenditure (by code)	Description		1			Event #	
Type of Expenditure (if applicable): Coordinated with reimbursement sought Coordinated without reimbursement sou Independent Organization (see Instructions)	ght (if a	didate(s) Name pplicable)		С	ffice Sought	□ Supported □ Opposed	s
Name of Payee	⊔ кј				Date of Payment	Method of Payment	Amount
Street Address	City	State	Zip	Code		☐ Check # ☐ Debit Card	
Purpose of Expenditure (by code)	Description	<u> </u>				Event #	
Type of Expenditure (if applicable): ☐ Coordinated with reimbursement sought ☐ Coordinated without reimbursement sou ☐ Independent ☐ Organization (see Instructions)	(if a	didate(s) Name oplicable)	.,	0	ffice Sought	□ Supported □ Opposed	s
				en de la competitación La competitación	CHIK	TOTAL CALL DON'S	2 2 059 60
e en gespetit met de e en et e e-skelet e e e e e e e e e e e e e e e e e e	- mg_ r- grad.3-403	and secure and the control	<u> </u>		versee espirate (SUL	TOTAL Section P-This P	age 2,059.60 5 of 5

		EXPENDITU on S. Additiona		-		
NAME OF COMMITTEE			C 120 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	NG DUE DATE		
PEOPLE FOR EXCELL	ence in	60VT		1/12/08		
T. Itemization of	Reimburser	nents to Commi	ttee Workers and	Consultants		
Name of Worker/Consultant City + State LLC		***************************************	Date of Payment	Method of Payment	Amount	
Secondary Payce		1-1-1	⊣ , ,	198 Check # 1191		
			11/17/08	½ *Check # //9/ ☐ Debit Card		
Street Address 260 FRANCE STREET			Purpose of Expenditure (by code)	eising east		
City Pools Hill	State	Zip Code O6067	Description	1		
Type of Expenditure (if applicable):	Candidate(s) Name	*	Office Sought	Supported		
Coordinated with reimbursement sought	(if applicable)		omos sougm	☐ Opposed		
☐ Coordinated without reimbursement sought ☐ Independent						
☐ Organization (see Instructions) ☐ A ☐ B ☐ C ☐ D ☐ E					750,00	
Name of Worker/Consultant			Date of Payment	Method of Payment	Amount	
Casandam Davisa			- 1. Jan	© Check #		
State Street Bis	HO	···	11/17/08	Debit Card]	
Street Address 12 NEW City ST	2557		Purpose of Expenditure (by code)	2W	;	
City	State	Zip Code	Description	1 13, 17,	1	
ESSEX	Candidate(s) Name	06426	100 minus		4	
Type of Expenditure (if applicable): Coordinated with reimbursement sought	(if applicable)	-	Office Sought	Supported ☐ Opposed		
☐ Coordinated without reimbursement sought ☐ Independent						
☐ Organization (see Instructions) ☐ A ☐ B ☐ C ☐ D ☐ E					678.40	
Name of Worker/Consultant GLERIA BECCA	.Pn		Date of Payment	Method of Payment	Amount	
Secondary Payee	1140		- Macho	St Check # 1194		
UERIZON			11/25/08	☐ Debit Card		
Street Address PO Box 15041			Purpose of Expenditure (by code)	w		
city Worchester	State MA	Zip Code 01615	relephone	cellular + internet		
Type of Expenditure (if applicable): ☐ Coordinated with reimbursement sought	Candidate(s) Name (if applicable)	е	Office Sought	☐ Supported ☐ Opposed		
☐ Coordinated without reimbursement sought ☐ Independent				<u>п</u> эррогой		
☐ Organization (see Instructions)					162,84	
Name of Worker/Consultant	<u> </u>		Date of Payment	Method of Payment	Amount	
Secondary Payee Secondary Payee			1/26/20	ACheck # 1195	<u> </u>	
			11/25/08			
Street Address 70 CROWN STREET			Purpose of Expenditure (by code)	cw		
BRIDGEPORT	State C+	Zip Code 06610	Description Funds	raisin - Milage		
Type of Expenditure (if applicable):	Candidate(s) Name		Office Sought	Supported	1	
☐ Coordinated with reimbursement sought ☐ Coordinated without reimbursement sought	(if applicable)			☐ Opposed		
☐ Independent						
SUBTOTAL Section T-This Page /						
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		. EXPENDITUI ion S. Additiona				
NAME OF COMMITTEE PEOPLE FOR EXI	*FLLEN	CE IN COO		ING DUE DATE		
T. Itemization of	a Libra SPO CAPO a receberaci	SAME AND SERVICE OF THE SERVICE OF T				
Name of Worker/Consultant BILL BECCARO Secondary Payee			Date of Payment	Method of Payment	Amount	
DELL COMPUTERS			11/25/08	☐ Check #_//(Q) ☐ Debit Card		
OVE DELL WAY			Purpose of Expenditure (by code)	!		
City ROUND ROCK	State X	7868Z	Description			
Type of Expenditure (if applicable): ☐ Coordinated with reimbursement sought ☐ Coordinated without reimbursement sought ☐ Independent ☐ Organization (see Instructions) ☐ A ☐ B ☐ C ☐ D ☐ E	Candidate(s) Nan (if applicable)	le	Office Sought	Supported Opposed	3,030.ta	
Name of Worker/Consultant KERI WOOD	• •		Date of Payment	Method of Payment	Amount	
Secondary Payee 2 DOG MEDIA				Check # 1/98		
Street Address 2000 France Street			Purpose of Expenditure (by code)	ISUT		
City Rocky Hill	State	2ip Code 06067	Description Politic	1 0 11 /		
Type of Expenditure (if applicable): Coordinated with reimbursement sought Coordinated without reimbursement sought Independent	Candidate(s) Nan (if applicable)		Office Sought	Supported Opposed		
☐ Organization (see Instructions) ☐ A ☐ B ☐ C ☐ D ☐ E					1,800.00	
Name of Worker/Consultant TYRONE McCLAIN Date of Payment Method of Payment						
Secondary Payee			11/25/08	Check #		
Street Address 999 MAIN STREET			Purpose of Expenditure (by code)	SLT		
BRIDGEPORT	State	Zip Code 06604	Political Political	consollar		
Type of Expenditure (if applicable): ☐ Coordinated with reimbursement sought ☐ Coordinated without reimbursement sought ☐ Independent	Candidate(s) Nan (if applicable)	nė	Office Sought	☐ Supported ☐ Opposed		
☐ Organization (see Instructions) ☐ A ☐ B ☐ C ☐ D ☐ E					125,00	
Name of Worker/Consultant BECCARC			Date of Payment	Method of Payment	Amount	
	h+Rich	Š	12/1/08	□ Debit Card		
12 NEW CITY STREET		T		RCW		
ESSEX	State CT	Zip Code 06475	Politica	el Meals		
Type of Expenditure (if applicable): ☐ Coordinated with reimbursement sought ☐ Coordinated without reimbursement sought ☐ Independent ☐ Organization (see Instructions)	Candidate(s) Nan (if applicable)	ne	Office Sought	☐ Supported ☐ Opposed		
					230,00	
			SUI	BTOTAL Section T-This Page	5185,18	
				Page 2	of Ú	

IV. EXPENDITURES Section S. Additional Page										
NAME OF COMMITTEE	Sect	ion 5. Additiona		terker i sam privatek kanasas er i i i t	ntend seveny, a 19 g.					
PEOPLE FOR EXCE	LLENCE	IN 6007		ING DUE DATE	<u>જિલ્લો કાર્યા કરવા કરી.</u>					
T. Itemization of Reimbursements to Committee Workers and Consultants										
Name of Worker/Consultant SONYA FINCH			Date of Payment	Method of Payment	Amount					
Secondary Payee TJ Mexa, Target,			12/15/08	Check # 1203						
PO CROWN STREET			Purpose of Expenditure (by code)							
City Survey Tin Code			Description	-						
BRIDGEPORT	CT	06610								
Type of Expenditure (if applicable): ☐ Coordinated with reimbursement sought ☐ Coordinated without reimbursement sought ☐ Independent ☐ Organization (see Instructions) ☐ A ☐ B ☐ C ☐ D ☐ E	Candidate(s) Nan (if applicable)	ne	Office Sought	☐ Supported ☐ Opposed	213.67					
Name of Worker/Consultant BECCORO			Date of Payment	Method of Payment	Amount					
DUDKIN DENUTS CHRBONES PALPH + RICH'S			12/18/00	Check # 1206						
12 NEW CITY STREET			Purpose of Expenditure (by code)							
City ESSEX	State	Zip Code OG426	POLITICAL MEG	als + GIET CARDS						
Type of Expenditure (if applicable): Coordinated with reimbursement sought Coordinated without reimbursement sought Independent Organization (see Instructions)	Candidate(s) Nan (if applicable)	ne	Office Sought	☐ Supported ☐ Opposed						
	<u></u>				393,92					
Name of Worker/Consultant FINCH	Date of Payment	Method of Payment	Amount							
AJ Wright Home Goods			12/18/08	Check # 1207						
eet Address Clown Sheet			Purpose of Expenditure (by code)	RCW						
Brid gepant	Candidate(s) Nan	Zip Code 066 10	Description X Has git	ts for politist						
Type of Expenditure ((f applicable): Coordinated with reimbursement sought Coordinated without reimbursement sought Independent	(if applicable)	ie	Office Sought	☐ Supported☐ Opposed						
☐ Organization (see Instructions) ☐ A ☐ B ☐ C ☐ D ☐ E					165 72					
Name of Worker/Consultant GURIA BECCA	Date of Payment	Method of Payment	Amount							
Secondary Payee VERIZON	12/23/08	Check #_/209								
PO BOX 15041			Purpose of Expenditure (by code)	ZCW						
worchester worchester	State MA	0 1615	telephone.	cellular tinterest						
Type of Expenditure (if applicable): ☐ Coordinated with reimbursement sought ☐ Coordinated without reimbursement sought ☐ Independent ☐ Over principle (see Instructions)	Candidate(s) Nan (if applicable)	ne	Office Sought	☐ Supported☐ Opposed						
☐ Organization (see Instructions) ☐ A ☐ B ☐ C ☐ D ☐ E				responding to the second se	148.57					
			SUE	STOTAL Section T-This Page	921.88					
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IV. EXPENDITURES Section S. Additional Page										
NAME OF COMMITTEE	ING DUE DATE									
PEDRIE FOR EXCELLENCE	1/2/09									
T. Itemization of Reimbursements to Committee Workers and Consultants										
Name of Worker/Consultant WILLIAM BECCAP	Date of Payment	Method of Payment	Amount							
Secondary Payce MAX'S ONSTER BAR RALPH + R Street Address	12/31/08	Check #_\S\Check #_\S\Check Debit Card								
12 NEW CITY STREET			Purpose of Expenditure (by code)							
ESSEX	State	Zip Code 06426	Description RENEUPSEME							
Type of Expenditure (if applicable): ☐ Coordinated with reimbursement sought ☐ Coordinated without reimbursement sought ☐ Independent ☐ Organization (see Instructions) ☐ A ☐ B ☐ C ☐ D ☐ E	Candidate(s) Nar (if applicable)	ne	Office Sought	☐ Supported ☐ Opposed	634.71					
Name of Worker/Consultant			Date of Payment	Method of Payment	Amount					
TESTO'S, RALPHS RICH'S, Two Boc	12/31/08	☐ Check # [2]								
999 MAIN STREET EPERALY			Purpose of Expenditure (by code) 2							
BRIDGEPORT	State	Zip Code 06604	Description HOLING MEANS + GIFTS							
Type of Expenditure (if applicable): Coordinated with reimbursement sought Coordinated without reimbursement sought Independent	Candidate(s) Nam (if applicable)	ne	Office Sought	☐ Supported ☐ Opposed						
☐ Organization (see Instructions) ☐ A ☐ B ☐ C ☐ D ☐ E	<u> </u>				2,059.60					
Name of Worker/Consultant	Date of Payment	Method of Payment	Amount							
Secondary Payee				☐ Check # ☐ Debit Card						
Street Address			Purpose of Expenditure (by code)							
City	State	Zip Code	Description							
Type of Expenditure (if applicable): Coordinated with reimbursement sought Coordinated without reimbursement sought Independent Organization (see Instructions) A B C D E	Candidate(s) Nam (if applicable)	ie	Office Sought	☐ Supported ☐ Opposed						
Name of Worker/Consultant	Date of Payment	Method of Payment	Amount							
Secondary Payee		☐ Check # ☐ Debit Card								
Street Address			Purpose of Expenditure (by code)		-					
City	State	Zip Code	Description							
Type of Expenditure (if applicable): ☐ Coordinated with reimbursement sought ☐ Coordinated without reimbursement sought ☐ Independent ☐ Organization (see Instructions) ☐ A ☐ B ☐ C ☐ D ☐ E	Candidate(s) Nam (if applicable)	е	Office Sought	☐ Supported ☐ Opposed						
SUBTOTAL Section T-This Page 26										
Page 4 of 4										











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STATE ELECTION ENFORCEMENT COMMISSION CAMPAIGN FINANCE DISCLOSURE UNIT 20 TRINITY STREET, 3RD FLOOR HARTFORD, CT 06106

> RETURN RECEIPT REQUESTED