

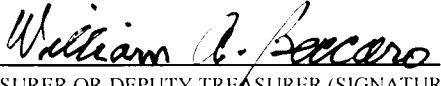
SEEC FORM 20

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



100312
 Do Not Mark in This Space For
 Official Use Only

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 <i>(Complete only if Candidate Committee)</i>		6. DISTRICT NUMBER <i>(If applicable)</i>	
7. CANDIDATE NAME <i>(Complete only if Candidate or Exploratory Committee)</i>				
Title	First	MI	Last	Suffix
8. TYPE OF REPORT <i>(Check One Box)</i>				
<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 <i>(PACs ONLY)</i>	
<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 <i>(State Central Committees Only)</i>	<input type="checkbox"/> Termination		
<input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Primary <input type="checkbox"/> Election	<input type="checkbox"/> 45 days following election not held in November			
9. PERIOD COVERED				
Beginning Date		Ending Date		
<u>10/01/2009</u>		thru <u>12/31/2009</u>		
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.				
		William A. Beccaro		01/07/2009
TREASURER OR DEPUTY TREASURER (SIGNATURE)		PRINT NAME OF SIGNER		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****SUMMARY PAGE
TOTALS**

NAME OF COMMITTEE	FILING DUE DATE	
	01/11/2010	
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	\$153.15	
13. Contributions received from Individuals (Sections A and B)	\$13,500.00	\$95,434.18
14. Receipts from Other Committees (Sections C1 and C2)	\$1,250.00	\$192,917.77
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)	\$14,750.00	\$392,858.05
18. Subtotals (add totals in line 12 + line 17 in Column A; and in line 11 + 17 in Column B)	\$14,903.15	\$392,878.05
19. Expenses Paid by Committee (Section P)	\$12,946.94	\$390,921.84
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both Columns)	\$1,956.21	\$1,956.21
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 01/11/2010
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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 Anastasi	First Mark	MI	Principal Occupation Attorney	Amount of Contribution \$250.00
Residential Street Address 25 Sullivan Place	City Bridgeport	State CT	Zip Code 06610	
Name of Employer City of Bridgeport		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> 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="radio"/> Yes <input checked="" type="radio"/> No		Is this contribution associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, list Event # <u>1</u></i>		
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative		Date Received 12/02/2009		

Last Name Antinozzi	First Paul	MI	Principal Occupation Architect	Amount of Contribution \$250.00
Residential Street Address 23 Enoch Drive	City Woodbridge	State CT	Zip Code 06525	
Name of Employer Antonizzi Architects		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> 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="radio"/> Yes <input checked="" type="radio"/> No		Is this contribution associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, list Event # <u>1</u></i>		
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative		Date Received 12/02/2009		

Last Name Avidon	First Vladimir	MI	Principal Occupation Contractor	Amount of Contribution \$250.00
Residential Street Address 10 Abbey Road	City Easton	State CT	Zip Code 06612	
Name of Employer Elang Residential Inc.		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> 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="radio"/> Yes <input checked="" type="radio"/> No		Is this contribution associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, list Event # <u>1</u></i>		
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative		Date Received 12/02/2009		

Last Name Bohannon	First John	MI	Principal Occupation Attorney	Amount of Contribution \$250.00
Residential Street Address 1261 Old Post Road	City Fairfield	State CT	Zip Code 06824	
Name of Employer self		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> 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="radio"/> Yes <input checked="" type="radio"/> No		Is this contribution associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, list Event # <u>1</u></i>		
Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative		Date Received 12/02/2009		

SUBTOTAL Section B-This Page \$1,000.00

TOTAL of additional Section B Pages \$12,500.00

TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Enter total on Line 13 of Summary Page) \$13,500.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE People For Excellence in Government	FILING DUE DATE 01/11/2010
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C1. Contributions from Other Committees

Name of Committee New England Regional Council of Carpenters					Name of Treasurer John Cunningham	
Address PO Box 668 - 427 Stillson Road			Is this contribution associated with a fundraising event listed in Section L1? <input checked="" type="checkbox"/> Yes <i>If yes, list Event #</i> <u>1</u>		Amount of Contribution \$1,000.00	
City Fairfield	State CT	Zip Code 06824	Date Received 12/02/2009	Aggregate Contributions \$1,000.00		
Name of Committee Uniformed Professional Firefighters Assoc. of CT					Name of Treasurer Dominic Cutaia	
Address 38 Sherman Street			Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <i>If yes, list Event #</i> <u>1</u>		Amount of Contribution \$250.00	
City West Hartford	State CT	Zip Code 06110	Date Received 12/24/2009	Aggregate Contributions \$250.00		
Name of Committee					Name of Treasurer	
Address			Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <i>If yes, list Event #</i> _____		Amount of Contribution \$0.00	
City	State CT	Zip Code	Date Received	Aggregate Contributions \$0.00		
Name of Committee					Name of Treasurer	
Address			Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <i>If yes, list Event #</i> _____		Amount of Contribution \$0.00	
City	State CT	Zip Code	Date Received	Aggregate Contributions \$0.00		
Name of Committee					Name of Treasurer	
Address			Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <i>If yes, list Event #</i> _____		Amount of Contribution \$0.00	
City	State CT	Zip Code	Date Received	Aggregate Contributions \$0.00		
Name of Committee					Name of Treasurer	
Address			Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <i>If yes, list Event #</i> _____		Amount of Contribution \$0.00	
City	State CT	Zip Code	Date Received	Aggregate Contributions \$0.00		

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

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

SUBTOTAL Section C-This Page					\$1,250.00
TOTAL of additional Section C Pages					\$0.00
TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS (Enter total on Line 14 of Summary Page)					\$1,250.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE People For Excellence in Government	FILING DUE DATE 01/11/2010
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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 checked="" 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 checked="" 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

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

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

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 checked="" type="checkbox"/> No		Is this transaction associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <i>If yes, list Event # _____</i> <input checked="" type="checkbox"/> No		\$ 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
	<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	
Amount	\$0.00	Amount	\$0.00	\$ 0.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE	FILING DUE DATE
People For Excellence in Government	01/11/2010

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

Date Received	Amount	\$0.00	Date Received	Amount	\$0.00	Total Amount Received
	\$1 bills	\$0.00		\$5 bills	\$0.00	
	coins	\$0.00		\$10 bill	\$0.00	
						\$ 0.00

J. Interest from Deposits in Authorized Accounts

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

K. Miscellaneous Monetary Receipts not Considered Contributions

Name	Date of Transaction		Amount Received
Street Address	City	State	
		CT	
Description			
			\$ 0.00
<hr/>			
Name	Date of Transaction		Amount Received
Street Address	City	State	
		CT	
Description			
			\$ 0.00
<hr/>			
Name	Date of Transaction		Amount Received
Street Address	City	State	
		CT	
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	FILING DUE DATE
People For Excellence in Government	01/11/2010

L1. Fundraiser Event Information

Fundraising Event # Date of Fundraiser	Letter	Description	Location: Street Address	City	State	Zip Code
12/02/2009		wine tasting	Epernay Bistro - 272 Fairfield	Bridgeport	CT	06011

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	FILING DUE DATE
People For Excellence in Government	01/11/2010

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
Items Purchased				\$0.00
Name of Purchaser Last Name <i>(Individuals ONLY)</i>	First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Aggregate Amount of Purchases
Residential Street Address	City	State CT	Zip Code	Date Received
Items Purchased				\$0.00
Name of Purchaser Last Name <i>(Individuals ONLY)</i>	First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Aggregate Amount of Purchases
Residential Street Address	City	State CT	Zip Code	Date Received
Items Purchased				\$0.00
Name of Purchaser Last Name <i>(Individuals ONLY)</i>	First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Aggregate Amount of Purchases
Residential Street Address	City	State CT	Zip Code	Date Received
Items Purchased				\$0.00
Name of Purchaser Last Name <i>(Individuals ONLY)</i>	First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Aggregate Amount of Purchases
Residential Street Address	City	State CT	Zip Code	Date Received
Items Purchased				\$0.00
Name of Purchaser Last Name <i>(Individuals ONLY)</i>	First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Aggregate Amount of Purchases
Residential Street Address	City	State CT	Zip Code	Date Received
Items Purchased				\$0.00
Name of Purchaser Last Name <i>(Individuals ONLY)</i>	First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Aggregate Amount of Purchases
Residential Street Address	City	State CT	Zip Code	Date Received
Items Purchased				\$0.00
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	01/11/2010

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

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 People For Excellence in Government	FILING DUE DATE 01/11/2010
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L4. In-Kind Donations Not Considered Contributions

Name of Donor					Donation given by:	<input type="checkbox"/> Individual <input type="checkbox"/> Business Entity	Fair Market Value of Donation
Street Address	City	State CT	Zip Code	Aggregate value for this event \$0.00		\$0.00	
Description of donation				Date Received	Event #		
Name of Donor					Donation given by:		<input type="checkbox"/> Individual <input type="checkbox"/> Business Entity
Street Address	City	State CT	Zip Code	Aggregate value for this event \$0.00		\$0.00	
Description of donation				Date Received	Event #		
Name of Donor					Donation given by:		<input type="checkbox"/> Individual <input type="checkbox"/> Business Entity
Street Address	City	State CT	Zip Code	Aggregate value for this event \$0.00		\$0.00	
Description of donation				Date Received	Event #		
Name of Donor					Donation given by:		<input type="checkbox"/> Individual <input type="checkbox"/> Business Entity
Street Address	City	State CT	Zip Code	Aggregate value for this event \$0.00		\$0.00	
Description of donation				Date Received	Event #		
Name of Donor					Donation given by:		<input type="checkbox"/> Individual <input type="checkbox"/> Business Entity
Street Address	City	State CT	Zip Code	Aggregate value for this event \$0.00		\$0.00	
Description of donation				Date Received	Event #		
Name of Donor					Donation given by:		<input type="checkbox"/> Individual <input type="checkbox"/> Business Entity
Street Address	City	State CT	Zip Code	Aggregate value for this event \$0.00		\$0.00	
Description of donation				Date Received	Event #		
Name of Donor					Donation given by:		<input type="checkbox"/> Individual <input type="checkbox"/> Business Entity
Street Address	City	State CT	Zip Code	Aggregate value for this event \$0.00		\$0.00	
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	FILING DUE DATE
People For Excellence in Government	01/11/2010

M. In-Kind Contributions

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

Name				Type of Contributor:		Fair Market Value of this Contribution	
Street Address		City	State	Zip Code	<input type="checkbox"/> Individual <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Other (<i>Applicable only to Referendum Committees</i>)		
		CT					
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 checked="" type="checkbox"/> No		
Date Received	Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event #</i>		Description of In-Kind Contribution		Aggregate contributions		
					\$0.00	\$0.00	

Name				Type of Contributor:		Fair Market Value of this Contribution	
Street Address		City	State	Zip Code	<input type="checkbox"/> Individual <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Other (<i>Applicable only to Referendum Committees</i>)		
		CT					
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 checked="" type="checkbox"/> No		
Date Received	Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event #</i>		Description of In-Kind Contribution		Aggregate contributions		
					\$0.00	\$0.00	

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

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

Total Section N (Enter total on Line 23 of Summary Page) \$0.00

III. NONMONETARY RECEIPTS

NAME OF COMMITTEE People For Excellence in Government	FILING DUE DATE 01/11/2010
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**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="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	
				\$0.00
Name of Committee (<i>Legislative Leadership, Legislative Caucus, and Party Committees ONLY</i>)			Name of Treasurer	
Street Address			Date Notice Received	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="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	
				\$0.00
Name of Committee (<i>Legislative Leadership, Legislative Caucus, and Party Committees ONLY</i>)			Name of Treasurer	
Street Address			Date Notice Received	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="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	
				\$0.00
Name of Committee (<i>Legislative Leadership, Legislative Caucus, and Party Committees ONLY</i>)			Name of Treasurer	
Street Address			Date Notice Received	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="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	
				\$0.00
Name of Committee (<i>Legislative Leadership, Legislative Caucus, and Party Committees ONLY</i>)			Name of Treasurer	
Street Address			Date Notice Received	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="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	
				\$0.00
Name of Committee (<i>Legislative Leadership, Legislative Caucus, and Party Committees ONLY</i>)			Name of Treasurer	
Street Address			Date Notice Received	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="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	
				\$0.00
Name of Committee (<i>Legislative Leadership, Legislative Caucus, and Party Committees ONLY</i>)			Name of Treasurer	
Street Address			Date Notice Received	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="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	
				\$0.00
Name of Committee (<i>Legislative Leadership, Legislative Caucus, and Party Committees ONLY</i>)			Name of Treasurer	
Street Address			Date Notice Received	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="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> 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 01/11/2010
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P. Expenses Paid by Committee

Name of Payee	Date of Payment	Method of Payment	Amount
William Beccaro Street Address: 12 New City Street, City: Essex, State: CT, Zip Code: 06426 Purpose of Expenditure (by code): RCW - OVHD, Description: telephone, cellular & internet equipment Type of Expenditure (if applicable): <input checked="" 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	12/8/2009	<input checked="" type="checkbox"/> Check # 1236 <input type="checkbox"/> Debit Card	\$ 450.78
Steven Schwartz Street Address: P.O. Box 2336, City: Westport, State: CT, Zip Code: 06880 Purpose of Expenditure (by code): CNSLT, Description: consulting 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 type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	12/8/2009	<input checked="" type="checkbox"/> Check # 1237 <input type="checkbox"/> Debit Card	\$ 650.00
William Beccaro Street Address: 12 New City Street, City: Essex, State: CT, Zip Code: 06426 Purpose of Expenditure (by code): RCW - TRVL, Description: travel/lodging - Washington DC cong. delegation mtg. 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	12/8/2009	<input checked="" type="checkbox"/> Check # 1239 <input type="checkbox"/> Debit Card	\$ 1,418.31
Gloria Beccaro Street Address: 10 South View Terrace, City: Old Saybrook, State: CT, Zip Code: 06475 Purpose of Expenditure (by code): RCW - OVHD, Description: Verizon 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 type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	12/8/2009	<input checked="" type="checkbox"/> Check # 1240 <input type="checkbox"/> Debit Card	\$ 801.42
William Beccaro Street Address: 12 New City Street, City: Essex, State: CT, Zip Code: 06426 Purpose of Expenditure (by code): RCW - FOOD, Description: reimbursement for food 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	12/8/2009	<input checked="" type="checkbox"/> Check # 1241 <input type="checkbox"/> Debit Card	\$ 1,950.41
SUBTOTAL Section P-This Page			\$5,270.92
TOTAL of additional Section P Pages			\$7,676.02
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19 of Summary Page)			\$12,946.94

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
People For Excellence in Government	01/11/2010

Q. Campaign Expenses Paid by Candidate

Name of Payee (<i>Name of Vendor who candidate paid directly</i>)				Date of Payment	Is Reimbursement Claimed?	Amount
Street Address	City	State CT	Zip Code		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$0.00
Purpose of Expenditure (by code)				Description	Event #	
Name of Payee (<i>Name of Vendor who candidate paid directly</i>)				Date of Payment	Is Reimbursement Claimed?	Amount
Street Address	City	State CT	Zip Code		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$0.00
Purpose of Expenditure (by code)				Description	Event #	
Name of Payee (<i>Name of Vendor who candidate paid directly</i>)				Date of Payment	Is Reimbursement Claimed?	Amount
Street Address	City	State CT	Zip Code		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$0.00
Purpose of Expenditure (by code)				Description	Event #	
Name of Payee (<i>Name of Vendor who candidate paid directly</i>)				Date of Payment	Is Reimbursement Claimed?	Amount
Street Address	City	State CT	Zip Code		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$0.00
Purpose of Expenditure (by code)				Description	Event #	
Name of Payee (<i>Name of Vendor who candidate paid directly</i>)				Date of Payment	Is Reimbursement Claimed?	Amount
Street Address	City	State CT	Zip Code		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$0.00
Purpose of Expenditure (by code)				Description	Event #	
Name of Payee (<i>Name of Vendor who candidate paid directly</i>)				Date of Payment	Is Reimbursement Claimed?	Amount
Street Address	City	State CT	Zip Code		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$0.00
Purpose of Expenditure (by code)				Description	Event #	
Name of Payee (<i>Name of Vendor who candidate paid directly</i>)				Date of Payment	Is Reimbursement Claimed?	Amount
Street Address	City	State CT	Zip Code		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$0.00
Purpose of Expenditure (by code)				Description	Event #	
Name of Payee (<i>Name of Vendor who candidate paid directly</i>)				Date of Payment	Is Reimbursement Claimed?	Amount
Street Address	City	State CT	Zip Code		<input type="checkbox"/> Yes <input type="checkbox"/> 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	FILING DUE DATE
People For Excellence in Government	01/11/2010

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

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

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

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

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

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

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

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

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

NAME OF COMMITTEE	FILING DUE DATE
People For Excellence in Government	01/11/2010

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

Name of Creditor				Date Incurred		Amount Incurred (Estimate or Actual)
Street Address				Event #		
City	State CT	Zip Code	Candidate(s) Name (if applicable)		Office Sought	
Purpose of Expenditure by code)	Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed		\$0.00	

Name of Creditor				Date Incurred		Amount Incurred (Estimate or Actual)
Street Address				Event #		
City	State CT	Zip Code	Candidate(s) Name (if applicable)		Office Sought	
Purpose of Expenditure by code)	Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed		\$0.00	

Name of Creditor				Date Incurred		Amount Incurred (Estimate or Actual)
Street Address				Event #		
City	State CT	Zip Code	Candidate(s) Name (if applicable)		Office Sought	
Purpose of Expenditure by code)	Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed		\$0.00	

Name of Creditor				Date Incurred		Amount Incurred (Estimate or Actual)
Street Address				Event #		
City	State CT	Zip Code	Candidate(s) Name (if applicable)		Office Sought	
Purpose of Expenditure by code)	Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed		\$0.00	

SUBTOTAL Section S-This Page					\$0.00
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	FILING DUE DATE
People For Excellence in Government	01/11/2010

T. Itemization of Reimbursements to Committee Workers and Consultants

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment	Amount
Beccaro	William	P	12/08/2009	<input checked="" type="checkbox"/> Check # 1236 <input type="checkbox"/> Debit Card	\$ 450.78
Secondary Payee Sedia Corp, Verizon Wireless			Purpose of Expenditure (by code) RCW		
Street Address 105 Elm Street		City Old Saybrook	State CT	Zip Code 06475	
Description telephone, cellular & internet equipment					
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
Beccaro	William	P	12/08/2009	<input type="checkbox"/> Check # 1241 <input type="checkbox"/> Debit Card	\$ 1,418.31
Secondary Payee Marriott Corp, various gas stations and restaurants			Purpose of Expenditure (by code) RCW		
Street Address 12 New City Street		City Washington	State DC	Zip Code 20004	
Description travel / lodging - trip to Washington DC to meet with CT congressional delegation					
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
Beccaro	Gloria		12/08/2009	<input checked="" type="checkbox"/> Check # 1240 <input type="checkbox"/> Debit Card	\$ 801.42
Secondary Payee Verizon			Purpose of Expenditure (by code) RCW		
Street Address P.O. 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 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
Beccaro	William	P	12/08/2009	<input checked="" type="checkbox"/> Check # 1241 <input type="checkbox"/> Debit Card	\$ 1,950.11
Secondary Payee Corner Grinder, Metric Grill, Ralph-n-Rich's, Epernay, Testo's, etc.			Purpose of Expenditure (by code) RCW		
Street Address 12 New City Street		City Essex	State CT	Zip Code 06426	
Description reimbursement - 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
SUBTOTAL Section T-This Page					\$4,620.62
TOTAL of additional Section T Pages					\$4,304.16
TOTAL OF ALL REIMBURSEMENTS TO COMMITTEE WORKERS AND CONSULTANTS					\$8,924.78

I. MONETARY RECEIPTS
Section B. Additional Page

NAME OF COMMITTEE: PEOPLE FOR EXCELLENCE IN GOV'T FILING DUE DATE: 1/11/10

B. Itemized Contributions from Individuals

Last Name BOLLERT		First LEE		MI	Principal Occupation ADVISOR		Amount of Contribution 250.00
Residential Street Address 20 OLD FARMS HILL RD		City WESTPORT	State CT	Zip Code 06880	Name of Employer SELF		
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 checked="" type="checkbox"/> No					
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <u>1</u>		<input checked="" 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 <input checked="" type="checkbox"/> No			

Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order				Date Received 12/2/09	Aggregate contributions 250.00	250.00
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Last Name Bosco		First DAVID		MI	Principal Occupation UNION REP.		Amount of Contribution 250.00
Residential Street Address 14 SOUTH LANE		City REDDING	State CT	Zip Code 06828	Name of Employer CT Community Colleges		
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 checked="" type="checkbox"/> No					
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <u>1</u>		<input checked="" 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 <input checked="" type="checkbox"/> No			

Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order				Date Received 12/2/09	Aggregate contributions 250.00	250.00
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Last Name Bucci		First TRICIA		MI	Principal Occupation HOME MAKER		Amount of Contribution 250.00
Residential Street Address 582 ROOSEVELT DRIVE		City OXFORD	State CT	Zip Code 06478	Name of Employer —		
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 checked="" type="checkbox"/> No					
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <u>1</u>		<input checked="" 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 <input checked="" type="checkbox"/> No			

Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order				Date Received 12/2/09	Aggregate contributions 250.00	250.00
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Last Name CALLAHAN		First FRANCIS		MI	Principal Occupation CONSULTANT		Amount of Contribution 750.00
Residential Street Address P.O. Box 385 - Melody Lane		City Stratford	State CT	Zip Code 06615	Name of Employer SELF		
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 checked="" type="checkbox"/> No					
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <u>1</u>		<input checked="" 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 <input checked="" type="checkbox"/> No			

Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order				Date Received 12/2/09	Aggregate contributions 750.00	750.00
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Last Name CARLSON		First ROBERT		MI	Principal Occupation PRESIDENT		Amount of Contribution 500.00
Residential Street Address 68 SOUNDVIEW DRIVE		City EASTON	State CT	Zip Code 06012	Name of Employer CARLSON CONST		
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 checked="" type="checkbox"/> No					
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <u>1</u>		<input checked="" 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 <input checked="" type="checkbox"/> No			

Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order				Date Received 12/2/09	Aggregate contributions 500	500.00
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SUBTOTAL Section B-This Page **2000.00**

