

SEEC FORM 20

Itemized Campaign Finance Disclosure Statement 2009 JAN 15
 CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
 Rev. 1/08




090741

Do Not Mark in This Space For
 Official Use Only

Page 1 of 17

SUMMARY PAGE

1. NAME OF COMMITTEE				
People for Excellence in Government				
2. TREASURER NAME				
Title	First	MI	Last	Suffix
Mr	William	A	Beccaro	
3. TREASURER ADDRESS				
Street Address		City	State	Zip Code
12 New City Street		Essex	CT	06426
4. ELECTION/REFERENDUM DATE (mm/dd/yyyy)		5. OFFICE SOUGHT (Complete only if Candidate Committee)		6. DISTRICT NUMBER (if applicable)
7. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)				
Title	First	MI	Last	Suffix
8. TYPE OF REPORT (Check One Box)				
<input checked="" 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 type="checkbox"/> October 10 filing	<input type="checkbox"/> 12th day preceding election (State Central Committees Only)	<input type="checkbox"/> Termination		
<input checked="" type="checkbox"/> Independent Expenditure	<input type="checkbox"/> 45 days following election not held in November			
<input type="checkbox"/> Primary	<input type="checkbox"/> Election			
9. PERIOD COVERED				
Beginning Date		Ending Date		
10/22/2008		thru 12/31/2008		
10. CERTIFICATION				
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.				
 TREASURER OR DEPUTY TREASURER (SIGNATURE)		William A. Beccaro PRINT NAME OF SIGNER		01/11/2009 DATE (mm/dd/yyyy)
PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.				

SEEC FORM 20**Itemized Campaign Finance Disclosure Statement**

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 1/08

Page 2 of 17

**SUMMARY PAGE
TOTALS**

NAME OF COMMITTEE	FILING DUE DATE	
	01/12/2009	
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
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)	\$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 RECEIPTS (Sections A-K)

NAME OF COMMITTEE People for Excellence in Government	FILING DUE DATE 01/12/2009
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A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>	Subtotal Section A \$ 0.00
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B. Itemized Contributions from Individuals

Last Name	First	MI	Principal Occupation	Amount of Contribution
Residential Street Address	City	State CT	Zip Code Name of Employer	
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		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received	Aggregate contributions \$0.00
				\$0.00

Last Name	First	MI	Principal Occupation	Amount of Contribution
Residential Street Address	City	State CT	Zip Code Name of Employer	
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		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received	Aggregate contributions \$0.00
				\$0.00

Last Name	First	MI	Principal Occupation	Amount of Contribution
Residential Street Address	City	State CT	Zip Code Name of Employer	
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		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received	Aggregate contributions \$0.00
				\$0.00

Last Name	First	MI	Principal Occupation	Amount of Contribution
Residential Street Address	City	State CT	Zip Code Name of Employer	
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		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received	Aggregate contributions \$0.00
				\$0.00

SUBTOTAL Section B-This Page

\$0.00

TOTAL of additional Section B Pages

\$0.00

TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Enter total on Line 13 of Summary Page)

\$0.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE						FILING DUE DATE	
People for Excellence in Government						01/12/2009	
C1. Contributions from Other Committees							
Name of Committee Southern Connecticut Citizens for Government Excellence				Name of Treasurer Moishe Epstein			
Address 3543 Main Street			Is this contribution associated with a fundraising event listed in Section L1?			Amount of Contribution	
			<input type="checkbox"/> Yes <i>If yes, list</i> <input checked="" type="checkbox"/> No <i>Event #</i>				
City Bridgeport	State CT	Zip Code 06608	Date Received 12/04/2008	Aggregate Contributions		\$2,000.00	
						\$0.00	
Name of Committee				Name of Treasurer			
Address			Is this contribution associated with a fundraising event listed in Section L1?			Amount of Contribution	
			<input type="checkbox"/> Yes <i>If yes, list</i> <input type="checkbox"/> No <i>Event #</i>				
City	State CT	Zip Code	Date Received	Aggregate Contributions		\$0.00	
						\$0.00	
Name of Committee				Name of Treasurer			
Address			Is this contribution associated with a fundraising event listed in Section L1?			Amount of Contribution	
			<input type="checkbox"/> Yes <i>If yes, list</i> <input type="checkbox"/> No <i>Event #</i>				
City	State CT	Zip Code	Date Received	Aggregate Contributions		\$0.00	
						\$0.00	
Name of Committee				Name of Treasurer			
Address			Is this contribution associated with a fundraising event listed in Section L1?			Amount of Contribution	
			<input type="checkbox"/> Yes <i>If yes, list</i> <input type="checkbox"/> No <i>Event #</i>				
City	State CT	Zip Code	Date Received	Aggregate Contributions		\$0.00	
						\$0.00	
Name of Committee				Name of Treasurer			
Address			Is this contribution associated with a fundraising event listed in Section L1?			Amount of Contribution	
			<input type="checkbox"/> Yes <i>If yes, list</i> <input type="checkbox"/> No <i>Event #</i>				
City	State CT	Zip Code	Date Received	Aggregate Contributions		\$0.00	
						\$0.00	
Name of Committee				Name of Treasurer			
Address			Is this contribution associated with a fundraising event listed in Section L1?			Amount of Contribution	
			<input type="checkbox"/> Yes <i>If yes, list</i> <input type="checkbox"/> No <i>Event #</i>				
City	State CT	Zip Code	Date Received	Aggregate Contributions		\$0.00	
						\$0.00	
C2. Reimbursements, Payments, or Surplus Distributions from other Committees							
Name of Committee				Name of Treasurer			
Address			Date Received			Amount of Receipt	
						\$0.00	
City	State CT	Zip Code	<input type="checkbox"/> Reimbursement for shared expense <input type="checkbox"/> Payment for goods and services		<input type="checkbox"/> Surplus Distribution		
Name of Committee				Name of Treasurer			
Address			Date Received			Amount of Receipt	
						\$0.00	
City	State CT	Zip Code	<input type="checkbox"/> Reimbursement for shared expense <input type="checkbox"/> Payment for goods and services		<input type="checkbox"/> Surplus Distribution		
SUBTOTAL Section C-This Page						\$2,000.00	
TOTAL of additional Section C Pages						\$0.00	
TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS (Enter total on Line 14 of Summary Page)						\$2,000.00	

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE People for Excellence in Government	FILING DUE DATE 01/12/2009
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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 type="checkbox"/> No	Amount Received
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			\$0.00
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 type="checkbox"/> No	Amount Received
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			\$0.00
Street Address	City	State CT	Zip Code	Date of Receipt			

Total Section D							\$ 0.00
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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
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F. Amount Transferred from Affiliated Business Treasury (Business Entity Committees ONLY)

Date of Receipt	Amount	Date of Receipt	Amount	Total Transfers
	\$0.00		\$0.00	
Is this transaction associated with a fundraising event listed in Section L1? <input 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 type="checkbox"/> No		\$ 0.00

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

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

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

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

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE People for Excellence in Government	FILING DUE DATE 01/12/2009
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I. Anonymous Contributions (Specify dollar amount of the bills received)

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

J. Interest from Deposits in Authorized Accounts

Date Received	Amount	Date Received	Amount	Total Amount Received	
	\$0.00		\$0.00		
Name of Institution		Name of Institution			
Street Address		Street Address			
City	State CT	Zip Code			
				\$ 0.00	

K. Miscellaneous Monetary Receipts not Considered Contributions

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

Summary of Other Monetary Receipts (Sections D-K)

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

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE People for Excellence in Government	FILING DUE DATE 01/12/2009
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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

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

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE People for Excellence in Government	FILING DUE DATE 01/12/2009
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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			Aggregate Amount of Purchases
Residential Street Address	City	State CT	Zip Code	Date Received	Event #	
Items Purchased						
						\$0.00
<hr/>						
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			Aggregate Amount of Purchases
Residential Street Address	City	State CT	Zip Code	Date Received	Event #	
Items Purchased						
						\$0.00
<hr/>						
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			Aggregate Amount of Purchases
Residential Street Address	City	State CT	Zip Code	Date Received	Event #	
Items Purchased						
						\$0.00
<hr/>						
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			Aggregate Amount of Purchases
Residential Street Address	City	State CT	Zip Code	Date Received	Event #	
Items Purchased						
						\$0.00
<hr/>						
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			Aggregate Amount of Purchases
Residential Street Address	City	State CT	Zip Code	Date Received	Event #	
Items Purchased						
						\$0.00
<hr/>						
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			Aggregate Amount of Purchases
Residential Street Address	City	State CT	Zip Code	Date Received	Event #	
Items Purchased						
						\$0.00
<hr/>						
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			Aggregate Amount of Purchases
Residential Street Address	City	State CT	Zip Code	Date Received	Event #	
Items Purchased						
						\$0.00
<hr/>						
						SUBTOTAL Section L2-This Page
						\$0.00
						TOTAL of additional Section L2 Pages
						\$0.00
						TOTAL OF ALL SMALL PURCHASES FROM TAG SALES, AUCTIONS OR OTHER SALES OF DONATED ITEMS <i>(Enter total on Line 16b of Summary Page)</i>
						\$0.00

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
People for Excellence in Government	01/12/2009

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	Zip Code		
	CT			
Street Address	<input type="checkbox"/> Yes <input type="checkbox"/> No	Event #	\$0.00	\$0.00
City	State	Zip Code		
	CT			
Street Address	<input type="checkbox"/> Yes <input type="checkbox"/> No	Event #	\$0.00	\$0.00
City	State	Zip Code		
	CT			
Street Address	<input type="checkbox"/> Yes <input type="checkbox"/> No	Event #	\$0.00	\$0.00
City	State	Zip Code		
	CT			
Street Address	<input type="checkbox"/> Yes <input type="checkbox"/> No	Event #	\$0.00	\$0.00
City	State	Zip Code		
	CT			
Street Address	<input type="checkbox"/> Yes <input type="checkbox"/> No	Event #	\$0.00	\$0.00
City	State	Zip Code		
	CT			
Street Address	<input type="checkbox"/> Yes <input type="checkbox"/> No	Event #	\$0.00	\$0.00
City	State	Zip Code		
	CT			
Street Address	<input type="checkbox"/> Yes <input type="checkbox"/> No	Event #	\$0.00	\$0.00
City	State	Zip Code		
	CT			
Street Address	<input type="checkbox"/> Yes <input type="checkbox"/> No	Event #	\$0.00	\$0.00
City	State	Zip Code		
	CT			
Street Address	<input type="checkbox"/> Yes <input type="checkbox"/> No	Event #	\$0.00	\$0.00
City	State	Zip Code		
	CT			
Street Address	<input type="checkbox"/> Yes <input type="checkbox"/> No	Event #	\$0.00	\$0.00
City	State	Zip Code		
	CT			
Street Address	<input type="checkbox"/> Yes <input type="checkbox"/> No	Event #	\$0.00	\$0.00
City	State	Zip Code		
	CT			
Street Address	<input type="checkbox"/> Yes <input type="checkbox"/> No	Event #	\$0.00	\$0.00
City	State	Zip Code		
	CT			
Street Address	<input type="checkbox"/> Yes <input type="checkbox"/> No	Event #	\$0.00	\$0.00
City	State	Zip Code		
	CT			

SUBTOTAL Section L3-This Page				\$0.00
TOTAL of additional Section L3 Pages				\$0.00
TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK (Enter total on Line 16c of Summary Page)				\$0.00

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
People for Excellence in Government	01/12/2009

L4. In-Kind Donations Not Considered Contributions

Name of Donor	Donation given by:	Fair Market Value of Donation								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">Street Address</td> <td style="width:25%;">City</td> <td style="width:10%;">State</td> <td style="width:15%;">Zip Code</td> </tr> <tr> <td></td> <td></td> <td align="center">CT</td> <td></td> </tr> </table>	Street Address	City	State	Zip Code			CT		<input type="checkbox"/> Individual <input type="checkbox"/> Business Entity Aggregate value for this event \$0.00	\$0.00
Street Address	City	State	Zip Code							
		CT								
Description of donation	Date Received	Event #								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">Street Address</td> <td style="width:25%;">City</td> <td style="width:10%;">State</td> <td style="width:15%;">Zip Code</td> </tr> <tr> <td></td> <td></td> <td align="center">CT</td> <td></td> </tr> </table>	Street Address	City	State	Zip Code			CT		<input type="checkbox"/> Individual <input type="checkbox"/> Business Entity Aggregate value for this event \$0.00	\$0.00
Street Address	City	State	Zip Code							
		CT								
Description of donation	Date Received	Event #								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">Street Address</td> <td style="width:25%;">City</td> <td style="width:10%;">State</td> <td style="width:15%;">Zip Code</td> </tr> <tr> <td></td> <td></td> <td align="center">CT</td> <td></td> </tr> </table>	Street Address	City	State	Zip Code			CT		<input type="checkbox"/> Individual <input type="checkbox"/> Business Entity Aggregate value for this event \$0.00	\$0.00
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		CT								
Description of donation	Date Received	Event #								
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		CT								
Description of donation	Date Received	Event #								
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Description of donation	Date Received	Event #								
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Description of donation	Date Received	Event #								
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Street Address	City	State	Zip Code							
		CT								
Description of donation	Date Received	Event #								
SUBTOTAL Section L4-This Page		\$0.00								
TOTAL of additional Section L4 Pages		\$0.00								
TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS (Enter total on Line 21 of Summary Page)		\$0.00								

III. NONMONETARY RECEIPTS

NAME OF COMMITTEE People for Excellence in Government	FILING DUE DATE 01/12/2009
---	--------------------------------------

M. In-Kind Contributions

Name				Type of Contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Other (Applicable only to Referendum Committees)		Fair Market Value of this Contribution
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	\$0.00
Name				Type of Contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Other (Applicable only to Referendum Committees)		Fair Market Value of this Contribution
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	\$0.00
Name				Type of Contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Other (Applicable only to Referendum Committees)		Fair Market Value of this Contribution
Street Address		City	State CT	Zip Code		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" 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	\$0.00
Name				Type of Contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Other (Applicable only to Referendum Committees)		Fair Market Value of this Contribution
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	\$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

N. Refundable Deposit to Telephone Company

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

Last Name of Individual		First	MI	Date Deposit Made		Amount of Deposit
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

NAME OF COMMITTEE	FILING DUE DATE
People for Excellence in Government	01/12/2009

**O. Non-Monetary Receipts of Organization Expenditures Made By
Legislative Leadership, Legislative Caucus, and Party Committee**

Name of Committee (<i>Legislative Leadership, Legislative Caucus, and Party Committees ONLY</i>)			Name of Treasurer	
Street Address			Date Notice Received	Fair Market Value of Donation
City	State CT	Zip Code	Aggregate Donations \$0.00	
Description of Donation			Purpose of Expenditure (<i>see instructions</i>) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E	
			\$0.00	
Name of Committee (<i>Legislative Leadership, Legislative Caucus, and Party Committees ONLY</i>)			Name of Treasurer	
Street Address			Date Notice Received	Fair Market Value of Donation
City	State CT	Zip Code	Aggregate Donations \$0.00	
Description of Donation			Purpose of Expenditure (<i>see instructions</i>) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E	
			\$0.00	
Name of Committee (<i>Legislative Leadership, Legislative Caucus, and Party Committees ONLY</i>)			Name of Treasurer	
Street Address			Date Notice Received	Fair Market Value of Donation
City	State CT	Zip Code	Aggregate Donations \$0.00	
Description of Donation			Purpose of Expenditure (<i>see instructions</i>) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E	
			\$0.00	
Name of Committee (<i>Legislative Leadership, Legislative Caucus, and Party Committees ONLY</i>)			Name of Treasurer	
Street Address			Date Notice Received	Fair Market Value of Donation
City	State CT	Zip Code	Aggregate Donations \$0.00	
Description of Donation			Purpose of Expenditure (<i>see instructions</i>) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E	
			\$0.00	
Name of Committee (<i>Legislative Leadership, Legislative Caucus, and Party Committees ONLY</i>)			Name of Treasurer	
Street Address			Date Notice Received	Fair Market Value of Donation
City	State CT	Zip Code	Aggregate Donations \$0.00	
Description of Donation			Purpose of Expenditure (<i>see instructions</i>) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E	
			\$0.00	
Name of Committee (<i>Legislative Leadership, Legislative Caucus, and Party Committees ONLY</i>)			Name of Treasurer	
Street Address			Date Notice Received	Fair Market Value of Donation
City	State CT	Zip Code	Aggregate Donations \$0.00	
Description of Donation			Purpose of Expenditure (<i>see instructions</i>) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E	
			\$0.00	
Name of Committee (<i>Legislative Leadership, Legislative Caucus, and Party Committees ONLY</i>)			Name of Treasurer	
Street Address			Date Notice Received	Fair Market Value of Donation
City	State CT	Zip Code	Aggregate Donations \$0.00	
Description of Donation			Purpose of Expenditure (<i>see instructions</i>) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E	
			\$0.00	
Name of Committee (<i>Legislative Leadership, Legislative Caucus, and Party Committees ONLY</i>)			Name of Treasurer	
Street Address			Date Notice Received	Fair Market Value of Donation
City	State CT	Zip Code	Aggregate Donations \$0.00	
Description of Donation			Purpose of Expenditure (<i>see instructions</i>) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E	
			\$0.00	
Total Section O (Enter total on Line 24 of Summary Page)				\$0.00

IV. EXPENDITURES

NAME OF COMMITTEE People for Excellence in Government	FILING DUE DATE 01/12/2009
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P. Expenses Paid by Committee

Name of Payee Naral - Pro Choice CT				Date of Payment 10/24/2008	Method of Payment <input checked="" type="checkbox"/> Check # 1184 <input type="checkbox"/> Debit Card	Amount
Street Address 135 Broad Street		City Hartford	State CT	Zip Code 06105		
Purpose of Expenditure (by code) char		Description charitable 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) A B C D E		Candidate(s) Name (if applicable)		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$ 75.00

Name of Payee Sonya Finch				Date of Payment 10/24/2008	Method of Payment <input checked="" type="checkbox"/> Check # 1185 <input type="checkbox"/> Debit Card	Amount
Street Address 70 Crown Street		City Bridgeport	State CT	Zip Code 06610		
Purpose of Expenditure (by code) cnsit		Description fundraising consulting			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) A B C D E		Candidate(s) Name (if applicable)		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$ 550.00

Name of Payee Gloria Beccaro				Date of Payment 10/24/2008	Method of Payment <input checked="" type="checkbox"/> Check # 1186 <input type="checkbox"/> Debit Card	Amount
Street Address 10 South View Terrace		City Old Saybrook	State CT	Zip Code 06475		
Purpose of Expenditure (by code) RCW		Description Verizon			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) A B C D E		Candidate(s) Name (if applicable)		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$ 128.73

Name of Payee Democratic State Central Committee				Date of Payment 10/24/2008	Method of Payment <input checked="" type="checkbox"/> Check # 1187 <input type="checkbox"/> Debit Card	Amount
Street Address 70 Allyn Street		City Hartford	State CT	Zip Code 06601		
Purpose of Expenditure (by code) cntrb		Description donation			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) A B C D E		Candidate(s) Name (if applicable)		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$ 2,000.00

Name of Payee Bill Beccaro				Date of Payment 10/24/2008	Method of Payment <input checked="" type="checkbox"/> Check # 1188 <input type="checkbox"/> Debit Card	Amount
Street Address 12 New City Street		City Essex	State CT	Zip Code 06426		
Purpose of Expenditure (by code) RCW		Description expense reimbursements			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) A B C D E		Candidate(s) Name (if applicable)		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$ 684.34

SUBTOTAL Section P-This Page						\$3,438.07
TOTAL of additional Section P Pages						\$13,067.06
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19 of Summary Page)						\$16,505.13

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
People for Excellence in Government	01/12/2009

Q. Campaign Expenses Paid by Candidate

Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed?	Amount
Street Address	City	State CT	Zip Code		<input type="radio"/> Yes <input type="radio"/> 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?	Amount
Street Address	City	State CT	Zip Code		<input type="radio"/> Yes <input type="radio"/> 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?	Amount
Street Address	City	State CT	Zip Code		<input type="radio"/> Yes <input type="radio"/> 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?	Amount
Street Address	City	State CT	Zip Code		<input type="radio"/> Yes <input type="radio"/> 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?	Amount
Street Address	City	State CT	Zip Code		<input type="radio"/> Yes <input type="radio"/> 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?	Amount
Street Address	City	State CT	Zip Code		<input type="radio"/> Yes <input type="radio"/> 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?	Amount
Street Address	City	State CT	Zip Code		<input type="radio"/> Yes <input type="radio"/> No	\$0.00
Purpose of Expenditure (by code)		Description		Event #		
SUBTOTAL Section Q-This Page						\$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)						\$0.00

IV. EXPENDITURES

NAME OF COMMITTEE People for Excellence in Government	FILING DUE DATE 01/12/2009
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R. Expenses Incurred on Committee Credit Card

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

Name of Vendor	Date of Transaction	Amount								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">Street Address</td> <td style="width:25%;">City</td> <td style="width:10%;">State CT</td> <td style="width:15%;">Zip Code</td> </tr> <tr> <td colspan="4">Purpose of Expenditure (by code)</td> </tr> </table>	Street Address	City	State CT	Zip Code	Purpose of Expenditure (by code)				Event #	\$0.00
Street Address	City	State CT	Zip Code							
Purpose of Expenditure (by code)										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">Street Address</td> <td style="width:25%;">City</td> <td style="width:10%;">State CT</td> <td style="width:15%;">Zip Code</td> </tr> <tr> <td colspan="4">Purpose of Expenditure (by code)</td> </tr> </table>	Street Address	City	State CT	Zip Code	Purpose of Expenditure (by code)				Event #	\$0.00
Street Address	City	State CT	Zip Code							
Purpose of Expenditure (by code)										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">Street Address</td> <td style="width:25%;">City</td> <td style="width:10%;">State CT</td> <td style="width:15%;">Zip Code</td> </tr> <tr> <td colspan="4">Purpose of Expenditure (by code)</td> </tr> </table>	Street Address	City	State CT	Zip Code	Purpose of Expenditure (by code)				Event #	\$0.00
Street Address	City	State CT	Zip Code							
Purpose of Expenditure (by code)										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">Street Address</td> <td style="width:25%;">City</td> <td style="width:10%;">State CT</td> <td style="width:15%;">Zip Code</td> </tr> <tr> <td colspan="4">Purpose of Expenditure (by code)</td> </tr> </table>	Street Address	City	State CT	Zip Code	Purpose of Expenditure (by code)				Event #	\$0.00
Street Address	City	State CT	Zip Code							
Purpose of Expenditure (by code)										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">Street Address</td> <td style="width:25%;">City</td> <td style="width:10%;">State CT</td> <td style="width:15%;">Zip Code</td> </tr> <tr> <td colspan="4">Purpose of Expenditure (by code)</td> </tr> </table>	Street Address	City	State CT	Zip Code	Purpose of Expenditure (by code)				Event #	\$0.00
Street Address	City	State CT	Zip Code							
Purpose of Expenditure (by code)										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">Street Address</td> <td style="width:25%;">City</td> <td style="width:10%;">State CT</td> <td style="width:15%;">Zip Code</td> </tr> <tr> <td colspan="4">Purpose of Expenditure (by code)</td> </tr> </table>	Street Address	City	State CT	Zip Code	Purpose of Expenditure (by code)				Event #	\$0.00
Street Address	City	State CT	Zip Code							
Purpose of Expenditure (by code)										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">Street Address</td> <td style="width:25%;">City</td> <td style="width:10%;">State CT</td> <td style="width:15%;">Zip Code</td> </tr> <tr> <td colspan="4">Purpose of Expenditure (by code)</td> </tr> </table>	Street Address	City	State CT	Zip Code	Purpose of Expenditure (by code)				Event #	\$0.00
Street Address	City	State CT	Zip Code							
Purpose of Expenditure (by code)										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">Street Address</td> <td style="width:25%;">City</td> <td style="width:10%;">State CT</td> <td style="width:15%;">Zip Code</td> </tr> <tr> <td colspan="4">Purpose of Expenditure (by code)</td> </tr> </table>	Street Address	City	State CT	Zip Code	Purpose of Expenditure (by code)				Event #	\$0.00
Street Address	City	State CT	Zip Code							
Purpose of Expenditure (by code)										

SUBTOTAL Section R-This Page		\$0.00
TOTAL of additional Section R Pages		\$0.00
TOTAL OF ALL EXPENSES INCURRED ON COMMITTEE CREDIT CARD (Enter total on Line 27 of Summary Page)		\$0.00

IV. EXPENDITURES

NAME OF COMMITTEE People for Excellence in Government	FILING DUE DATE 01/12/2009
---	--------------------------------------

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

Name of Creditor			Date Incurred		Amount Incurred <i>(Estimate or Actual)</i>
Street Address			Event #		
City	State CT	Zip Code	Candidate(s) Name <i>(if applicable)</i>		Office Sought
Purpose of Expenditure (by code)	Type of Expenditure <i>(if applicable)</i> : <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <i>(see Instructions)</i> <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		Amount Incurred <i>(Estimate or Actual)</i>
Street Address			Event #		
City	State CT	Zip Code	Candidate(s) Name <i>(if applicable)</i>		Office Sought
Purpose of Expenditure (by code)	Type of Expenditure <i>(if applicable)</i> : <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <i>(see Instructions)</i> <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		Amount Incurred <i>(Estimate or Actual)</i>
Street Address			Event #		
City	State CT	Zip Code	Candidate(s) Name <i>(if applicable)</i>		Office Sought
Purpose of Expenditure (by code)	Type of Expenditure <i>(if applicable)</i> : <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <i>(see Instructions)</i> <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		Amount Incurred <i>(Estimate or Actual)</i>
Street Address			Event #		
City	State CT	Zip Code	Candidate(s) Name <i>(if applicable)</i>		Office Sought
Purpose of Expenditure (by code)	Type of Expenditure <i>(if applicable)</i> : <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization <i>(see Instructions)</i> <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					

SUBTOTAL Section S-This Page					\$0.00
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TOTAL of additional Section S Pages					\$0.00
--	--	--	--	--	--------

TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID <i>(Enter total on Line 28 of Summary Page)</i>					\$0.00
---	--	--	--	--	--------

Previously reported Expenses Unpaid and still Outstanding					+ \$0.00
--	--	--	--	--	----------

TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID <i>(Enter total on Line 28a of Summary Page)</i>					\$0.00
--	--	--	--	--	--------

IV. EXPENDITURES

NAME OF COMMITTEE People for Excellence in Government	FILING DUE DATE 01/12/2009
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T. Itemization of Reimbursements to Committee Workers and Consultants

Last Name of Worker/Consultant Finch	First Sonya	MI	Date of Payment 10/24/2008	Method of Payment	Amount
Secondary Payee			Purpose of Expenditure (by code) CNSLT	<input checked="" type="checkbox"/> Check # 1185 <input type="checkbox"/> Debit Card	
Street Address 70 Crown Street		City Bridgeport	State CT	Zip Code 06610	
Description fundraising consulting					
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 checked="" 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
\$ 550.00					
Last Name of Worker/Consultant Beccaro	First Gloria	MI	Date of Payment 10/24/2008	Method of Payment	Amount
Secondary Payee Verizon			Purpose of Expenditure (by code) RCW	<input type="checkbox"/> Check # 1189 <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 type="checkbox"/> Organization (see Instructions) <input checked="" 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
\$ 128.73					
Last Name of Worker/Consultant Beccaro	First Bill	MI	Date of Payment 10/24/2008	Method of Payment	Amount
Secondary Payee			Purpose of Expenditure (by code) RCW	<input checked="" type="checkbox"/> Check # 1188 <input type="checkbox"/> Debit Card	
Street Address 12 New City Street		City Essex	State CT	Zip Code 06426	
Description reimbursement for political meals & PAC office supplies					
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) <input checked="" 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
\$ 684.34					
Last Name of Worker/Consultant Finch	First Bill	MI	Date of Payment 10/24/2008	Method of Payment	Amount
Secondary Payee			Purpose of Expenditure (by code) RCW	<input checked="" type="checkbox"/> Check # 1189 <input type="checkbox"/> Debit Card	
Street Address PO Box 15041		City Bridgeport	State CT	Zip Code 06610	
Description reimbursement - transportation					
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) <input checked="" 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
\$ 127.80					
SUBTOTAL Section T-This Page					\$1,490.87
TOTAL of additional Section T Pages					\$10,689.26
TOTAL OF ALL REIMBURSEMENTS TO COMMITTEE WORKERS AND CONSULTANTS					\$12,180.13

IV. EXPENDITURES
Section P. Additional Page

NAME OF COMMITTEE People for Excellence in Govt	FILING DUE DATE 1/12/09
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P. Expenses Paid by Committee

Name of Payee BILL FINCH				Date of Payment 10/24/08	Method of Payment <input checked="" type="checkbox"/> Check # 1189 <input type="checkbox"/> Debit Card	Amount \$ 127.80
Street Address 70 CROWN ST		City BRIDGEPORT	State CT	Zip Code 06610	Event #	
Purpose of Expenditure (by code) RCW		Description Reimbursement - transportation			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	

Name of Payee City + State LLC				Date of Payment 11/17/08	Method of Payment <input checked="" type="checkbox"/> Check # 1191 <input type="checkbox"/> Debit Card	Amount \$ 750.00
Street Address 260 France Street		City Rocky Hill	State CT	Zip Code 06067	Event #	
Purpose of Expenditure (by code) CNSLT		Description Political Consulting			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	

Name of Payee WILLIAM BECCARO				Date of Payment 11/17/08	Method of Payment <input checked="" type="checkbox"/> Check # 1192 <input type="checkbox"/> Debit Card	Amount \$ 678.40
Street Address 12 New City St		City Essex	State CT	Zip Code 06426	Event #	
Purpose of Expenditure (by code) RCW		Description political lunch			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	

Name of Payee GLORIA BECCARO				Date of Payment 11/25/08	Method of Payment <input checked="" type="checkbox"/> Check # 1194 <input type="checkbox"/> Debit Card	Amount \$ 162.84
Street Address 10 South View Ter		City Old Saybrook	State CT	Zip Code 06425	Event #	
Purpose of Expenditure (by code) RCW		Description Verizon			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	

Name of Payee SONYA FINCH				Date of Payment 11/25/08	Method of Payment <input checked="" type="checkbox"/> Check # 1195 <input type="checkbox"/> Debit Card	Amount \$ 296.65
Street Address 70 CROWN ST		City BRIDGEPORT	State CT	Zip Code 06610	Event #	
Purpose of Expenditure (by code) RCW		Description fundraising - mileage			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)		Candidate(s) Name (if applicable)		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	

SUBTOTAL Section P-This Page 2015.69

IV. EXPENDITURES
Section P. Additional Page

NAME OF COMMITTEE PEOPLE FOR EXCELLENCE IN GOVT	FILING DUE DATE 1/12/09
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P. Expenses Paid by Committee

Name of Payee WILLIAM BECCARO				Date of Payment 11/25/08	Method of Payment <input checked="" type="checkbox"/> Check # 1196 <input type="checkbox"/> Debit Card	Amount \$ 3,030.18
Street Address 12 NEW CITY ST	City ESSEX	State CT	Zip Code 06426			
Purpose of Expenditure (by code) RCW		Description computer for PAC			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	

Name of Payee KERI WOOD				Date of Payment 11/25/08	Method of Payment <input checked="" type="checkbox"/> Check # 1198 <input type="checkbox"/> Debit Card	Amount \$ 1,800.00
Street Address 260 France Street	City Rocky Hill	State CT	Zip Code 06067			
Purpose of Expenditure (by code) CNSLT		Description political consultant			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	

Name of Payee Tyhone McClain				Date of Payment 1/25/08	Method of Payment <input checked="" type="checkbox"/> Check # 1197 <input type="checkbox"/> Debit Card	Amount \$ 125.00
Street Address 999 Main St	City Bridgeport	State CT	Zip Code 06604			
Purpose of Expenditure (by code) CNSLT		Description political consultant			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	

Name of Payee BRIDGEPORT P.A.L.				Date of Payment 12/1/08	Method of Payment <input checked="" type="checkbox"/> Check # 1199 <input type="checkbox"/> Debit Card	Amount \$ 100.00
Street Address PO Box 531	City Bridgeport	State CT	Zip Code 06601			
Purpose of Expenditure (by code) CHAR		Description charitable 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	

Name of Payee WILLIAM BECCARO				Date of Payment 12/1/08	Method of Payment <input checked="" type="checkbox"/> Check # 1200 <input type="checkbox"/> Debit Card	Amount \$ 230.00
Street Address 12 NEW CITY ST	City ESSEX	State CT	Zip Code 06426			
Purpose of Expenditure (by code) RCW		Description reimbursement - political meals			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)		Candidate(s) Name (if applicable)		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	

SUBTOTAL Section P-This Page **5285.18**

IV. EXPENDITURES
Section P. Additional Page

NAME OF COMMITTEE PEOPLE FOR EXCELLENCE IN GOVT	FILING DUE DATE 1/12/09
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P. Expenses Paid by Committee

Name of Payee MT. AERY BAPTIST CHORCH				Date of Payment 12/1/08	Method of Payment <input checked="" type="checkbox"/> Check # 1201 <input type="checkbox"/> Debit Card	Amount \$ 1,000.00
Street Address 73 Frank Street	City Bridgeport	State CT	Zip Code 06601	Purpose of Expenditure (by code) CHAR		
Description Charitable Contribution		Candidate(s) Name (if applicable)		Office Sought		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		

Name of Payee NATIONAL MS SOCIETY - CT CHAPTER				Date of Payment 12/15/08	Method of Payment <input checked="" type="checkbox"/> Check # 1202 <input type="checkbox"/> Debit Card	Amount \$ 250.00
Street Address 651 TOWER AVE.	City HARTFORD	State CT	Zip Code 06112	Purpose of Expenditure (by code) CHAR		
Description Charitable Contribution		Candidate(s) Name (if applicable)		Office Sought		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		

Name of Payee SONYA FINCH				Date of Payment 12/15/08	Method of Payment <input checked="" type="checkbox"/> Check # 1203 <input type="checkbox"/> Debit Card	Amount \$ 213.67
Street Address 70 CROWN STREET	City BRIDGEPORT	State CT	Zip Code 06610	Purpose of Expenditure (by code) RCW		
Description Reimbursement for political Xmas gifts		Candidate(s) Name (if applicable)		Office Sought		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		

Name of Payee BRIDGEPORT P.A.L.				Date of Payment 12/18/08	Method of Payment <input checked="" type="checkbox"/> Check # 1204 <input type="checkbox"/> Debit Card	Amount \$ 400.00
Street Address PO Box 531	City Bridgeport	State CT	Zip Code 06601	Purpose of Expenditure (by code) CHAR		
Description Charitable Contribution		Candidate(s) Name (if applicable)		Office Sought		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		

Name of Payee BLACK ROCK SENIOR CENTER				Date of Payment 12/18/08	Method of Payment <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card	Amount \$ 250.00
Street Address 2675 Fairfield Ave	City Bridgeport	State CT	Zip Code 06605	Purpose of Expenditure (by code) CHAR		
Description Charitable Contribution		Candidate(s) Name (if applicable)		Office Sought		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		

SUBTOTAL Section P-This Page: 2113.67

IV. EXPENDITURES
Section P. Additional Page

NAME OF COMMITTEE PEOPLE FOR EXCELLENCE IN GOVT	FILING DUE DATE 1/12/09
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P. Expenses Paid by Committee

Name of Payee WILLIAM BECCARO				Date of Payment 12/18/08	Method of Payment <input checked="" type="checkbox"/> Check # 1206 <input type="checkbox"/> Debit Card	Amount
Street Address 12 NEW CITY ST		City ESSEX	State CT	Zip Code 06426		
Purpose of Expenditure (by code) RCW		Description REIMBURSEMENT - POLITICAL MEALS +			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 GIFT CARDS	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$ 393.92

Name of Payee SONYA FINCH				Date of Payment 12/18/08	Method of Payment <input checked="" type="checkbox"/> Check # 1207 <input type="checkbox"/> Debit Card	Amount
Street Address 70 CROWN ST		City BRIDGEPORT	State CT	Zip Code 06610		
Purpose of Expenditure (by code) RCW		Description Xmas gifts for Political List			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	\$ 165.72

Name of Payee ALPHA COMMUNITY SERVICES				Date of Payment 12/18/08	Method of Payment <input checked="" type="checkbox"/> Check # 1208 <input type="checkbox"/> Debit Card	Amount
Street Address 420 Brooklawn Ave		City Bridgeport	State CT	Zip Code 06610		
Purpose of Expenditure (by code) CHAR		Description Charitable 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	\$ 250.00

Name of Payee GLORIA BECCARO				Date of Payment 12/23/08	Method of Payment <input checked="" type="checkbox"/> Check # 1209 <input type="checkbox"/> Debit Card	Amount
Street Address 10 S. VIEW TERR		City Old Saybrook	State CT	Zip Code 06475		
Purpose of Expenditure (by code) RCW		Description VERIZON			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	\$ 148.57

Name of Payee WILLIAM BECCARO				Date of Payment 12/31/08	Method of Payment <input checked="" type="checkbox"/> Check # 1210 <input type="checkbox"/> Debit Card	Amount
Street Address 12 NEW CITY STREET		City ESSEX	State CT	Zip Code 06426		
Purpose of Expenditure (by code) RCW		Description Reimbursements - political meals + Xmas gifts			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)		Candidate(s) Name (if applicable)		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$ 634.71

SUBTOTAL Section P-This Page: 1592.92

IV. EXPENDITURES
Section P. Additional Page

NAME OF COMMITTEE People for Excellence in Gov't	FILING DATE 1/12/09
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P. Expenses Paid by Committee

Name of Payee ADAM WOOD				Date of Payment 12/31/08	Method of Payment <input checked="" type="checkbox"/> Check # 1211 <input type="checkbox"/> Debit Card	Amount \$2,059.60
Street Address		City	State	Zip Code		
Purpose of Expenditure (by code) RCW		Description REIMBURSEMENT- HOLIDAY MEALS + GIFTS			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	

Name of Payee				Date of Payment	Method of Payment <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card	Amount \$
Street Address		City	State	Zip Code		
Purpose of Expenditure (by code)		Description			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	

Name of Payee				Date of Payment	Method of Payment <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card	Amount \$
Street Address		City	State	Zip Code		
Purpose of Expenditure (by code)		Description			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	

Name of Payee				Date of Payment	Method of Payment <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card	Amount \$
Street Address		City	State	Zip Code		
Purpose of Expenditure (by code)		Description			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	

Name of Payee				Date of Payment	Method of Payment <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card	Amount \$
Street Address		City	State	Zip Code		
Purpose of Expenditure (by code)		Description			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	

SUBTOTAL Section P-This Page **2,059.60**

IV. EXPENDITURES
Section S. Additional Page

NAME OF COMMITTEE PEOPLE FOR EXCELLENCE IN GOVT	FILING DUE DATE 1/12/09
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T. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
City + State LLC Secondary Payee	11/17/08	<input checked="" type="checkbox"/> Check # 1191 <input type="checkbox"/> Debit Card	750.00
Street Address 260 FRANCE STREET	Purpose of Expenditure (by code) CNSLT		
City Rocky Hill	State CT	Zip Code 06067	
Description Fundraising CNSLT		Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
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)	
Bill Beccaro Secondary Payee	11/17/08	<input checked="" type="checkbox"/> Check # 1192 <input type="checkbox"/> Debit Card	678.40
Street Address 12 NEW CITY STREET	Purpose of Expenditure (by code) RCW		
City Essex	State CT	Zip Code 06426	
Description reimbursement political work		Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
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)	
Gloria Beccaro Secondary Payee	11/25/08	<input checked="" type="checkbox"/> Check # 1194 <input type="checkbox"/> Debit Card	162.84
Street Address PO Box 15041	Purpose of Expenditure (by code) RCW		
City Worcester	State MA	Zip Code 01615	
Description telephone, cellular + internet		Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
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)	
Sonya Finch Secondary Payee	11/25/08	<input checked="" type="checkbox"/> Check # 1195 <input type="checkbox"/> Debit Card	296.65
Street Address 70 CROWN STREET	Purpose of Expenditure (by code) RCW		
City BRIDGEPORT	State CT	Zip Code 06610	
Description fundraising - mileage		Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
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)	
SUBTOTAL Section T-This Page			1887.89

IV. EXPENDITURES
Section S. Additional Page

NAME OF COMMITTEE PEOPLE FOR EXCELLENCE IN GOVT	FILING DUE DATE 1/12/09
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T. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Name of Worker/Consultant: BILL BECCARO Secondary Payee: DELL COMPUTERS Street Address: ONE DELL WAY City: ROUND ROCK State: TX Zip Code: 78682 Purpose of Expenditure (by code): RCW Description: computer for PAC 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	11/25/08	<input type="checkbox"/> Check # 1196 <input type="checkbox"/> Debit Card	3,030.18
Name of Worker/Consultant: KERI WOOD Secondary Payee: 2 DOG MEDIA Street Address: 260 France Street City: Rocky Hill State: CT Zip Code: 06067 Purpose of Expenditure (by code): CNSLT Description: political consultant 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		<input checked="" type="checkbox"/> Check # 1198 <input type="checkbox"/> Debit Card	1,800.00
Name of Worker/Consultant: TYRONE McCLAIN Secondary Payee: Street Address: 999 MAIN STREET City: BRIDGEPORT State: CT Zip Code: 06604 Purpose of Expenditure (by code): CNSLT Description: political consultant 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	11/25/08	<input checked="" type="checkbox"/> Check # 1197 <input type="checkbox"/> Debit Card	125.00
Name of Worker/Consultant: BILL BECCARO Secondary Payee: Joseph's Steakhouse, Ralph + Rick's Street Address: 12 NEW CITY STREET City: ESSEX State: CT Zip Code: 06475 Purpose of Expenditure (by code): RCW Description: Political Meals 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	12/1/08	<input checked="" type="checkbox"/> Check # 1200 <input type="checkbox"/> Debit Card	230.00

SUBTOTAL Section T-This Page 5,185.18

IV. EXPENDITURES
Section S. Additional Page

NAME OF COMMITTEE PEOPLE FOR EXCELLENCE IN GOVT	FILING DUE DATE 1/12/09
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T. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
SONYA FINCH Secondary Payee: TJ Maxx, Target, Street Address: 70 CROWN STREET City: BRIDGEPORT State: CT Zip Code: 06610	12/15/08	<input checked="" type="checkbox"/> Check # 1203 <input type="checkbox"/> Debit Card	213.67
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	Purpose of Expenditure (by code): Description:		
WILLIAM BECCARO Secondary Payee: DUPKIN DONUTS, CARBONES, RALPH + RICH'S Street Address: 12 NEW CITY STREET City: ESSEX State: CT Zip Code: 06426	12/18/08	<input checked="" type="checkbox"/> Check # 1206 <input type="checkbox"/> Debit Card	393.92
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	Purpose of Expenditure (by code): RCW Description: POLITICAL MEALS + GIFT CARDS		
SONYA FINCH Secondary Payee: AJ Wright, Home Goods Street Address: 70 Crown Street City: Bridgeport State: CT Zip Code: 06610	12/18/08	<input checked="" type="checkbox"/> Check # 1207 <input type="checkbox"/> Debit Card	165.72
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	Purpose of Expenditure (by code): RCW Description: Xmas gifts for pol. list		
GLORIA BECCARO Secondary Payee: VERIZON Street Address: PO BOX 15041 City: Worcester State: MA Zip Code: 01615	12/23/08	<input checked="" type="checkbox"/> Check # 1209 <input type="checkbox"/> Debit Card	148.57
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	Purpose of Expenditure (by code): RCW Description: telephone, cellular + internet		

SUBTOTAL Section T-This Page **921.88**

IV. EXPENDITURES
Section S. Additional Page

NAME OF COMMITTEE PEOPLE FOR EXCELLENCE IN GOV'T	FILING DUE DATE 1/2/09
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T. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant WILLIAM BECCARO		Date of Payment 12/31/08	Method of Payment <input checked="" type="checkbox"/> Check # 1210 <input type="checkbox"/> Debit Card	Amount
Secondary Payee MAX'S OYSTER BAR, RALPH + RICH'S, WOOD + TAP, BARNES NOBLE				
Street Address 12 NEW CITY STREET		Purpose of Expenditure (by code) RCW		
City ESSEX	State CT	Zip Code 06426	Description REIMBURSEMENT - MEALS + XMAS GIFTS	
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
634.31				

Name of Worker/Consultant ADAM WOOD		Date of Payment 12/31/08	Method of Payment <input checked="" type="checkbox"/> Check # 1211 <input type="checkbox"/> Debit Card	Amount
Secondary Payee TESTO'S, RALPH'S RICH'S, TWO BOOTS, TUSCANY, JOSEPH'S				
Street Address 999 MAIN STREET		Purpose of Expenditure (by code) RCW		
City BRIDGEPORT	State CT	Zip Code 06604	Description HOLIDAY MEALS + GIFTS	
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
2,059.60				

Name of Worker/Consultant		Date of Payment	Method of Payment <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card	Amount
Secondary Payee				
Street Address		Purpose of Expenditure (by code)		
City	State	Zip Code	Description	
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

Name of Worker/Consultant		Date of Payment	Method of Payment <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card	Amount
Secondary Payee				
Street Address		Purpose of Expenditure (by code)		
City	State	Zip Code	Description	
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

SUBTOTAL Section T-This Page				2694.31
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Attor
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PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE
CERTIFIED MAIL™



7008 1140 0004 6903 7253

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

**RETURN RECEIPT
REQUESTED**



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06106



U.S. POSTAGE
PAID
WINDSOR LOCKS, CT
06199
JAN 12 09
AMOUNT
\$7.60
00853871-13