

SEEC FORM 20

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



Page 1 of 17

SUMMARY PAGE

1. NAME OF COMMITTEE				
People For Excellence in Government				
2. TREASURER NAME				
Title Mr	First William	MI A	Last Beccaro	Suffix
3. TREASURER ADDRESS				
Street Address 12 New City Street		City Essex	State CT	Zip Code 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.				
 TREASURER OR DEPUTY TREASURER (SIGNATURE)		William A. Beccaro PRINT NAME OF SIGNER		<u>01/07/2009</u> 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	
	01/11/2010	
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)

Page 3 of 17

NAME OF COMMITTEE	FILING DUE DATE
People For Excellence in Government	01/11/2010
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)	Subtotal Section A \$ 0.00

B. Itemized Contributions from Individuals

Last Name Anastasi	First Mark	MI	Principal Occupation Attorney	Amount of Contribution	
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 If yes, list Event # 1		Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received 12/02/2009	Aggregate contributions \$250.00	\$250.00
Last Name Antinozzi	First Paul	MI	Principal Occupation Architect	Amount of Contribution	
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 If yes, list Event # 1		Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received 12/02/2009	Aggregate contributions \$250.00	\$250.00
Last Name Avidon	First Vladimir	MI	Principal Occupation Contractor	Amount of Contribution	
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 If yes, list Event # 1		Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received 12/02/2009	Aggregate contributions \$250.00	\$250.00
Last Name Bohannon	First John	MI	Principal Occupation Attorney	Amount of Contribution	
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 If yes, list Event # 1		Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received 12/02/2009	Aggregate contributions \$250.00	\$250.00
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)

Page 4 of 17

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

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 <input checked="" type="checkbox"/> Yes <i>If yes, list fundraising event listed in Section L1?</i> <input type="checkbox"/> No Event # <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 <input checked="" type="checkbox"/> Yes <i>If yes, list fundraising event listed in Section L1?</i> <input type="checkbox"/> No Event # <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 <input type="checkbox"/> Yes <i>If yes, list fundraising event listed in Section L1?</i> <input checked="" type="checkbox"/> No Event # _____		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 <input type="checkbox"/> Yes <i>If yes, list fundraising event listed in Section L1?</i> <input checked="" type="checkbox"/> No Event # _____		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 <input type="checkbox"/> Yes <i>If yes, list fundraising event listed in Section L1?</i> <input checked="" type="checkbox"/> No Event # _____		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 <input type="checkbox"/> Yes <i>If yes, list fundraising event listed in Section L1?</i> <input checked="" type="checkbox"/> No Event # _____		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 checked="" type="checkbox"/> Reimbursement for shared expense <input type="checkbox"/> Surplus <input checked="" type="checkbox"/> Payment for goods and services <input type="checkbox"/> 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"/> Surplus <input type="checkbox"/> Payment for goods and services <input type="checkbox"/> Distribution		
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)

Page 5 of 17

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

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 \$0.00
Street Address	City	State CT	Zip Code	<input type="checkbox"/> Bank <input type="checkbox"/> Candidate		
Name of Cosigner/Guarantor				<input type="checkbox"/> Individual <input type="checkbox"/> Other Committee		
Street Address	City	State CT	Zip Code	Date of Receipt		

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

Total Section D						\$ 0.00
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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	

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

Name of Entity					
Street Address			Date Received	Amount Received	
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 <input type="checkbox"/> No If yes, list Event # _____		Is this transaction associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # _____		\$ 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)

Page 6 of 17

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	\$1 bills	\$0.00	\$ 0.00
coins	\$0.00	\$10 bill	\$0.00	\$5 bills	\$0.00	
				\$10 bill	\$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					\$ 0.00
Street Address	Street Address					
City	State	Zip Code	City	State	Zip Code	
	CT			CT		

K. Miscellaneous Monetary Receipts not Considered Contributions

Name			Date of Transaction		Amount Received
Street Address		City	State	Zip Code	
			CT		
Description					\$ 0.00
Name			Date of Transaction		Amount Received
Street Address		City	State	Zip Code	
			CT		
Description					\$ 0.00
Name			Date of Transaction		Amount Received
Street Address		City	State	Zip Code	
			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) (Enter total on Line 15 of Summary Page)		0.00

II. FUNDRAISING EVENT ACTIVITY

Page 7 of 17

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

\$ 0.00

☒ No

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.)

\$ 0.00

☒ No

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

Page 8 of 17

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
Event #				
Items Purchased				\$0.00

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

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

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

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

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

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

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

Page 9 of 17

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	City	State CT	Zip Code	<input type="checkbox"/> Yes <input type="checkbox"/> No	Event #	\$0.00	\$0.00
Name of Purchaser				Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State CT	Zip Code	<input type="checkbox"/> Yes <input type="checkbox"/> No	Event #	\$0.00	\$0.00
Name of Purchaser				Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State CT	Zip Code	<input type="checkbox"/> Yes <input type="checkbox"/> No	Event #	\$0.00	\$0.00
Name of Purchaser				Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State CT	Zip Code	<input type="checkbox"/> Yes <input type="checkbox"/> No	Event #	\$0.00	\$0.00
Name of Purchaser				Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State CT	Zip Code	<input type="checkbox"/> Yes <input type="checkbox"/> No	Event #	\$0.00	\$0.00
Name of Purchaser				Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State CT	Zip Code	<input type="checkbox"/> Yes <input type="checkbox"/> No	Event #	\$0.00	\$0.00
Name of Purchaser				Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State CT	Zip Code	<input type="checkbox"/> Yes <input type="checkbox"/> No	Event #	\$0.00	\$0.00
Name of Purchaser				Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State CT	Zip Code	<input type="checkbox"/> Yes <input type="checkbox"/> No	Event #	\$0.00	\$0.00
Name of Purchaser				Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State CT	Zip Code	<input type="checkbox"/> Yes <input type="checkbox"/> No	Event #	\$0.00	\$0.00
Name of Purchaser				Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State CT	Zip Code	<input type="checkbox"/> Yes <input type="checkbox"/> No	Event #	\$0.00	\$0.00
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

Page 10 of 17

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

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	
Description of donation				Date Received	
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	
Description of donation				Date Received	
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	
Description of donation				Date Received	
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	
Description of donation				Date Received	
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	
Description of donation				Date Received	
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	
Description of donation				Date Received	
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	
Description of donation				Date Received	
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

Page 11 of 17

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 (Applicable only to Referendum Committees)	
		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?		Description of In-Kind Contribution		Aggregate contributions	
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____				\$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 (Applicable only to Referendum Committees)	
		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?		Description of In-Kind Contribution		Aggregate contributions	
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____				\$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 (Applicable only to Referendum Committees)	
		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?		Description of In-Kind Contribution		Aggregate contributions	
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____				\$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 (Applicable only to Referendum Committees)	
		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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Date Received	Is this contribution associated with a fundraising event listed in Section L1?		Description of In-Kind Contribution		Aggregate contributions	
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # _____				\$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

Page 12 of 17

Total Section O (Enter total on Line 24 of Summary Page)

IV. EXPENDITURES

Page 13 of 17

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

P. Expenses Paid by Committee

Name of Payee William Beccaro				Date of Payment 12/8/2009	Method of Payment <input checked="" type="checkbox"/> Check # <u>1236</u> <input type="checkbox"/> Debit Card	Amount
Street Address 12 New City Street	City Essex	State CT	Zip Code 06426	Event #		
Purpose of Expenditure (by code) RCW - OVHD		Description telephone, cellular & internet equipment			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			\$ 450.78	
Name of Payee Steven Schwartz				Date of Payment 12/8/2009	Method of Payment <input checked="" type="checkbox"/> Check # <u>1237</u> <input type="checkbox"/> Debit Card	Amount
Street Address P.O. Box 2336	City Westport	State CT	Zip Code 06880	Event #		
Purpose of Expenditure (by code) CNSLT		Description consulting services			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			\$ 650.00	
Name of Payee William Beccaro				Date of Payment 12/8/2009	Method of Payment <input checked="" type="checkbox"/> Check # <u>1239</u> <input type="checkbox"/> Debit Card	Amount
Street Address 12 New City Street	City Essex	State CT	Zip Code 06426	Event #		
Purpose of Expenditure (by code) RCW - TRVL		Description travel/lodging - Washington DC cong. delegation mtg.			Event #	
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		Candidate(s) Name (if applicable) Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed			\$ 1,418.31	
Name of Payee Gloria Beccaro				Date of Payment 12/8/2009	Method of Payment <input checked="" type="checkbox"/> Check # <u>1240</u> <input type="checkbox"/> Debit Card	Amount
Street Address 10 South View Terrace	City Old Saybrook	State CT	Zip Code 06475	Event #		
Purpose of Expenditure (by code) RCW - OVHD		Description Verizon Cellular & Internet Services			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			\$ 801.42	
Name of Payee William Beccaro				Date of Payment 12/8/2009	Method of Payment <input checked="" type="checkbox"/> Check # <u>1241</u> <input type="checkbox"/> Debit Card	Amount
Street Address 12 New City Street	City Essex	State CT	Zip Code 06426	Event #		
Purpose of Expenditure (by code) RCW - FOOD		Description reimbursement for food			Event #	
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		Candidate(s) Name (if applicable) Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed			\$ 1,950.41	
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

Page 14 of 17

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

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 #		
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

Page 15 of 17

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

Page 16 of 17

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		
Description						\$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		
Description						\$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		
Description						\$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		
Description						\$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		
Description						\$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 (Enter total on Line 28 of Summary Page)						\$0.00
Previously reported Expenses Unpaid and still Outstanding						+ \$0.00
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID (Enter total on Line 28a of Summary Page)						\$0.00

Page 17 of 17

FILING DUE DATE

01/11/2010

Last Name of Worker/Consultant Beccaro		First William	MI P	Date of Payment 12/08/2009	Method of Payment	Amount
Secondary Payee Sedia Corp, Verizon Wireless			Purpose of Expenditure (by code) RCW	<input checked="" type="radio"/> Check # 1236 <input type="radio"/> Debit Card		
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="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization (see Instructions) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		Candidate(s) Name (if applicable)		Office Sought	<input type="radio"/> Supported <input type="radio"/> Opposed	\$ 450.78
Last Name of Worker/Consultant Beccaro		First William	MI P	Date of Payment 12/08/2009	Method of Payment	Amount
Secondary Payee Marriott Corp, various gas stations and restaurants			Purpose of Expenditure (by code) RCW	<input type="radio"/> Check # 1241 <input type="radio"/> Debit Card		
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="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization (see Instructions) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		Candidate(s) Name (if applicable)		Office Sought	<input type="radio"/> Supported <input type="radio"/> Opposed	\$ 1,418.31
Last Name of Worker/Consultant Beccaro		First Gloria	MI	Date of Payment 12/08/2009	Method of Payment	Amount
Secondary Payee Verizon			Purpose of Expenditure (by code) RCW	<input checked="" type="radio"/> Check # 1240 <input type="radio"/> Debit Card		
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="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization (see Instructions) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		Candidate(s) Name (if applicable)		Office Sought	<input type="radio"/> Supported <input type="radio"/> Opposed	\$ 801.42
Last Name of Worker/Consultant Beccaro		First William	MI P	Date of Payment 12/08/2009	Method of Payment	Amount
Secondary Payee Corner Grinder, Metric Grill, Ralph-n-Rich's, Epernay, Testo's, etc.			Purpose of Expenditure (by code) RCW	<input checked="" type="radio"/> Check # 1241 <input type="radio"/> Debit Card		
Street Address 12 New City Street		City Essex	State CT	Zip Code 06426		
Description reimbursement - meals						
Type of Expenditure (if applicable): <input type="radio"/> Coordinated with reimbursement sought <input type="radio"/> Coordinated without reimbursement sought <input type="radio"/> Independent <input type="radio"/> Organization (see Instructions) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E		Candidate(s) Name (if applicable)		Office Sought	<input type="radio"/> Supported <input type="radio"/> Opposed	\$ 1,950.11
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 # 1		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 type="checkbox"/> Yes <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	
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 # 1		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 type="checkbox"/> Yes <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	
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 # 1		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 type="checkbox"/> Yes <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	
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 # 1		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 type="checkbox"/> Yes <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	
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 # 1		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 type="checkbox"/> Yes <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	
SUBTOTAL Section B-This Page							2000.00
Page 1 of 9							

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 CARROLL		First PETER		MI	Principal Occupation BUSINESS MGR		Amount of Contribution 250.00
Residential Street Address 18 FAIRLEA AVE		City STRATFORD	State CT	Zip Code 06114	Name of Employer IBEW		
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 # 1		<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	
Last Name CARROLL		First SEAN		MI	Principal Occupation INSURANCE		Amount of Contribution 500.00
Residential Street Address 11 OLD BARN ROAD		City TRUMBULL	State CT	Zip Code 06616	Name of Employer MERIT INSURANCE		
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 # 1		<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 500.00	
Last Name CHRISTOPH		First ROBERT		MI JR	Principal Occupation REAL ESTATE		Amount of Contribution 250.00
Residential Street Address 300 ALTON ROAD		City MIAMI	State FL	Zip Code 33140	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 # 1		<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	
Last Name CHRISTOPH		First ROBERT		MI SR	Principal Occupation REAL ESTATE		Amount of Contribution 250.00
Residential Street Address 1745 W 24TH ST		City MIAMI BEACH	State FL	Zip Code 33140	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 # 1		<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	
Last Name DIPIANO		First SAL		MI	Principal Occupation ATTORNEY		Amount of Contribution 250.00
Residential Street Address 56 LYON TERRACE		City BRIDGEPORT	State CT	Zip Code 06604	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 # 1		<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	
SUBTOTAL Section B-This Page							1500.00
Page 2 of 9							

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 DIGGS		First DERRICK		MI	Principal Occupation CONSTRUCTION		Amount of Contribution 250.00
Residential Street Address 1010 WETHERSFIELD AVE		City HARTFORD	State CT	Zip Code 06114	Name of Employer DIGGS CONSTRUCTION		
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>		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
Last Name DINARDO		First NANCY		MI	Principal Occupation CHAIRPERSON		Amount of Contribution 250.00
Residential Street Address 61 SUZANNE CIRCLE		City TRUMBULL	State CT	Zip Code 06611	Name of Employer DEM. STATE CENTRAL CMTG		
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>		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
Last Name DINARDO		First SAL		MI	Principal Occupation PARTNER		Amount of Contribution 250.00
Residential Street Address 323 NORTH AVE		City BRIDGEPORT	State CT	Zip Code 06606	Name of Employer PETER DINARDO ENT.		
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>		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 12/17/09		Aggregate contributions 250.00
Last Name DONOVAN		First DAN		MI	Principal Occupation DEVELOPER		Amount of Contribution 200.00
Residential Street Address 103 N PARK AVE		City EASTON	State CT	Zip Code 06612	Name of Employer PROSPERO, LLC		
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>		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 12/17/09		Aggregate contributions 200.00
Last Name DUNN		First DAVID		MI	Principal Occupation LABOR RELATIONS		Amount of Contribution 250.00
Residential Street Address 92 EUNICE PARKWAY		City STRATFORD	State CT	Zip Code 06615	Name of Employer CITY OF BRIDGEPORT		
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>		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

SUBTOTAL Section B-This Page

1200.00

I. MONETARY RECEIPTS

Section B. Additional Page

NAME OF COMMITTEE

FILING DUE DATE

PEOPLE FOR EXCELLENCE IN GOV'T

1/11/10

B. Itemized Contributions from Individuals

Last Name DWYER		First PHILIP		MI	Principal Occupation PRESIDENT		Amount of Contribution 250.00
Residential Street Address 1240 CHAPEL ST		City NEW HAVEN		State CT	Zip Code 06511		
Name of Employer CT YMCA		Is contribution 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 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 1		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Date Received 12/2/09		Aggregate contributions 250.00	250.00
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							
Last Name EATON		First STEPHEN		MI	Principal Occupation DEVELOPER		Amount of Contribution 250.00
Residential Street Address 331 GRIFFIN AVE		City BRIDGEPORT		State CT	Zip Code 06606		
Name of Employer R.E. DEVELOPMENT		Is contribution 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 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 1		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Date Received 12/2/09		Aggregate contributions 250.00	250.00
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							
Last Name EPSTEIN		First ANNE		MI	Principal Occupation HOMEMAKER		Amount of Contribution 250.00
Residential Street Address 245 WILSON ST		City FARFIELD		State CT	Zip Code 06432		
Name of Employer -		Is contribution 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 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 1		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Date Received 12/17/09		Aggregate contributions 250.00	250.00
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							
Last Name EVERSLEY		First DONALD		MI	Principal Occupation DIRECTOR - OPED		Amount of Contribution 150.00
Residential Street Address 382 CENTRAL PARK W		City NEW YORK		State NY	Zip Code 10027		
Name of Employer CITY OF BRIDGEPORT		Is contribution 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 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 1		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Date Received 12/2/09		Aggregate contributions 150.00	150.00
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							
Last Name FERGUSON		First RICHARD		MI	Principal Occupation ATTORNEY		Amount of Contribution 300.00
Residential Street Address 25 EDGEWATER HILLSIDE		City WESTPORT		State CT	Zip Code 06880		
Name of Employer SELF		Is contribution 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 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 1		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Date Received 12/12/09		Aggregate contributions 300	300.00
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							

SUBTOTAL Section B-This Page

1200.00

I. MONETARY RECEIPTS

Section B. Additional Page

NAME OF COMMITTEE

FILING DUE DATE

PEOPLE FOR EXCELLENCE IN GOV'T

1/11/10

B. Itemized Contributions from Individuals

Last Name GALANTE		First MICHAEL		MI	Principal Occupation TRAFFIC ENGINEER		Amount of Contribution 250.00
Residential Street Address 153 TAUNTON ROAD		City FARFIELD	State CT	Zip Code 06430	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 type="checkbox"/> No					
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 1		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 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
Last Name GREENFIELD		First DAVID		MI B	Principal Occupation PRESIDENT		Amount of Contribution 250.00
Residential Street Address 430 BRINSMAID AVE		City STRATFORD	State CT	Zip Code 06614	Name of Employer LEO 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 # 1		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 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
Last Name KABEL		First ALANNA		MI	Principal Occupation DEPUTY CAO		Amount of Contribution 250.00
Residential Street Address 267 LAKE AVENUE		City BRIDGEPORT	State CT	Zip Code 06605	Name of Employer CITY OF BRIDGEPORT		
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 # 1		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 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
Last Name KASSEN		First MICHAEL		MI	Principal Occupation DEVELOPER		Amount of Contribution 500.00
Residential Street Address 315 NORTH AVE		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 # 1		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 checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order					Date Received 12/17/09		Aggregate contributions 500.00
Last Name KING		First JOHN		MI	Principal Occupation ATTORNEY		Amount of Contribution 250.00
Residential Street Address STATE STREET		City HARTFORD	State CT	Zip Code 06101	Name of Employer UPDIKE, KELLY + SPELLACY		
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 # 1		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 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

SUBTOTAL Section B-This Page

1500.00

I. MONETARY RECEIPTS

Section B. Additional Page

NAME OF COMMITTEE PEOPLE FOR EXCELLENCE IN GOV'T	FILING DUE DATE 1/11/10
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B. Itemized Contributions from Individuals

Last Name LASKE		First ARTHUR		MI	Principal Occupation ATTORNEY		Amount of Contribution 250.00
Residential Street Address 399 CENTER ROAD		City EASTON	State CT	Zip Code 06612	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 # 1		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
Last Name LEICHTMAN		First JEFFREY		MI	Principal Occupation CONSULTANT		Amount of Contribution 250.00
Residential Street Address 60 SILO HILL RD		City MADISON	State CT	Zip Code 06443	Name of Employer GLOBAL INFRASTRUCTURE		
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 # 1		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 12/24/09		Aggregate contributions 250.00
Last Name LONGO		First RAYMOND		MI	Principal Occupation PRESIDENT		Amount of Contribution 500.00
Residential Street Address 63 Stillman St		City Bridgeport	State CT	Zip Code	Name of Employer YELLOW TAXI SERVICE, INC		
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 # 1		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 500.00
Last Name LYNCH		First ANN		MI	Principal Occupation RETIRED		Amount of Contribution 50.00
Residential Street Address 503 Plymouth Colony		City BRANFORD	State CT	Zip Code 06405	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 # 1		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 50.00
Last Name MALEY		First EDWIN		MI	Principal Occupation ATTORNEY		Amount of Contribution 250.00
Residential Street Address 4 SHAWNEE COURT		City CROMWELL	State CT	Zip Code 06416	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 # 1		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

SUBTOTAL Section B-This Page

1300.00

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 MAY		First FRANK		MI	Principal Occupation ATTORNEY		Amount of Contribution 300.00
Residential Street Address 136 LEIGHGATE ROAD		City GLASTONBURY	State CT	Zip Code 06033	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 # 1		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 300.00		
Last Name MEDNICK		First STEVEN		MI	Principal Occupation ATTORNEY		Amount of Contribution 350.00
Residential Street Address 312 PROSPECT ST		City HANDEN	State CT	Zip Code 06512	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 # 1		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 350.00		
Last Name MEYER		First CHRISTOPHER		MI	Principal Occupation ATTORNEY		Amount of Contribution 250.00
Residential Street Address 3223 MAIN ST		City BRIDGEPORT	State CT	Zip Code 06606	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 # 1		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		
Last Name MIKO		First WILLIAM		MI	Principal Occupation CONTRACTOR		Amount of Contribution 250.00
Residential Street Address 7 BRAE LOCH WAY		City HUNTINGTON	State CT	Zip Code 06484	Name of Employer MERIT CONTRACTOR		
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 # 1		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 12/17/09	Aggregate contributions 250.00		
Last Name NIEMAN		First LARRY		MI	Principal Occupation VETERINARIAN		Amount of Contribution 150.00
Residential Street Address 129 NORTH STREET		City TRUMBULL	State CT	Zip Code 06611	Name of Employer DUM SERVICES, INC.		
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 # 1		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 12/17/09	Aggregate contributions 150		
SUBTOTAL Section B-This Page							1200.00

I. MONETARY RECEIPTS

Section B. Additional Page

NAME OF COMMITTEE PEOPLE FOR EXCELLENCE IN GOV'T	FILING DUE DATE 1/11/10
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B. Itemized Contributions from Individuals

Last Name PHILLIPS		First ANN		MI	Principal Occupation ATTORNEY		Amount of Contribution 250.00
Residential Street Address 3500 PARK AVE		City BRIDGEPORT	State CT	Zip Code 06604	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 # 1		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
Last Name RAICE		First EDWARD		MI	Principal Occupation CONSULTANT		Amount of Contribution 250.00
Residential Street Address 4 ASPETUCK LANE		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 # 1		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 12/17/09		Aggregate contributions 250.00
Last Name RAUCCI		First GREGORY		MI	Principal Occupation BUILDER		Amount of Contribution 250.00
Residential Street Address 257 STONEHOUSE ROAD		City TRUMBULL	State CT	Zip Code 06611	Name of Employer BISMARCK CONSTRUCTION		
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 # 1		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 12/17/09		Aggregate contributions 250.00
Last Name RICCI		First JOHN		MI	Principal Occupation AIRPORT MANAGER		Amount of Contribution 250.00
Residential Street Address 2675 PARK AVENUE		City BRIDGEPORT	State CT	Zip Code 06604	Name of Employer CITY OF BRIDGEPORT		
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 # 1		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
Last Name SACKLER		First JOHN		MI	Principal Occupation EXECUTIVE		Amount of Contribution 500.00
Residential Street Address 75 FIELD POINT CIRCLE		City GREENWICH	State CT	Zip Code 06830	Name of Employer FURDUE PHARMA		
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 # 1		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 12/12/09		Aggregate contributions 500.00

SUBTOTAL Section B-This Page

1500.00

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 SANTA		First JOHN		MI	Principal Occupation DIRECTOR		Amount of Contribution 250.00
Residential Street Address 33 CHESTER PLACE		City SOUTHPORT	State CT	Zip Code 06890	Name of Employer SANTA ENERGY		
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 # 1		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	
Last Name SOPER		First GORDON		MI	Principal Occupation EXECUTIVE		Amount of Contribution 250.00
Residential Street Address 88 RICHARDS DRIVE		City MONROE	State CT	Zip Code 06468	Name of Employer MORGANTI, INC		
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 # 1		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	
Last Name TREFZ		First ERNEST		MI	Principal Occupation PARTNER		Amount of Contribution 250.00
Residential Street Address 10 MIDDLE ST		City BRIDGEPORT	State CT	Zip Code 06604	Name of Employer TREFZ CORPORATION		
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 # 1		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	
Last Name VOLL		First JOSEPH		MI G	Principal Occupation EXECUTIVE		Amount of Contribution 250.00
Residential Street Address 17 COLONIAL DRIVE		City MONROE	State CT	Zip Code 06468	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 # 1		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	
Last Name		First		MI	Principal Occupation		Amount of Contribution
Residential Street Address		City	State	Zip Code	Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		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?					
Is this contribution associated with a fundraising event listed in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?					
Method of contribution:				Date Received		Aggregate contributions	
SUBTOTAL Section B-This Page							
							1000.00
Page 9 of 9							

IV. EXPENDITURES
Section P. Additional Page

NAME OF COMMITTEE PEOPLE FOR EXCELLENCE IN GOV'T	FILING DUE DATE 1/11/10
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P. Expenses Paid by Committee

Name of Payee KERRY WOOD				Date of Payment 12/8/09	Method of Payment <input checked="" type="checkbox"/> Check # 1242 <input type="checkbox"/> Debit Card	Amount \$ 409.78
Street Address 260 FRANCE ST.		City ROCKY HILL	State CT	Zip Code 06067		
Purpose of Expenditure (by code) PRNT		Description FUNDRAISER INVITES			Event # 1	
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 12/8/09	Method of Payment <input checked="" type="checkbox"/> Check # 1243 <input type="checkbox"/> Debit Card	Amount \$ 3,110.75
Street Address 12 NEW CITY STREET		City ESSEX	State CT	Zip Code 06426		
Purpose of Expenditure (by code) FNDR		Description FOOD + BEVERAGE FOR FUNDRAISER			Event # 1	
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 12/16/09	Method of Payment <input checked="" type="checkbox"/> Check # 1245 <input type="checkbox"/> Debit Card	Amount \$ 1,193.41
Street Address 70 CROWN STREET		City BRIDGEPORT	State CT	Zip Code 06610		
Purpose of Expenditure (by code) RCW		Description SUPPLIES + MEALS ASSOCIATED W/FUNDRAISER			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 ERIN McDONOUGH				Date of Payment 12/21/09	Method of Payment <input checked="" type="checkbox"/> Check # 1246 <input type="checkbox"/> Debit Card	Amount \$ 2,000.00
Street Address 10 MIDDLE STREET		City BRIDGEPORT	State CT	Zip Code 06604		
Purpose of Expenditure (by code) CNSLT		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) <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 HARTY PRESS				Date of Payment 12/31/09	Method of Payment <input checked="" type="checkbox"/> Check # 1247 <input type="checkbox"/> Debit Card	Amount \$ 962.08
Street Address P.O. Box 392		City BRATTLEBORO	State UT	Zip Code 05302		
Purpose of Expenditure (by code) PRNT		Description FUNDRAISER INVITES			Event # 1	
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 **7,676.02**

IV. EXPENDITURES
Section S. Additional Page

NAME OF COMMITTEE PEOPLE FOR EXCELLENCE IN GOV'T	FILING DUE DATE 1/11/10
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T. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant WILLIAM BECCARO		Date of Payment 12/8/09	Method of Payment <input checked="" type="checkbox"/> Check # 1243 <input type="checkbox"/> Debit Card	Amount 3,110.75
Secondary Payee EPERNAY BISTRO				
Street Address 272 FAIRFIELD AVENUE		Purpose of Expenditure (by code) FNDR		
City BRIDGEPORT	State CT	Zip Code 06604	Description FOOD + BEVERAGE FOR FUNDRAISER	
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 SONYA FINCH		Date of Payment 12/16/09	Method of Payment <input checked="" type="checkbox"/> Check # 1245 <input type="checkbox"/> Debit Card	Amount 1,193.41
Secondary Payee TWO BOOTS, RALPH + RICH'S, TARGET, USPS, WALGREENS, KOHL'S, STAPLES				
Street Address 70 CROWN STREET		Purpose of Expenditure (by code) RCW		
City BRIDGEPORT	State CT	Zip Code 06610	Description SUPPLIES + MEALS ASSOC. W/ FUNDRAISER	
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		

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 **4,304.16**