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 COMM	ИІТТЕЕ						
	Peop	le For Excellence in	ı Gov	ern	ment		
2. TREASURER NA							T
Title Mr	First William		MI A		Beccaro		Suffix
3. TREASURER ADI	DRESS						
Street Address 12 New City	Street	City	Esse	x		State CT	Zip Code 06426
4. ELECTION/REFE	RENDUM DATE	5. OFFICE SOUGHT (Compl	ete only ij	Cana	lidate Committee)	6. DISTRICT NU	
(mm/dd/yyyy)							
7. CANDIDATE NAI	ME (Complete only	if Candidate or Exploratory Con	nmittee)				
Title	First		MI		Last		Suffix
8. TYPE OF REPOR	Γ (Check One Box)						
January 10 filing	;	€ 7th day preceding prima	ry	€ 71	th day preceding referendur		ontribution or Disbursement (PACs ONLY)
April 10 filing		€ 30 days following prima	ıry	€, 4:	5 days following referendur	n C Amenda	nent to
O July 10 filing		7th day preceding election	on	⊆ D	eficit	Туре о	f Report:
October 10 filing	2	© 12th day preceding elect (State Central Committees		€ . T	ermination	_	
C. Independent Exp	cenditure Election	○ 45 days following election not held in November	on				
9. PERIOD COVERE	ED .						
		Beginning Date			Ending Date		
		10/01/2009	1	thru	12/31/2009)	
			RTIFICA	TIO	N		
		10. CL	KIIIIC	1110			
		penalties of false statement riod covered is true, accura				on this Itemized	Campaign Finance
Wille	im (1-/4) Propo	Willia	am ,	A. Beccaro		01/07/2009
TREASURER OR D	·····				E OF SIGNER		DATE (mm/dd/yyyy)
		DENALTY FOR FALSE STATE	ELIENE	.c. c.	INIGH AND E DV EINE NOM	TO EVERED	

\$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.

SUMMARY PAGE TOTALS

NAME OF COMMITTEE	FILING DUE DATE	
		1/2010
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) Town Committees ONLY	\$0.00	\$0.00
16b. Total Proceeds from Small Purchases at Tag Sales, Auctions or Other Sales (Section L2)	\$0.00	\$0.00
Municipal and Town 16c. Total Purchases of Advertising in a Program Book (Section L3) Committees ONLY	\$0.00	\$0.00
17. Total Monetary Receipts (add totals for lines 13-16c)	\$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	

	ľ	. MONETAR	Y REC	CEIPTS	(Sections A-K)			Page 3 of 17	
NAME OF COMMITTEE						FILING D	UE DATE		
People For Excellence i			!	J 41.5. D	owied ONLY		01/11/2010		
A. Total Contributions from Sn (See instructions for definition of Small Con		ntributors-R	eceive		Subtotal Section A	\$	0.00		
		B. Itemize	d Con	tributio	ons from Indivi	iduals			
Last Name	First		<u> </u>	MI	Principal Occupa	ition	1	Amount of	
Anastasi Residential Street Address	City	rk	State	Zip Code	Attorney Name of Employ			Contribution	
25 Sullivan Place	Brid	geport	СТ	06610		Bridgepor			
s contributor a lobbyist, spouse, or dependent child of a lobbyist? C Yes No	munici		utor or b	usiness he	idate committee for a /she is associated with // Yes	i have a coi			
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 1	es lo	ls contributor a If yes, indica of government	ate which	n branch or	ith: C Execu	tive state co	No egislative		
Method of contribution: C Cash Personal Check C Credit/Debit Card C Payroll Deduction C Money Order Date Received Aggregate contributions \$\text{\$12/02/2009}\$ \$250.00									
Last Name First MI Principal Occupation An									
Antinozzi Residential Street Address	Pau City	ıl	State	Zip Code	Arch Name of Employ			Contribution	
23 Enoch Drive		odbridge	CT	06525		zi Archite	ots		
Is contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No	munici		utor or b	usiness he	idate committee for a /she is associated with C. Yes © N	n have a cor		:	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 1		Is contributor a If yes, indica of government	ate which	n branch or	ith: £ Execu	tive state co	egislative		
Method of contribution: C Cash Personal Check C Credit/Debit	Card 🤼 I	Payroll Deduction	∵ ∑ Mone	ey Order	Date Received 12/02/200	9	Aggregate contributions \$250.00	\$250.00	
Last Name	First			MI	Principal Occupa			Amount of	
Avidon Residential Street Address	City	dimir	State	Zip Code	Name of Employ	ntractor er		Contribution	
10 Abbey Road	Eas	ston	СТ	06612		esidential			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	munici		utor or b	usiness he	idate committee for a /she is associated with Yes Yes N	h have a coi			
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 1		Is contributor a If yes, indica of governme	ate which	n branch or		tive state co	O No egislative		
Method of contribution: C. Cash Personal Check Credit/Debit	Card (C) I	Payroll Deduction	⊂ Mone	ev Order	Date Received 12/02/200	9	Aggregate contributions \$250.00	\$250.00	
Last Name	First			MI	Principal Occupa	ation	1 420.00	Amount of	
Bohannon	Joh	n	In .	12: 0.1	Attor	-		Contribution	
Residential Street Address 1261 Old Post Road	City Fai	irfield	State	Zip Code 06824	Name of Employ self	/er			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	munici		utor or b	usiness he	idate committee for a /she is associated with Yes (*) N	h have a coi			
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # 1	'es No	Is contributor a If yes, indicate of governme	ate which	h branch or		tive state co	○ No		
Method of contribution: Cash Personal Check Credit/Debit	Card C 1	Payroll Deduction	で Mon	ey Order	Date Received 12/02/200	9	Aggregate contributions \$250.00	\$250.00	
							L Section B-This Page	\$1,000.00	
							tional Section B Pages	\$12,500.00	
TOTAL OF ALL CONTRIB	JTIONS	FROM INDIV	IDUAL	S (Sectio	ns A & B) (Enter i	total on Li	ne 13 of Summary Page)	\$13,500.00	
									

	I.	MONE	TARY I	RECEIPTS	S (Section	is A-K)	Page 4 of 17
NAME OF COMMITTEE						FILING DUE DATE	
People For Exc	ellence in Go	vernmen	t				01/11/2010
Name of Committee	<u>C1.</u>	Contril	outions	from Oth	er Comn		
New England Regiona	Council of Ca	arpenters	S			John Cunningham	
Address PO Box 668 - 427 Stillson	n Road					a © Yes If yes, list	Amount of Contribution
City	State	Zip Code		Date Received		Aggregate Contributions \$1,000.00	\$1,000.00
Fairfield Name of Committee	СТ		06824	12/02	2/2009 TName of Tre	<u> </u>	
Uniformed Professiona	al Firefighters	Assoc. of	f CT			Dominic Cutaia	
Address 38 Sherman Street					l in Section L	.1? O No Event # 1	Amount of Contribution
City	State	Zip Code		Date Received		Aggregate Contributions \$250.00	\$250.00
West Hartford Name of Committee			06110	12/24	4/2009 Name of Tre		
Name of Commune					ļ		
Address	-					a C Yes If yes, list 12 C No Event #	Amount of Contribution
City	State	Zip Code		Date Received		Aggregate Contributions \$0.00	\$0.00
Name of Committee					Name of Tre	easurer	
Address		-	Is this co	ntribution asso	ciated with	a Yes If yes, list	Amount of Contribution
			fundraisi	ng event listed	l in Section I	_1? (No Event #	\$0.00
City	State	Zip Code	!	Date Received	1	Aggregate Contributions \$0.00	\$0.00
Name of Committee				J	Name of Tre		
Address			Is this co	ntribution ass	ociated with	a C Yes If yes, list	Amount of Contribution
	IState	Ta: o i	fundraisi		d in Section I	1? C No Event #	\$0.00
City	CT	Zip Code		Date Received		\$0.00	\$0.00
Name of Committee					Name of Tre	easurer	
Address			Is this co	ntribution ass	ociated with	a C Yes If yes, list	Amount of Contribution
City	State	Zip Code		Date Received		Aggregate Contributions	\$0.00
	СТ					\$0.00	
C2. Reimb	ursements.	Paymen	ts, or S	urplus Di	stributio	ns from other Committee	es
Name of Committee				Name of T	reasurer		
Address				Date Rece	ived		Amount of Receipt
City	\$0.00						
Name of Committee	СТ			Name of		s and services Distribution	
Address				Date Reco	eived		Amount of Receipt
	18	Text 2 %					
City	State CT	Zip Code				or shared expense C. Surplus Is and services Distribution	\$0.00
					SUBT	OTAL Section C-This Page	\$1,250.00
	\$0.00						
TOTAL OF ALL COMMITT	EE CONTRIB	UTIONS	AND RE	CEIPTS (E	nter total o	on Line 14 of Summary Page)	\$1,250.00

		I. MO	NETAR	Y RECEIPT	S (Sections A-K)			P	age 5 of 17
NAME OF COMMITTE	BE .					FILING D	UE DATE		
	People For Excell	ence in Gover	nment				01/11/2	2010	
		I). Loans	Received t	his Period	.,,			
lame of Lender					Source of Loan:		Is there a Cosigner or Guarantor of	Amount	Received
treet Address	City		State CT	Zip Code	C Bank C	Candidate	this loan? Yes (if yes list name and address of		
lame of Cosigner/Guaranto	or					Other Committee	Cosigner Guarantor) C. No		\$0.00
treet Address	City		State CT	Zip Code	Date of Receipt				
Vame of Lender					Source of Loan:		Is there a Cosigner or Guarantor of	Amount	Received
Street Address	City		State CT	Zip Code	C Bank C	Candidate	this loan? Yes (if yes list name and address of		
Name of Cosigner/Guaranto						Other Committee	Cosigner Guarantor)		\$0.00
Street Address	City		State	Zip Code	Date of Receipt				
							Total Section D	\$	0.00
F D	eceipts from Entit	ies other tha	n Indivi	iduals or Ot	her Committees	(Reference	lum Committees ONI	(. Y)	
Name of Entity	ceepts from Entit	ics other tha	II III III			1			
Street Address			<u> </u>		Date Received			Amount	Received
City		State CT	Zip Code		Aggregate Contributions		\$0.00		\$0.00
Name of Entity			_ t			•		•	
Street Address					Date Received			Amoun	t Received
City		State CT	Zip Code		Aggregate Contributions	3	\$0.00		\$0.00
Name of Entity									
Street Address					Date Received			Amoun	t Received
City		State CT	Zip Code		Aggregate Contributions	s	\$0.00		\$0.00
	•						Total Section E	s	0.00
1	F. Amount Trans	ferred from	A ffiliate	ed Rusiness	Treasury (Rusing	es Futity (Committees ONLY)		
Date of Receipt	Amou		Allman	Date of Receipt	Treasury (Dasine	Amount	\$0.00	Total T	ransfers
Is this transaction associated fundraising event listed	·_ ·	s If yes, list Event #			on associated with a ent listed in Section L1?		If yes, list Event #	s	0.00
G Amount'	Transferred from	Affiliated I	ahor IIn	ion or Othe	r Organization '	Treasur	V (Organization Com	mittees (ONLY)
Date of Receipt		A ALLEMANCE LA		Date of Rec			, or a second comment	Total	Fransfers
Amount	\$0.00	····		Amount		\$0.00		s	0.00
	H. Personal Fu	nds of the C	andidat	e Received	this Period (Cana	didate Con	nmittees ONLY)		
Date of Receipt	II, I VISSHAI I'U	Method of pa		Date of Receip			Method of payment:	1	Total nt Received
Amount	\$0.00	C Cash C Personal C C Credit/De		Amount	\$0.00		Cash Personal Check Credit/Debit Card	\$	0.00
				ļ				13	

		I. MONE	TARY RI	ECEIPTS	(Sections	A-K)			Pa	ge 6 of 17
NAME OF COMMITTEE						FIL	ING DUE DAT	E		
	or Excellence	in Government	t					01/11/20)10	
	I. Anony	mous Contri	butions	(Specify dol	lar amouni	of the bills	received)			
Date Received	Amount	\$0.00	Date Re			Amount		0.00	Tota Amount R	
\$1 bills \$0.00	\$5 bills	\$0.00		\$1 bills _	\$0.00	\$5 b	ills\$0.00	-		
coins \$0.00	\$10 bill	\$0.00		coins _	\$0.00	\$10	bill\$0.00	-	s	0.00
		. Interest fro	m Deposi	its in Aut	horized A	Accounts		-		
Date Received	Amount	\$0.00		Received		Amou		0.00	Tot Amount F	
Name of Institution		Ψ0.00 ——————————————————————————————————	Name	of Institution						
Street Address			Street	Address	· · · · · · · · · · · · · · · · · · ·					
City	State CT	Zip Code	City			State	CT	Code	\$	0.00
	K Miscell	aneous Mone	tary Rec	eints not	Conside	red Cont	ributions			
Name	II. Wilder	THEOUS IVEOU				Date of	Transaction		Amount I	Received
Street Address			City			State CT	Zip Code			
Description							•		s	\$0.00
Name						Date of	Transaction		Amount	Received
Street Address			City			State CT	Zip Code			ï
Description				-			<u> I</u>		s	\$0.00
Name	·					Date of	Transaction		Amount	Received
Street Address			City			State	Zip Code			
Description		<u>l</u>			<u></u>				s	\$0.00
				<u></u>			Tot	al Section K	s	0.00
	Summa	ry of Other N	Monetary	Receipts	(Section	s D-K)			<u> </u>	
Total Loans Received this Pe									0.0	0
Total Receipts from Entities			r Committ	ees (Section	E)		+		0.0	0
Total Amount Transferred for		*				· · · · · · · · · · · · · · · · · · ·	+		0.0	0
Total Amount Transferred f					reasury (S	Section G)	+		0.0	0
Total Amount of Personal Fu							+		0.0	0
Total Amount of Anonymou							+		0.0	0
Total Amount of Interest fro			ounts (Sect	ion J)			+		0.0	0
Total Miscellaneous Moneta					(3)		+		0.0	0
Total of Other Monetan (Enter total on Line 15 of			s D-K)						0.0	0
··· = ··· ·										

		II. I	FUNDRAISI	NG EVE	NT ACTIVITY			Page 7 of 17
NAME OF COMMITTEE						FILING DUE DATE		
	People	e For Excellence in Gover	nment				1/11/201	0
		L1.			Information		 -	I air a i
Fundraising Event # Date of Fundraiser	Letter	Description	Location: Street	Address		City	State	Zip Code
12/02/2009		wine tasting	Epernay Bis	stro - 272	Fairfield	Bridgeport	СТ	06011
Subpart 1: (All Commu Was this fundraising ev		ted at a personal residence?		© Yes		4 In-kind Donations not Co I information for purchases m ons.)		
Did this fundraiser inclu \$100 or items donated b		ns donated by a business enti dividual of up to \$50?	ty of up to	○ Yes ○ No	(If yes, go to Section I and complete required	.4 In-kind Donations not Co d information.)	nsidered C	Contributions
Was this fundraiser a ta with purchases from an		auction, or other sale of dona ual of up to \$50?	ted items	OYes (If yes, go to Section L Donated Items.)	2 Proceeds from Tag Sale, A	uction, or	Other Sale of
Subpart 2: (Town Com Were there purchases of with this fundraiser?	mittees of adver	and Municipal Candidate C tising space in a program boo	Committees ON ok associated	(LY)	(If yes, go to Section and complete require	L3 Purchases of Advertising d information.)	Space in a	n Program Book
Subpart 3: (Town Con Did your committee se gathering held within t	ll food	or beverage at a fair or simila	ar mass	O Yes	(If yes, enter Total R	eccipts from small purchase	s here.)	G 0.00
Fundraising Event # Date of Fundraiser	Letter	Description	Location: Stree	t Address		City	State CT	Zip Code
Subpart 1: (All Comm	uittees)							
Was this fundraising ev	ent hos	ted at a personal residence?		○ Yes ○ No		_4 In-kind Donations not Co 1 information for purchases m ons.)		
Did this fundraiser inclu \$100 or items donated by		ns donated by a business enti dividual of up to \$50?	ty of up to		(If yes, go to Section I and complete required	_4 In-kind Donations not Co I information.)	nsidered (Contributions
Was this fundraiser a ta with purchases from an		nuction, or other sale of dona ual of up to \$50?	ted items	O Yes	(If yes, go to Section I Donated Items.)	.2 Proceeds from Tag Sale, /	Auction, or	Other Sale of
Subpart 2: (Town Cor Were there purchases of with this fundraiser?	mmittee of adver	s and Municipal Candidate tising space in a program boo	Committees Of ok associated		(If yes, go to Section and complete require	L3 Purchases of Advertising d information.)	Space in a	a Program Book
Subpart 3: (Town Con Did your committee se gathering held within t	II food	or beverage at a fair or simila	ar mass	O Yes	(If yes, enter Total R	eccipts from small purchase	s here.)	3 0.00
			SUBTOTAL S	Section L1	(Town Committees	ONLY) Total Receipts-T	his Page	\$0.00
				_	ТОТА	L of additional Section L	1 Pages	+ \$0.00
		TOTAL OF ALL REC	CEIPTS FRO	M SECT	TION L1 (Enter to	tal on Line 16a of Summa	ry Page)	\$0.00

		II. F	UNDRAI	SING E	VENT	T ACTIVITY	Page 8 of 17
NAME OF COMMITTEE						FILING DUE DATE	
People For E	xcellence i	n Governm	ent			01/11/2010	
L2	. Proceed	s from Ta	g Sale, A	Auction	, or C	Other Sale of Donated Items	
Name of Purchaser Last Name (Individuals ONLY)		First	<u> </u>		MI	Method of payment: C Cash Personal Check C Credit/Debit Card	Aggregate Amount of
Residential Street Address	City		State	Zip Code		Date Received Event #	Purchases
Items Purchased		· · · · · · · · ·					\$0.00
Name of Purchaser Last Name	·	First			MI	Method of payment:	Aggregate
(Individuals ONLY) Residential Street Address	City		State	Zip Code	:	☐ Cash ☐ Personal Check ☐ Credit/Debit Card Date Received	Amount of Purchases
Items Purchased			СТ				\$0.00
Name of Purchaser Last Name	 .	First			MI	Method of payment:	Aggregate
(Individuals ONLY)			10	Lui a i	ļ	C Cash Personal Check C Credit/Debit Card	Amount of Purchases
Residential Street Address	City		State CT	Zip Code	:	Date Received Event #	Purchases
Items Purchased							\$0.00
Name of Purchaser Last Name (Individuals ONLY)		First	·		MI	Method of payment: ☐ Cash ☐ Personal Check ☐ Credit/Debit Card	Aggregate Amount of
Residential Street Address	City		State CT	Zip Code	3	Date Received Event #	Purchases
Items Purchased	1						\$0.00
Name of Purchaser Last Name (Individuals ONLY)		First			MI	Method of payment: ○ Cash ○ Personal Check ○ Credit/Debit Card	Aggregate Amount of
Residential Street Address	City		State CT	Zip Code	e	Date Received Event #	Purchases
Items Purchased	1	-	1				\$0.00
Name of Purchaser Last Name (Individuals ONLY)		First	-		MI	Method of payment: Cash Cash Credit/Debit Card	Aggregate Amount of
Residential Street Address	City		State	Zip Code	e	Date Received Event #	Purchases
Items Purchased							\$0.00
Name of Purchaser Last Name	<u>-</u>	First	-	-		Method of payment:	Aggregate
Residential Street Address	City		State	Zip Code	e	C Cash C Personal Check C Credit/Debit Card Date Received Event #	Amount of Purchases
Items Purchased			СТ				\$0.00
Name of Purchaser Last Name		First				The state of the s	
(Individuals ONLY)			I C	T		Method of payment: C Cash C Personal Check C Credit/Debit Card	Aggregate Amount of
Residential Street Address	City		State CT	Zip Code	e	Date Received Event #	Purchases
Items Purchased		-		-			\$0.00
Name of Purchaser Last Name (Individuals ONLY)		First	**	-		Method of payment: C Cash □ Personal Check □ Credit/Debit Card	Aggregate Amount of
Residential Street Address	City		State CT	Zip Cod	e	Date Received Event #	Purchases
Items Purchased							\$0.00
						SUBTOTAL Section L2-This Page	\$0.00
						TOTAL of additional Section L2 Pages	\$0.00
TOTAL OF ALL SMA	LL PURCE	IASES FRO	M TAG S	ALES, A	UCTI	ONS OR OTHER SALES OF DONATED ITEMS	\$0.00
			···			(Enter total on Line 16b of Summary Page)	_1

	II.	FUNDRAISI	NG EVENT	ACTIVITY			Page 9 of 17	
: NAME OF COMMITTEE					FILING DUE		^	
	le For Excellence in Gove					01/11/201	U	
L3. Puro	chases of Advertising i	in a Program	Book (Muni	icipal Candida	ate and Town Co	ommittees ONLY)	A C	
Name of Purchaser	<u> </u>			Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase	
Street Address	City	State CT	Zip Code	C Yes	Event #	\$0.00	\$0.00	
Name of Purchaser		I		Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase	
Street Address	City	State	Zip Code	C Yes	Event #	\$0.00	\$0.00	
Name of Purchaser			<u>. </u>	Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase	
Street Address	City	State	Zip Code	C Yes	Event #	\$0.00	\$0.00	
Name of Purchaser				Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase	
Street Address	City	State CT	Zip Code	O Yes	Event #	\$0.00	\$0.00	
Name of Purchaser				Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase	
Street Address	City	State CT	Zip Code	○ Yes ○ No	Event #	\$0.00	\$0.00	
Name of Purchaser			<u> </u>	Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase	
Street Address	City	State CT	Zip Code	G Yes O No	Event #	\$0.00	\$0.00	
Name of Purchaser				Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase	
Street Address	City	State CT	Zip Code	O Yes	Event #	\$0.00	\$0.00	
Name of Purchaser	· · · · · · · · · · · · · · · · · · ·	•		Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase	
Street Address	City	State CT	Zip Code	O Yes O No	Event #	\$0.00	\$0.00	
Name of Purchaser				Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase	
Street Address	City	State	Zip Code	(Yes (No	Event #	\$0.00	\$0.00	
Name of Purchaser				Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase	
Street Address	City	State CT	Zip Code	C Yes	Event #	\$0.00	\$0.00	
Name of Purchaser		<u> </u>		Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase	
Street Address	City	State	Zip Code	O Yes O No	Event #	\$0.00	\$0.00	
Name of Purchaser				Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase	
Street Address	City	State CT	Zip Code	C Yes C No	Event #	\$0.00	\$0.00	
				su	BTOTAL Secti	ion L3-This Page	\$0.00	
				TOTAL o	f additional Sec	ction L3 Pages	\$0.00	
TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK (Enter total on Line 16c of Summary Page)								

	II. FUN	NDRAISING EVE	NT ACTIVITY		Page 10 of 17
NAME OF COMMITTEE				FILING DUE DATE	
People Fo	r Excellence in Governmen	ıt		01/11/201	0
	L4. In-Kind Do	nations Not Cons	idered Contril		
Name of Donor				Donation	Fair Market Value of Donation
Street Address	City	State CT	Zip Code	Aggregate value for this event \$0.00	\$0.00
Description of donation	1		Date Received	Event #	
Name of Donor				Donation Individual given by: Business Entity	Fair Market Value of Donation
Street Address	City	State	Zip Code	Aggregate value for this event \$0.00	\$0.00
Description of donation			Date Received	Event #	
Name of Donor				Donation	Fair Market Value of Donation
Street Address	City	State CT	Zip Code	Aggregate value for this event \$0.00	\$0.00
Description of donation			Date Received	Event #	
Name of Donor				Donation Individual Given by: Business Entity	Fair Market Value of Donation
Street Address	City	State	Zip Code	Aggregate value for this event \$0.00	\$0.00
Description of donation			Date Received	Event #	
Name of Donor				Donation	Fair Market Value of Donation
Street Address	City	State	Zip Code	Aggregate value for this event \$0.00	\$0.00
Description of donation			Date Received	Event #	
Name of Donor		······································		Donation	Fair Market Value of Donation
Street Address	City	State	Zip Code	Aggregate value for this event \$0.00	\$0.00
Description of donation			Date Received	Event #	
Name of Donor				Donation	Fair Market Value of Donation
Street Address	City	State	Zip Code	Aggregate value for this event \$0.00	\$0.00
Description of donation			Date Received	Event #	
Name of Donor				Donation	Fair Market Value of Donation
Street Address	City	State	Zip Code	Aggregate value for this event \$0.00	\$0.00
Description of donation		СТ	Date Received	Event #	
			Si	UBTOTAL Section L4-This Page	\$0.00
			ТОТА	AL of additional Section L4 Pages	\$0.00
TOTAL OF ALL IN-KIND I	OONATIONS NOT CONSU	DERED CONTRIBU	TIONS (Enter to	tal on Line 21 of Summary Page)	\$0.00
TOTAL OF ALL IN-KIND I	DUNATIONS NOT CONSI	DEKED CONTRIBU	TIONS (Enter to	au on Line 21 of Summary Page)	

				III. N	NON	IMONETA	RY R	ECEII	PTS	5				Page 11 of 17
NAME OF COMMITT	EE									FILIN	NG DUE D	ATE		
	People For	Exce	ellence in	Governme	nt							01/1	1/2010	
				M	. In	-Kind Cor	ntribu	tions	<u> </u>					
Name					-			<u> </u>	ji I	ntributor: ndividual				Fair Market Value of this Contribution
Street Address		Cit	у	State		Zip Code			-	Committee Other <i>(Applical</i>	ble only to 1	Referendum Comi	mittees)	
Is contributor a lobbyist or dependent child of a	s, spouse, C	Yes No	munic	ipality does o	contri	ess of \$400 to a butor or busine nore than \$5,00	ess he/sh	e is asso	ociat	e for a chief of ed with have	executive o	fficer of a with said		
Date Received	Is this contributi fundraising even If yes, list Ever	t listed	ciated with	a O Ye	es	Description of		Contribut	tion	·		Aggregate contri	butions D.00	\$0.00
Name						-		Type of	f Cor	ntributor:				Fair Market Value of this
Street Address		Cit	у	State C7		Zip Code		C	ġ (individual Committee Other <i>(Applica</i> e	ble only to	Referendum Com	mittees)	Contribution
Is contributor a lobbyist or dependent child of a		Yes No	munic	ipality does	contri	ess of \$400 to a buttor or busing the state of \$5,00	ess he/sh	nte comi ne is ass	ociat	ted with have	executive of a contract	with said		
Date Received	Is this contributi	t listec				Description of	In-Kind (Contribu	tion			Aggregate contri	o.00	\$0.00
Name	If yes, list Ever	11.#		· · ·				Type of	f Cor	ntributor:		<u> </u>		Fair Market
Street Address		Cit	v	State		Zip Code			~ I	Individual Committee	ble only to	Referendum Com	mittaas)	Value of this Contribution
Is contributor a lobbyist or dependent child of a		Yes No	munic	tribution is in cipality, does	n exce	ess of \$400 to a ributor or busin nore than \$5,00	iess he/s	ate com	mitte socia	ee for a chief	executive of	officer of a	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Date Received	Is this contributi fundraising ever If yes, list Ever	it listed	ociated with	a ,∩ Y	es	Description of						Aggregate control	ibutions 0.00	\$0.00
Name	1) yes, nst 2 ver									ntributor: Individual				Fair Market Value of this
Street Address		Cit	v	Stat C7		Zip Code		Ç	- , (Committee	ble only to	Referendum Com	mittees)	Contribution
Is contributor a lobbyis or dependent child of a		Yes No	munic	cipality does	contr	ess of \$400 to a ibutor or busing more than \$5,00	ess he/sł	ne is ass	socia	ted with have	executive of a contract	officer of a with said		
Date Received	Is this contribut fundraising ever If yes, list Ever	nt listed	ociated with	a / Y	es	Description of				-		Aggregate contr	ibutions 0.00	
Name	· · · · · · · · · · · · · · · · · · ·							Type o		ntributor:				Fair Market Value of this
Street Address		Ci	ty	Stat		Zip Code		· ·	<u>"</u> (Individual Committee Other (Applica	ble only to	Referendum Com	mittees)	Contribution
Is contributor a lobbyis or dependent child of a		Yes	munic	cipality does	contr	ess of \$400 to a ibutor or busing more than \$5,00	ess he/sl		socia					
Date Received	Is this contribut fundraising ever If yes, list Eve	nt liste				Description of	f In-Kind	Contribu	ition			Aggregate contr	ibutions 0.00	\$0.00
	1 3 7 , 132 (10	_				1		1		SUBTO	TAL Sec	ction M-This	Page	\$0.00
									-			I Section M P		\$0.00
			ТОТАТ	OF ALL U	N-KI	ND CONTR	RIBUTI	ONS				f Summary Po		\$0.00
N. D. C. J.	L1. T)	4 - 7D				ND CONTIN	<i>(</i> /\	OTE:	This	section refer	s only to a	dvances of depo	sits by i	ndividuals from
N. Refunda Last Name of Individual	bie Deposit	το 1	elepnone	First	ny	 	pe	rsonal j	fund	ls to benefit th		ee, not deposits osit Made		the committee.) Amount of Deposit
Residential Street Address				City			Sta		Zip (Code	1			•
Name of telephone compa	ny			1				·		<u>.</u>	<u>I</u>			
Street Address			City				[5	State CT	Z	Zip Code				\$0.00
						Total Secti	ion N (Enter t	total	on Line 23	of Sumn	ary Page)		\$0.00

	III. NONMONETA	RY RECEIP	PTS		Page 12 of 17
NAME OF COMMITTEE				FILING DUE DATE	
People For Excellence in Governme				01/11/	2010
O. Non-M	Ionetary Receipts of Orga ve Leadership, Legislative	nization Ex	penditu d Dorts	res Made By	
Name of Committee (Legislative Leadership, Legislative Cau	cus, and Party Committees ONLY)	Name of Treas	surer	Committee	
Street Address				Date Notice Received	Fair Market Value
City	State	Zip Code		Aggregate Donations	0
	СТ	<u> </u>		\$0.00	
Description of Donation				se of Expenditure (see instructions)	\$0.00
Name of Committee (Legislative Leadership, Legislative Cau	cus, and Party Committees ONLY)	Name of Treasu			
				Date Notice Received	Party March at Martin
Street Address				Date Notice Received	Fair Market Value of Donation
City	State	Zip Code		Aggregate Donations \$0.00	
Description of Donation			Purpo	se of Expenditure (see instructions)	\$0.00
				OBOC ODCE	φυ.υυ
Name of Committee (Legislative Leadership, Legislative Cau	cus, and Party Committees ONLY)	Name of Treas	surer		
Street Address				Date Notice Received	Fair Market Value of Donation
City	State CT	Zip Code		Aggregate Donations \$0.00	
Description of Donation				se of Expenditure (see instructions)	\$0.00
Name of Committee (Legislative Leadership, Legislative Cau	icus, and Party Committees ONLY)	Name of Treas		C B S C S D L L	<u> </u>
				Date Notice Received	Frie Manhat Value
Street Address				Date Nonce Received	Fair Market Value of Donation
Dity	State CT	Zip Code		Aggregate Donations \$0.00	
Description of Donation				se of Expenditure (see instructions)	\$0.00
Name of Committee (Legislative Leadership, Legislative Cau	ious and Party Committees ONLY)	Name of Treas		OBCC ODOE	
Name of Committee (Legislative Leadership, Legislative Cad	icus, ana rary Communes O.V.D.1)	Traine or Trains			
Street Address				Date Notice Received	Fair Market Value of Donation
City	State	Zip Code		Aggregate Donations	
	СТ		In.	\$0.00	
Description of Donation				se of Expenditure (see instructions) $\bigcirc B \bigcirc C \bigcirc D \bigcirc E$	\$0.00
Name of Committee (Legislative Leadership, Legislative Cau	icus, and Party Committees ONLY)	Name of Treas	surer		
Street Address				Date Notice Received	Fair Market Value of Donation
City	State	Zip Code		Aggregate Donations \$0.00	
Description of Donation				se of Expenditure (see instructions)	\$0.00
Name of Committee (Legislative Leadership, Legislative Car	ucus, and Party Committees ONLY)	Name of Treas		ØB CC ØD ØE	
Street Address				Date Notice Received	Fair Market Value of Donation
City	State CT	Zip Code		Aggregate Donations \$0.00	
Description of Donation		1		se of Expenditure (see instructions)	\$0.00
	Total Se	ction O (Enter	total on	Line 24 of Summary Page)	\$0.00
		-			

		IV. E	XPENDITURE	ES		Page 13 of 17				
NAME OF COMMITTEE FILING DUE DATE										
People For Excellence in Government 01/11/201										
P. Expenses Paid by Committee										
Name of Payee William Beccaro Date of Payment Method of Payment										
Street Address 12 New City Street	City Essex	1 C Debit Cond								
Purpose of Expenditure (by code) RCW - OVHD	Description telephone.		internet equiptn	nent	Event #					
Type of Expenditure (if applicable):	Candidate(s) Name			Sought	☐ Supported					
Coordinated with reimbursement sought Coordinated without reimbursement sou Independent Corganization (see Instructions)	ght		_			\$ 450.78				
Name of Payee Steven Schwartz				Date of Payment	Method of Payment	Amount				
Street Address P.O. Box 2336	City Westport	State CT	Zip Code 06880	12/8/2009	© Check # 1237 © Debit Card					
Purpose of Expenditure (by code) CNSLT	Description consulting s		<u>. </u>	J	Event #					
Type of Expenditure (if applicable): Coordinated with reimbursement sought Coordinated without reimbursement sou Independent Organization (see Instructions)	ght		Office	Sought	□ Supported □ Opposed	§ 650.00				
Name of Payee	CE		<u> </u>	Date of Payment	Method of Payment	Amount				
William Beccaro	City	State	Zip Code	12/8/2009	@ Check # 1239					
12 New City Street	Essex	СТ	06426		© Debit Card					
Purpose of Expenditure (by code) RCW - TRVL	Description travel/lodg	ing - Was	shington DC con	g. delegation m	ntg.					
Type of Expenditure (if applicable): C Coordinated with reimbursement sough C Coordinated without reimbursement sou Independent C Organization (see Instructions)	ight	•	Office	e Sought	☐ Supported ☐ Opposed	s 1,418.31				
Name of Payee	<u>О Е</u>			Date of Payment	Method of Payment	Amount				
Gloria Beccaro Street Address	City	State	Zip Code	12/8/2009	© Check # 1240					
10 South View Terrace Purpose of Expenditure	Old Saybrook Description	СТ	06475		Event #					
(by code) RCW - OVHD			nternet Services							
Type of Expenditure (if applicable): Coordinated with reimbursement sough Coordinated without reimbursement sou Independent Corganization (see Instructions)	ıght		Office	e Sought	□ Supported □ Opposed	s 801.42				
Name of Payee William Beccaro				Date of Payment	Method of Payment	Amount				
Street Address 12 New City Street Purpose of Expenditure (by code) RCW - FOOD	City Essex Description reimbursen	State CT	Zip Code 06426	12/8/2009	© Check # 1241 © Debit Card					
Type of Expenditure (if applicable): Coordinated with reimbursement sough Coordinated without reimbursement sou Independent Corganization (see Instructions)	Candidate(s) Name t (if applicable)			e Sought	Supported Opposed					
CA OB CC CD	C. E					s 1,950.41				
		<u> </u>		su	BTOTAL Section P-This Page	\$5,270.92				
				TOTAL	of additional Section P Pages	\$7,676.02				
ТО	TAL OF ALL EXPEN	NSES PAI	D BY COMMIT	TEE (Enter tota	al on Line 19 of Summary Page)	\$12,946.94				

		IV. EX	EPENDITU	RES		Page 14 of 17		
NAME OF COMMITTEE				F	LING DUE DATE			
People	For Excellence in Gov				01/11/2010			
		Campaign Exp	enses Pai	d by Candidate				
Name of Payee (Name of Vendor who	candidate paid directly)			Date of Payment	Is Reimbursement Claimed?	Amount		
Street Address	City	State Z	Cip Code		C Yes	\$0.00		
Purpose of Expenditure (by code)	Description	<u> </u>			Event #			
Name of Payee (Name of Vendor who	candidate paid directly)	<u> </u>		Date of Payment	Is Reimbursement Claimed?	Amount		
Street Address	City	State Z	Cip Code		C 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	Zip Code		C Yes O No	\$0.00		
Purpose of Expenditure (by code)	Description				Event #			
Name of Payce (Name of Vendor who candidate paid directly) Date of Payment Is Reimbursement Claimed?								
Street Address	City	State Z	Zip Code		C Yes O No	\$0.00		
Purpose of Expenditure (by code)	Description	<u></u>			Event #			
Name of Payee (Name of Vendor who candidate paid directly) Date of Payment Is Reimbursement Claimed?								
Street Address	City	State CT	Zip Code		C Yes O No	\$0.00		
Purpose of Expenditure (by code)	Description				Event #			
Name of Payee (Name of Vendor who	o candidate paid directly)		"	Date of Payment	Is Reimbursement Claimed?	Amount		
Street Address	City	State	Zip Code		C Yes	\$0.00		
Purpose of Expenditure (by code)	Description	1			Event #			
Name of Payee (Name of Vendor who	o candidate paid directly)		·	Date of Payment	Is Reimbursement Claimed?	Amount		
Street Address	Čity	State CT	Zip Code		O Yes C No	\$0.00		
Purpose of Expenditure (by code)	Description				Event #			
Name of Payee (Name of Vendor who	o candidate paid directly)		······································	Date of Payment	Is Reimbursement Claimed?	Amount		
Street Address	City	State CT	Zip Code		C Yes C No	\$0.00		
Purpose of Expenditure (by code)	Description				Event #			
Name of Payee (Name of Vendor wh	o candidate paid directly)			Date of Payment	Is Reimbursement Claimed?	Amount		
Street Address	City	State CT	Zip Code		C Yes O No	\$0.00		
Purpose of Expenditure (by code)	Description	<u>'</u>		•	Event #			
			·	SUB	TOTAL Section Q-This Page	\$0.00		
1400000000					of additional Section Q Pages	\$0.00		
	TOTAL OF AL	L EXPENSES PA	ID BY CAN	DIDATE (Enter tota	l on Line 26 of Summary Page)	\$0.00		

	1	IV. EXPENDITUR	ES		Page 15 of 17
NAME OF COMMITTEE				FILING DUE DATE	
People For Excellence in Gov	ernment			01/11/20	110
	R. Expenses In	curred on Commi	ittee Credit C	Card	
Name of Issuing Institution			Type of Credit C		
			○ Visa 1	Master Card C Discover C A	merican Express
	-		C Other		· · · · · · · · · · · · · · · · · · ·
Name of Vendor				Date of Transaction	Amount
Street Address	City	State	Zip Code		
		СТ			\$0.00
Purpose of Expenditure (by code)	Description	-		Event #	
Name of Vendor				Date of Transaction	Amount
					Amount
Street Address	City	State	Zip Code		
	Description	СТ		Event #	\$0.00
Purpose of Expenditure (by code)	Decempoon .				
Name of Vendor		 		Date of Transaction	Amount
		To.	Ta: 0.1		
Street Address	City	State CT	Zip Code		40.00
Purpose of Expenditure	Description			Event #	\$0.00
(by code)					
Name of Vendor				Date of Transaction	Amount
Street Address	City	State	Zip Code	 	
		СТ	1		\$0.00
Purpose of Expenditure	Description			Event #	\$ 0.00
(by code) Name of Vendor			·	Date of Transaction	
ivalie of vendor				Date of Transaction	Amount
Street Address	City	State	Zip Code		
	Description	СТ		Event #	\$0.00
Purpose of Expenditure (by code)	Description			Event #	
Name of Vendor				Date of Transaction	Amount
Street Address	City	State	Zip Code		•
Purpose of Expenditure	Description			Event #	\$0.00
(by code)					
Name of Vendor				Date of Transaction	Amount
Street Address	City	State	Zip Code		
		СТ			\$0.00
Purpose of Expenditure	Description			Event #	
(by code) Name of Vendor		·		Date of Transaction	
rame of Yendor				Date of Transaction	Amount
Street Address	City	State	Zip Code		
	Description	СТ		Event #	\$0.00
Purpose of Expenditure (by code)	Description			Event #	
			SUI	BTOTAL Section R-This Page	\$0.00
					\$0.00
				of additional Section R Pages	\$0.00
TOTAL OF ALL EXP	ENSES INCURRED ON COM	MITTEE CREDIT C	ARD (Enter tota	al on Line 27 of Summary Page)	φυ.υυ

Same of Creditor Date Incurred Amount I	0.00
S. Expenses Incurred by Committee but Not Paid During this Period Same of Creditor Date Incurred Date Incurred Date Incurred Date Incurred	0.00
State CT Zip Code Candidate(s) Name (if applicable) Office Sought	0.00
Street Address State Zip Code Candidate(s) Name ((f applicable) Office Sought Type of Expenditure (f applicable) Coordinated with reimbursement sought Coordinated without reimbursement sought Coordinated with reimbursement sought Coordinated without reimbursement sought Coordinated with reimbursement Coordi	0.00
State Zip Code Candidate(s) Name (if applicable) Office Sought	Incurred
Urpose of Expenditure Up code) Type of Expenditure (if applicable): Coordinated with reimbursement sought Coordinated with reimbursement sought Coordinated with reimbursement sought Coordinated with reimbursement sought Condinated with reimbursement sought Copposed Stame of Creditor Type of Expenditure Upose of Expendit	Incurred
Secription Coordinated with reimbursement sought Coordinated without reimbursement Coordinated without reimbursement Coordinated without reimbur	Incurred
State C D E C D E	Incurred
Street Address State CT Type of Expenditure (if applicable): C Coordinated without reimbursement sought C Organization (see Instructions) CT Unpose of Expenditure Street Address Street Address Street Address Type of Expenditure (if applicable): C Coordinated without reimbursement sought C Organization (see Instructions) CT Street Address Street Address Event # Candidate(s) Name (if applicable) Candidate(s) Name (if applicable) Condinated without reimbursement sought C Coordinated without reimbursement sought C Supported C Supported C Opposed Street Address Stree	
Type of Expenditure ("f applicable): Coordinated with reimbursement sought Independent Organization (see Instructions) Street Address Type of Expenditure ("f applicable): Coordinated without reimbursement sought Independent Organization (see Instructions) Street Address Event # Type of Expenditure ("f applicable): CT Type of Expenditure ("f applicable): CT Type of Expenditure ("f applicable): CT Type of Expenditure ("f applicable): Coordinated with reimbursement sought Coordinated with reimbursement sought Coordinated with reimbursement sought Coordinated with reimbursement sought Coordinated without reimbursement sought	į
Type of Expenditure (if applicable): C Coordinated with reimbursement sought C Coordinated without reimbursement sought Independent Organization (see Instructions) Firet Address Date Incurred Amount I (Estimate of Creditor Type of Expenditure (if applicable): C Coordinated without reimbursement sought C Coordinated with reimbursement sought C Coordinated without reimbursement sought C Organization (see Instructions) C Organization (see Instructions) C Opposed \$(Coordinated Without reimbursement sought) C Organization (see Instructions) C Opposed \$(Coordinated Without reimbursement sought)	
by code) Coordinated with reimbursement sought Coordinated without reimbursement sought Independent Organization (see Instructions) Opposed	
Independent Corganization (see Instructions) Copposed Supported Copposed Summer of Creditor Date Incurred Amount Interest Address Event #	
Name of Creditor Street Address Event # State Zip Code Candidate(s) Name (if applicable) Office Sought Type of Expenditure (if applicable): C Coordinated with reimbursement sought C Coordinated without reimbursement sought C Coordinated without reimbursement sought C Coganization (see Instructions) C A C B C C D T E	00.00
City State Zip Code Candidate(s) Name (if applicable) Office Sought Type of Expenditure (if applicable): C Coordinated with reimbursement sought C Coordinated without reimbursement sought C Coordinated without reimbursement sought C Independent C Organization (see Instructions) C A C B C C D T E	
CT Type of Expenditure (if applicable): C Coordinated with reimbursement sought C Coordinated without reimbursement sought Independent C Organization (see Instructions) C Opposed \$6	
by code) C Coordinated with reimbursement sought C Coordinated without reimbursement sought Independent C Organization (see Instructions) C A C B C C D T E	
Description C Independent C Organization (see Instructions) OA C B C C D C E Supported COpposed \$(1)	
	0.00
(Estimate of	Incurred
Street Address Event #	~ · · · · · · · · · · · · · · · · · · ·
City State Zip Code Candidate(s) Name (if applicable) Office Sought	
Type of Expenditure (if applicable): by code) Type of Expenditure (if applicable): Coordinated with reimbursement sought Coordinated without reimbursement sought	
Description Underendent	\$0.00
	\$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
	\$0.00

	<u> </u>	IV. EXPEN	DITUI	RES			Page 17 of 17		
NAME OF COMMITTEE					FILING	DUE DATE			
People For Excellence	in Governn	nent				01/11/2010			
T. Itemization	of Reimb	oursements to (<u>Com</u> mi	ttee W	orkers and Co	onsultants			
.ast Name of Worker/Consultant Beccaro	First Willian		мі Р	Date of	Payment 12/08/2009	Method of Payment	Amount		
Secondary Payee			<u> </u>	Purpose	e of Expenditure	Check #_ 1236			
Sedia Corp, Verizon Wireless				(by cod	e) RCW	C Debit Card			
itreet Address 105 Elm Street		City Old Sayb	rook		State CT	Zip Code 06475			
Description									
telephone, cellular & internet equiptmen	t								
Type of Expenditure (if applicable): C Coordinated with reimbursement sought C Coordinated without reimbursement sought Independent Organization (see Instructions)	Candidate(s) (if applicabl			Office S	Sought	∰ Supported ∰ Opposed	\$450.78		
ast Name of Worker/Consultant	First		MI	Date of	Payment	Method of Payment	Amount		
Beccaro	William		Р		12/08/2009				
iccondary Payee Marriott Corp, various gas station	s and restar	ırants		Purpose (by cod	e of Expenditure le) RCW	Check # 1241			
Street Address		City			State	Zip Code	-		
12 New City Street		Washing	ton		DC	20004			
Description travel / lodging - trip to Washington D	C to meet w	ith CT congression	nal dele	egation					
Type of Expenditure (if applicable): Coordinated with reimbursement sought Coordinated without reimbursement sought Independent Organization (see Instructions)	Candidate(s			Office	Sought	○Supported ○Opposed	§ \$1,418.31		
Last Name of Worker/Consultant	CIA SEB SIC SED SE								
Beccaro	Gloria MI Date of Payment Method of Payment 12/08/2009								
lecondary Payce Verizon	I/hu anda)								
Street Address P.O. Box 15041		City Worches	ter		State MA	Zip Code 01615			
Description telephone, cellular & internet services		<u> </u>			· · · · · · · · · · · · · · · · · · ·				
Type of Expenditure (if applicable): Coordinated with reimbursement sought Coordinated without reimbursement sought Independent Organization (see Instructions)	Candidate(s			Office	Sought	C Supported C Opposed	\$ \$801.42		
Last Name of Worker/Consultant	First		MI P	Date of Payment 12/08/2009		Method of Payment	Amount		
Beccaro Gecondary Payee Corner Grinder, Metric Grill, Ralp	William			Purpos (by co	se of Expenditure de) RCW	Check #_ 1241 Debit Card	-		
Street Address		City			State	Zip Code	-		
12 New City Street		Essex			СТ	06426			
Description reimbursement - meals									
Type of Expenditure (if applicable): Coordinated with reimbursement sought Coordinated without reimbursement sought Independent	Candidate(:			Office	Sought	C. Supported C. Opposed			
© Organization (see Instructions)							\$1,950.1°		
C.A. C.D. C.C. C.D.S. E				<u>-</u> 7.	SUBT	OTAL Section T-This Page	\$4,620.62		
	······································					fadditional Section T Pages	04.004.4		
	OFALLE	FIMDIDCEMEN	TC TA	COMM	ITTEE WORKE	RS AND CONSULTANTS	\$8,924.78		

	I.	MONI Section 1									
LAVE OF COMMITTEE		Section 1	o. Au	amona.		"ב		FILING DI			
PEOPLE FOR EXCELLE	ENCE IN	600"	τ					l	101	<u> </u>	
	B. Item	ized Cont	ributi		m In	dividı	ıals				and the same
ast Name SOLLERT		First LEE MI Principal Occupation								Amount of Contribution	
esidential Street Address 20 OLD FARKS HILL RD	City WESTF	OPT 1	State	2ip Code 0688	0	86	LF	<u>-</u>		.6-	
s contributor a lobbyist, spouse, Yes r dependent child of a lobbyist?	If contribution municipality municipality	does contribut valued at more	or or buse than \$5	siness he/sl 5,000?	ne is as	Yes 🙏	N N	nave a con	iract with sa	of a nid	
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	No .	ontributor a pr If yes, indicate of government	e which l	branch or b tract is with	oranche n:	es 🔲 E		tive 🗆 Le		Yes AL No	
Method of contribution: ☐ Cash Personal Check ☐ Credit/Debi	it Card 🗆 Payroll	Deduction [Money			121	09		25	50.00	250.00
ast Name Bosco	First DAU 1			MI			7 <i>V</i> 1	00	REP.	•	Amount of Contribution
tesidential Street Address 14 SOUTH LANE	City REDDI	NG	CT	Zip Code 687	2	lame of E		DHEUN	ity C	elleges]
s contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution municipality	n is in excess does contribu	tor or bu	to a candid siness he/s	he is a	ssociated	for a	chief execu have a con	itiv e officer	of a aid	<u> </u>
	Yes Is c	ontributor a pr If yes, indicat of government	rincipal o	of a state co	branch	es		ive state co	egislative	☐ Yes No	
Method of contribution: Cash Personal Check Credit/Deb	it Card □ Payrol	l Deduction [☐ Mone			cceived Z Z	10	9	Aggregate c	ontributions O.OO	250.00
ast Name Bucci	First TRICIA MI Principal Occupation HOMEMAKER								Amount of Contribution		
tesidential Street Address 582 ROOSEVELT DRIVE	City	RD	CT	Zip Code	8	Name of E			<u> </u>		
s contributor a lobbyist, spouse, or dependent child of a lobbyist?	municipality	on is in excess does contribu valued at mo	itor or bu	usiness he/s	she is a	ommittee associate Yes	for a	h have a co	utive officer ntract with s	of a said	
	No	contributor a p If yes, indica of governmen	te which	branch or	brancl	hes		tive state continue L	egislative	☐ Yes Æ No	
Method of contribution: ☐ Cash Personal Check ☐ Credit/Det	oit Card 🗆 Payro	II Deduction	☐ Mone	ey Order		leceived	2/0	9	Aggregate	So.00	250.0
ast Name CRUAHRN	First			MI	ļ	Principal (60	NSULT	ANA		Amount of Contribution
tesidential Street Address P.O. Box 385 - Meloly La	AP City Stra	Hord	State	Zip Code	5	Name of I	-	SEL			_
s contributor a lobbyist, spouse, or dependent child of a lobbyist?	municipalit	on is in excess does contrib valued at mo	utor or b	usiness he/	she is	ommittee associate] Yes	ed wil	in have a co	utive office ontract with	r of a said	
	Yes Is No	contributor a particular of government	ate which	h branch or	branc	hes		ctive state c	Legislative	Yes No	
Method of contribution: ☐ Cash Personal Check ☐ Credit/De	bit Card 🔲 Payro	II Deduction	☐ Mon		Date I	Received	Z	09	Aggregate	50.00	750.0
ast Name CARLSON	First Po	BERT		MI		Principal	7	PES 1	DENT		Amount of Contribution
Lesidential Street Address OB SOUNDVIEW PRIVE	City EAS	TON	State	Zip Code			PL	sou	CON.		
s contributor a lobbyist, spouse, or dependent child of a lobbyist?	municipalit	ion is in exces y does contrib y valued at m	outor or b	business he	she is	committe associat Yes	ted wi	ith have a c	cutive office ontract with	er of a said	
		contributor a If yes, indic of government	principa	l of a state h branch o	contra r brand vith:	actor or p	orospe	ective state	Legislative	☐ Yes No	
M. A. J. Community of the state				Ondar	Date	Received	12	na		contributions	500.0
Cash Personal Check Credit/De	ebit Card 🗀 Payr	oll Deduction		iey Order	1	(0)	4	U			2000.0

I. MONETARY RECEIPTS Section B. Additional Page JAME OF COMMITTEE FILING DUE DATE EXCELLENCE IN GOU'T B. Itemized Contributions from Individuals Principal Occupation BUS (NES S Amount of Contribution KU€ 06114 If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a ☐ Yes s contributor a lobbyist, spouse, ₹ No municipality does contributor or business he/she is associated with have a contract with said or dependent child of a lobbyist? municipality valued at more than \$5,000? ☐ Yes ⚠ No Is this contribution associated with a Is contributor a principal of a state contractor or prospective state contractor? □ Yes fundraising event listed in Section L1? If yes, indicate which branch or branches Νo If yes, list Event # ☐ Executive ☐ Legislative of government the contract is with: Aggregate contributions Date Received Method of contribution: 2,50.00 ☐ Cash Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order 250.*0*0 NSURANCE Amount of CARROLL EAN Contribution in Code Vame of Employer OLO 06118 MERIT s contributor a lobbyist, spouse, Yes If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a No No or dependent child of a lobbyist? municipality does contributor or business he/she is associated with have a contract with said ☐ Yes 🀔 No municipality valued at more than \$5,000? **₺** Yes Is this contribution associated with a Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes fundraising event listed in Section L1? ☐ No No If yes, indicate which branch or branches If yes, list Event # ☐ Executive ☐ Legislative of government the contract is with: Aggregate contributions Date Received Method of contribution: 2 500.00 Personal Check Credit/Debit Card Payroll Deduction Money Order □ Cash 12 Amount of ROBERT CHRISTOPH J Contribution Lesidential Street Address ip Code KOA D SELF 33140 Auron ☐ Yes No If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a s contributor a lobbyist, spouse, municipality does contributor or business he/she is associated with have a contract with said or dependent child of a lobbyist? ☐ Yes No municipality valued at more than \$5,000? **≇**Yes Is this contribution associated with a Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☐ No fundraising event listed in Section L1? If yes, indicate which branch or branches **₹** No If yes, list Event # of government the contract is with: ☐ Executive ☐ Legislative Aggregate contributions Date Received Method of contribution: 04 250.00 ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order lΖ Principal Occupation REAL Contribution Name of Employer ST Yes If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a s contributor a lobbyist, spouse, ₩. municipality does contributor or business he/she is associated with have a contract with said or dependent child of a lobbyist? No municipality valued at more than \$5,000? ☐ Yes 📂 No **∕**Yes Is this contribution associated with a Is contributor a principal of a state contractor or prospective state contractor? □ Yes If yes, indicate which branch or branches fundraising event listed in Section L1? ☐ No ☐ Executive ☐ Legislative If yes, list Event # of government the contract is with: Aggregate contributions Method of contribution: 250.00 ☐ Cash Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order 250.00 Di PIANO ΜI Principal Occupation Amount of Contribution Zip Code Name of Employe lesidential Street Address [ERPACE CT 06604 5 LYON 6 ☐ Yes If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a s contributor a lobbyist, spouse. **K** No municipality does contributor or business he/she is associated with have a contract with said or dependent child of a lobbyist? ☐ Yes 🗷 No municipality valued at more than \$5,000? Yes Yes Is this contribution associated with a Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes If yes, indicate which branch or branches fundraising event listed in Section L1? **Æ** No If yes, list Event # ☐ Executive ☐ Legislative of government the contract is with: Aggregate contributions Date Received Method of contribution: 250.00 ☐ Cash Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order <u>۵</u>.۵۵ て 500.00 SUBTOTAL Section B-This Page 2, Page οf

		NETARY n B. Addit				.,,			
VAME OF COMMITTEE									
PEOPLE FOR EXCELLE	NCE IN GOU	· T			L	10/1	٥		
	B. Itemized Co.								
Last Name DIGGS	First DERRICK	-	4I	Principal Occupa	STRUCTI			Amount of Contribution	
Residential Street Address IOIO WETHERSFIELD AVE	City HARTFORD		6114	D1665	CON	STRUC			
s contributor a lobbyist, spouse, or dependent child of a lobbyist?	contributor a lobbyist, spouse,								
· · · · · · · · · · · · · · · · · · ·	Is this contribution associated with a fundraising event listed in Section L1? No If yes, list Event # 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: Executive Legislative Legislative								
Method of contribution: ☐ Cash Personal Check ☐ Credit/Debit C	Card Payroll Deduction	☐ Money Ord		Received 12/0	? ^	ZS0		250.00	
ast Name NARDO	First NANCY		ИІ		RPERSO	SKI		Amount of Contribution	
Lesidential Street Address GI SUZANNE CIRCLE	TRUMBULL	State Zip C	Code 6611	Name of Employ	TATE CEI	UTRAL	Corre		
s contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in exces municipality does contrib municipality valued at m	butor or busine:	ss he/she is	committee for a	chief executive have a contra	e officer o			
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	o If yes, indic	principal of a state which branent the contract	ich or brand	ches	tive 🗆 Leg	islative 2	☐ Yes 分 No		
Method of contribution: ☐ Cash Personal Check ☐ Credit/Debit C	Card Payroll Deduction	☐ Money Ord	der	Received 12/0	9a	ggregate con	tributions	250.00	
ast Name DINARDO	First SAL MI Principal Occupation PARTNER							Amount of Contribution	
323 NORTH AVE	BRIGEPORT	BRIGEPORT CT 06606 PETER DINARDO ENT.							
s contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excemunicipality does contribution municipality valued at m	butor or busine	ss he/she is	committee for a s associated with Yes K	n have a contr	ve officer o	f a d		
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	o <i>If yes</i> , indic	principal of a seate which branent the contract	nch or brand t is with:	☐ Execu	itive 🗆 Leg	islative	☐ Yes ✔ No		
Method of contribution: ☐ Cash Personal Check ☐ Credit/Debit of Check ☐ Check ☐ Credit/Debit of Check ☐ Check	Card ☐ Payroll Deduction	☐ Money Or		2 17 C	29	ggregate coi	0.00	250.00	
ast Name Donovan	First DA N		MI		UELOPE	in.		Amount of Contribution	
los N PARK AUE	EASTON	CTO	Code 12		PORO,				
s contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in exce municipality does contri municipality valued at n	butor or busine	ss he/she i	committee for a s associated with Yes	h have a contr	ve officer of act with sa	of a id		
Is this contribution associated with a fundraising event listed in Section L1?									
Method of contribution: ☐ Cash	Card Payroll Deduction	ı □ Money Or		Received 109		aggregate co	0.06	200.00	
.ast Name DUNU	First DAULD		MI		-ABOR	RELAT	10NS	Amount of Contribution	
192 EUNICE PARLWAY	City STRATFORD	Cro	Code 86615	Name of Employ	154 OF		GEPORT		
s contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in exce municipality does contri municipality valued at n	butor or busine	ess he/she i	committee for a s associated wit	h have a conti	ve officer of act with sa	of a id		
Is this contribution associated with a fundraising event listed in Section L1?									
Method of contribution: ☐ Cash Personal Check ☐ Credit/Debit	Card Payroll Deduction	ı 🗌 Money Oı		Received	99	Aggregate co 250	ntributions 9.00	250.00	
					SUBTOTAL	Section	B-This Page	1200.00	
							Page 3	of 9	

		NETAR n B. Ado							
JAME OF COMMITTEE	Section	i, p. Aut	aravnat	and the state of t	7 DUE DATE				
PEOPLE FOR EXCELLE	ENCE IN GOO	· T			1/11/10	5 x x			
	B. Itemized Co	ntributio	ons from	Individuals					
Last Name DWYER	First PHILIP	c 7	MI ip Code	Principal Occupation PRESID	ENT	Amount of Contribution			
lesidential Street Address	NEW HAVEN	CTC	36511	CT WYI	4cA				
s contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in exce municipality does contri municipality valued at n	butor or busi	iness he/she i	committee for a chief ex s associated with have a Yes 100 No	ecutive officer of a contract with said				
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	√o <i>If yes</i> , indi	a principal of cate which be ent the contra	ranch or bran	actor or prospective state iches Executive	Legislative No				
Method of contribution: ☐ Cash Personal Check ☐ Credit/Debit		n □ Money (Received 12/09	Aggregate contributions 250.00	250.00			
ERTON	First		MI		WPER	Amount of Contribution			
1331 GRIFFIN AUE	BRIGE PORT	CT	ip Code 06606	• • • • • • • • • • • • • • • • • • • •	DEVOLOPHENT				
s contributor a lobbyist, spouse, r dependent child of a lobbyist?	If contribution is in exce municipality does contr municipality valued at n	ibutor or busi	iness he/she i	committee for a chief exis associated with have a Yes No	ecutive officer of a contract with said				
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	No <i>If yes</i> , indi	a principal of cate which b tent the contr	ranch or brar	ractor or prospective state nches	Legislative No				
Method of contribution: ☐ Cash	Card ☐ Payroll Deduction	n 🗆 Money		12/2/09	Aggregate contributions 250.00	250.00			
ast Name EPSTEIN	TNAME EPSTEIN First ANNE MI Principal Occupation HOMEMAKER								
lesidential Street Address 245 Wilson ST	City	State Z	ip Code 06432	Name of Employer					
s contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in exc	ibutor or bus	iness he/she	committee for a chief exist associated with have a Yes Ko	secutive officer of a contract with said				
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	No If yes, indi	a principal of icate which b nent the contr	oranch or brai	ractor or prospective stat nches Executive	Legislative				
Method of contribution: ☐ Cash Personal Check ☐ Credit/Debit	Card Payroll Deductio	n 🗌 Money	Order Date	2 17 09	Aggregate contributions 250.00	250.00			
ast Name EUERSLEY	First DOMALD		MI	Principal Occupation	R-OPED	Amount of Contribution			
382 CENTRAL PARK W	City NEW YORK	N(Zip Code し り 0こつ	Name of Employer CITY OF					
s contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in exc municipality does contr municipality valued at a	ibutor or bus	siness he/she	e committee for a chief exist associated with have a Yes No	xecutive officer of a contract with said				
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	No <i>If yes</i> , ind	a principal o icate which b nent the confi	oranch or bra ract is with:	☐ Executive [☐ Legislative				
Method of contribution: ☐ Cash	Card 🗆 Payroll Deductio	n 🗌 Money		12/2/09	Aggregate contributions 150.00	150.00			
ast Name FERGUSON tesidential Street Address	First RICHAR		MI Zip Code	Principal Occupation	ttorne-1	Amount of Contribution			
25 EDGEWATER HILLSID	E WESTPORT	CT	06880	9	ELF	_			
s contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in exc municipality does cont municipality valued at	ributor or bus	siness he/she	e committee for a chief e is associated with have a Yes ANO	a contract with said				
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	No If yes, ind	a principal of licate which the cont	branch or bra tract is with:	☐ Executive [No.				
Method of contribution: ☐ Cash ☐ Personal Check ☐ Credit/Debi	t Card Payroll Deduction	on 🗆 Money	i i	12 17 09	Aggregate contributions 300	300.00			
				SUBTO	OTAL Section B-This Page	1200.00			
					Page 4	of 9			

MONETARY RECEIPTS Section B. Additional Page NAME OF COMMITTEE 10 Excellence 600'T FOR PEDRI E Itemized Contributions from Individuals B. Ml Principal Occupation Amount of TRAFFIC ENGINEER Contribution GALANTE Name of Employer Zip Code 06430 ROAD SELF FARRIELD 4 If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a Yes No s contributor a lobbyist, spouse, municipality does contributor or business he/she is associated with have a contract with said or dependent child of a lobbyist? ☐ Yes ☐ No municipality valued at more than \$5,000? Is contributor a principal of a state contractor or prospective state contractor? **F**Yes Is this contribution associated with a □ No If yes, indicate which branch or branches fundraising event listed in Section L1? of government the contract is with: ☐ Executive ☐ Legislative If yes, list Event # Aggregate contributions Date Receive Method of contribution: 250.00 ☐ Cash Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order 250.00 Principal Occupation Amount of MB PRESIDENT Contribution 6 REENFIELD Zip Code State Av∈ 0661 CT LEO BRINSMAYD If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a Yes s contributor a lobbyist, spouse, municipality does contributor or business he/she is associated with have a contract with said KI No or dependent child of a lobbyist? municipality valued at more than \$5,000? ☐ Yes 🗷 No Yes No ☐ Yes Is this contribution associated with a Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches fundraising event listed in Section L1? ☐ Executive ☐ Legislative of government the contract is with: If yes, list Event # Aggregate contributions Method of contribution: 2.50.00 250.00 ☐ Cash 🄀 Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order Principal Occupation Amount of KABEL DEPUTY Contribution esidential Street Address State Zip Code HUENUE 06605 CITY BRIDGEPORT 267 LAKE CT OF If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a ☐ Yes s contributor a lobbyist, spouse, or dependent child of a lobbyist? -No municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? ☐ Yes 🔀 No Yes No Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes Is this contribution associated with a If yes, indicate which branch or branches fundraising event listed in Section L1? ☐ Executive ☐ Legislative of government the contract is with: If yes, list Event # Aggregate contributions Date Received Method of contribution: 250.00 09 \mathcal{Z} 250.00 Amount of Principal Occupation DEUELOPER Contribution Name of Employer esidential Stre 06880 SELF CT 315 NORTH If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a ☐ Yes s contributor a lobbyist, spouse, municipality does contributor or business he/she is associated with have a contract with said **№** No or dependent child of a lobbyist? municipality valued at more than \$5,000? ☐ Yes △No Yes Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes Is this contribution associated with a 170 No ☐ No If yes, indicate which branch or branches fundraising event listed in Section L1? ☐ Executive ☐ Legislative of government the contract is with: If yes, list Event # Aggregate contributions Date Received Method of contribution: 500.00 500.08 ☐ Cash Amount of JOHN Contribution Zip Code State esidential Street Address CT 06101 KELLY If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a Yes s contributor a lobbyist, spouse, municipality does contributor or business he/she is associated with have a contract with said **⊠** No or dependent child of a lobbyist? municipality valued at more than \$5,000? ☐ Yes Æ No ☐ Yes Is contributor a principal of a state contractor or prospective state contractor? Is this contribution associated with a 🔼 Yes **⊠** No If yes, indicate which branch or branches fundraising event listed in Section L1? ☐ No ☐ Executive ☐ Legislative If yes, list Event # of government the contract is with: Aggregate contributions Date Received Method of contribution: 09 ☐ Cash Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order Z50.00 1500.00 SUBTOTAL Section B-This Page

I. MONETARY RECEIPTS Section B. Additional Page FILING DUE DATE JAME OF COMMITTEE EXCELLENCE lO FOR Itemized Contributions from Individuals _ast Name Principal Occupation Amount of HRTHUR LASKE ATTORNEY Contribution Name of Employer Residential Street Address City Code ROAD EASTON 06612 CENTER CT Yes s contributor a lobbyist, spouse, 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 or dependent child of a lobbyist? municipality valued at more than \$5,000? ☐ Yes 🔼 No **Z**Yes Is this contribution associated with a Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☐ No fundraising event listed in Section L1? If yes, indicate which branch or branches If yes, list Event # of government the contract is with: ☐ Executive ☐ Legislative Date Received Aggregate contributions Method of contribution: 250,00 ☐ Cash Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order 50.00 JEFFREY CONSULTANT LEICHTM AN Contribution lesidential Street Address Zip Code RD 06443 HILL SILO GLOBAL INFASTRUCTURE ☐ Yes If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a s contributor a lobbyist, spouse, No. municipality does contributor or business he/she is associated with have a contract with said or dependent child of a lobbyist? municipality valued at more than \$5,000? ☐ Yes 🛣 No X Yes Is this contribution associated with a Is contributor a principal of a state contractor or prospective state contractor? □ Yes fundraising event listed in Section L1? □ No If yes, indicate which branch or branches If yes, list Event # of government the contract is with: ☐ Executive ☐ Legislative Aggregate contributions Date Received Method of contribution: ☐ Cash Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order 250,00 12 ast Name First Principal Occupation LONGO PRESIDENT Contribution lesidential Street Address Zip Code Yes No If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a s contributor a lobbyist, spouse, or dependent child of a lobbyist? municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? ☐ Yes 💆 No **★** Yes Is this contribution associated with a ls contributor a principal of a state contractor or prospective state contractor? ☐ Yes fundraising event listed in Section L1? ☐ No If yes, indicate which branch or branches If yes, list Event # of government the contract is with: ☐ Executive ☐ Legislative Aggregate contributions Date Receive Method of contribution: ☐ Cash 12 500.00 508.00 ast Name First MI Principal Occupation Amount of ANN RETIRED 44NC+ Contribution tesidential Street Address Zip Code إمامام 56405 If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a s contributor a lobbyist, spouse, or dependent child of a lobbyist? municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? ☐ Yes X No Yes Yes Is this contribution associated with a Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes fundraising event listed in Section L1? No. ☐ No If yes, indicate which branch or branches If yes, list Event # of government the contract is with: ☐ Executive ☐ Legislative Date Received Aggregate contributions Method of contribution: ☐ Cash Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order 2 09 50.00 50.00 ΜI .ast Nam Principal Occupation Amount of MALEY EDWIN ATTORNEY Contribution Lesidential Street Address Zip Code SHAWNEE CT 06416 If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a s contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? ☑ No municipality does contributor or business he/she is associated with have a contract with said ☐ Yes ♣ No municipality valued at more than \$5,000? 🗷 Yes Is this contribution associated with a Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes fundraising event listed in Section L1? ☐ No If yes, indicate which branch or branches No No If yes, list Event # of government the contract is with: ☐ Executive ☐ Legislative Aggregate contributions Date Received Method of contribution: 250.00 300.00 SUBTOTAL Section B-This Page

I. MONETARY RECEIPTS Section B. Additional Page NAME OF COMMITTEE 10 EXCELLENCE 12 600'T FOR B. Itemized Contributions from Individuals ΜI Principal Occupation Amount of ast Name Contribution Name of Employer Zip Code Residential Street Address ROAD 06033 CT rs von otea Yes No If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a s contributor a lobbyist, spouse, municipality does contributor or business he/she is associated with have a contract with said or dependent child of a lobbyist? ☐ Yes ☐KNo municipality valued at more than \$5,000? ☐ Yes Is this contribution associated with a **A**Yes Is contributor a principal of a state contractor or prospective state contractor? fundraising event listed in Section L1? □ No If yes, indicate which branch or branches ₩ No If yes, list Event # of government the contract is with: ☐ Executive ☐ Legislative Aggregate contributions Date Received Method of contribution: 300.00 ☐ Cash Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order 300.00 First Principal Occupation Amount of MEDNICK Contribution Zip Code Name of Employe lesidential Street Address 06517 St ROSPECT If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a s contributor a lobbyist, spouse, Yes **⊠**_No municipality does contributor or business he/she is associated with have a contract with said or dependent child of a lobbyist? municipality valued at more than \$5,000? ☐ Yes ► No Is this contribution associated with a X Yes Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☐ No JØ No fundraising event listed in Section L1? If yes, indicate which branch or branches ☐ Executive ☐ Legislative If yes, list Event # of government the contract is with: Aggregate contributions Date Received Method of contribution: 3**5**0.00 ☐ Cash Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order Principal Occupation ast Name First Amount of Contribution MEYER lesidential Street A ST CT 06606 MAIN If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a Yes s contributor a lobbyist, spouse, **⊠**No municipality does contributor or business he/she is associated with have a contract with said or dependent child of a lobbyist? municipality valued at more than \$5,000? ☐ Yes **Æ** No Yes □ Yes Is this contribution associated with a Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches fundraising event listed in Section L1? 📆 No ☐ Executive ☐ Legislative If yes, list Event # of government the contract is with: Aggregate contributions Date Received Method of contribution: 09 Cash Personal Check Credit/Debit Card Payroll Deduction Money Order 250,00 250.00 Principal Occupation ast Name First Amount of CONTRACTOR Contribution Name of Employer 06484 MERLT α COCH If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a s contributor a lobbyist, spouse, Yes municipality does contributor or business he/she is associated with have a contract with said or dependent child of a lobbyist? K No ☐ Yes **Æ**-No municipality valued at more than \$5,000? Yes. Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes Is this contribution associated with a No. fundraising event listed in Section L1? If yes, indicate which branch or branches ☐ Executive ☐ Legislative of government the contract is with: If yes, list Event # Aggregate contributions Date Received Method of contribution: 09 250,00 12 Personal Check Credit/Debit Card Payroll Deduction Money Order 250.00 ☐ Cash MI Principal Occupation Amount of UETENERIAN Contribution Zip Code Name of Employer State STREET 29 CT 06611 DUM If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a s contributor a lobbyist, spouse, ☐ Yes municipality does contributor or business he/she is associated with have a contract with said or dependent child of a lobbyist? **∖**X No municipality valued at more than \$5,000? ☐ Yes 💆 No Is this contribution associated with a Yes Yes Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes fundraising event listed in Section L1? □ No If yes, indicate which branch or branches **⊠** No If yes, list Event # of government the contract is with: ☐ Executive ☐ Legislative Aggregate contributions Method of contribution: Date Received 09 1**360**.00 SUBTOTAL Section B-This Page

MONETARY RECEIPTS Section B. Additional Page FILING DUE DATE JAME OF COMMITTEE u 10 EXCELLENCE IN GOU'T FOR **Itemized Contributions from Individuals** В. Principal Occupation ATTORNE MI First Amount of Contribution Zip Code Name of Employer BRIDGEPORT AUE 06604 3500 PARK If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a s contributor a lobbyist, spouse, Yes Ø_No or dependent child of a lobbyist? municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? ☐ Yes Æ No **√∠** Yes Is this contribution associated with a Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes fundraising event listed in Section L1? ☐ No If yes, indicate which branch or branches **Æ** No If yes, list Event # of government the contract is with: ☐ Executive ☐ Legislative Aggregate contributions Date Received Method of contribution: ☐ Cash Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order 250.00 250.00 ast Name Amount of Contribution Zip Code 06880 If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a s contributor a lobbyist, spouse, Yes municipality does contributor or business he/she is associated with have a contract with said or dependent child of a lobbyist? municipality valued at more than \$5,000? ☐ Yes Yes No Is this contribution associated with a Is contributor a principal of a state contractor or prospective state contractor? □ Yes fundraising event listed in Section L1? If ves, indicate which branch or branches If yes, list Event # of government the contract is with: ☐ Executive ☐ Legislative Aggregate contributions Date Received Method of contribution: ☐ Cash ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order 250.00 250,00 12 First Principal Occupation Amount of RAUCC 1 BUILDER Contribution Zip Code ROAL 06611 Bismark Cr STONEHOUSE ☐ Yes If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a s contributor a lobbyist, spouse, ØK No municipality does contributor or business he/she is associated with have a contract with said or dependent child of a lobbyist? municipality valued at more than \$5,000? ☐ Yes 🙇 No Yes Is this contribution associated with a Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes fundraising event listed in Section L1? □ No If yes, indicate which branch or branches No. If yes, list Event # ☐ Executive ☐ Legislative of government the contract is with: Aggregate contributions Method of contribution: Date Received 250.00 ☐ Cash Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order МІ Principal Occupation Amount of RICCI OHN HIRPORT Contribution BRIDGEPORT Zip Code Name of Employe State 2675 PARK HUENUE CT 06604 OF If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a s contributor a lobbyist, spouse, ☐ Yes municipality does contributor or business he/she is associated with have a contract with said or dependent child of a lobbyist? **Æ**No ☐ Yes 🏋 No municipality valued at more than \$5,000? **Z**Yes Is this contribution associated with a Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes fundraising event listed in Section L1? □ No If yes, indicate which branch or branches If ves, list Event # of government the contract is with: ☐ Executive ☐ Legislative Aggregate contributions Date Received Method of contribution: 250.00 ☐ Cash Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order 250.00 Principal Occupation Amount of EXECUTIVE Contribution tesidential S State Name of Employer CIRCLE 06830 PURDUE Yes No If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a s contributor a lobbyist, spouse, Yes municipality does contributor or business he/she is associated with have a contract with said or dependent child of a lobbyist? municipality valued at more than \$5,000? ☐ Yes **AL** No **⊘**Yes Is this contribution associated with a Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes fundraising event listed in Section L1? ☐ No If yes, indicate which branch or branches **4**₹No ☐ Executive ☐ Legislative If yes, list Event # of government the contract is with: Aggregate contributions Method of contribution: ☐ Cash Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order Date Received 500.00 09 500·00 500.00 SUBTOTAL Section B-This Page 8

MONETARY RECEIPTS Section B. Additional Page NAME OF COMMITTEE EXCELLENCE 600'T 10 FOR B. Itemized Contributions from Individuals MI Amount of DIRECTOR Contribution Lesidential Street Address Zip Code Name of Employer City State SOUTHPORT SANTA CHESTER 06890 If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a s contributor a lobbyist, spouse, ☐ Yes No. or dependent child of a lobbyist? municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? ☐ Yes X Yes Is this contribution associated with a Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes □ No fundraising event listed in Section L1? If yes, indicate which branch or branches **A**No If yes, list Event # ☐ Executive ☐ Legislative of government the contract is with: Aggregate contributions Date Received Method of contribution: 250.0A ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order 250.00 First ast Name Principal Occupation Amount of EXECUTIVE Contribution Name of Employer lesidential Street Address DRIVE 06468 ☐ Yes No If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a s contributor a lobbyist, spouse, or dependent child of a lobbyist? municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? ☐ Yes **M**No Is this contribution associated with a Yes Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes fundraising event listed in Section L1? □ No If yes, indicate which branch or branches If yes, list Event # of government the contract is with: ☐ Executive ☐ Legislative Aggregate contributions Date Received 250,00 121 ast Name Principal Occupation Amount of PARTNER Contribution esidential Street Address 06600 TREFZ s contributor a lobbyist, spouse, Yes If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a No Ye or dependent child of a lobbyist? municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? ☐ Yes 🖊 No Yes Is this contribution associated with a Is contributor a principal of a state contractor or prospective state contractor? fundraising event listed in Section L1? If yes, indicate which branch or branches If yes, list Event # ☐ Executive ☐ Legislative of government the contract is with: Aggregate contributions Method of contribution: ☐ Cash Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order 250.00 ast Name Principal Occupation G UDLi Contribution lesidential Street Address ip Code COLONIAL C 06468 RIVE s contributor a lobbyist, spouse, ☐ Yes If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a No. municipality does contributor or business he/she is associated with have a contract with said or dependent child of a lobbyist? municipality valued at more than \$5,000? ☐ Yes ÆNo Is this contribution associated with a 14 Yes Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes fundraising event listed in Section L1? ☐ No If yes, indicate which branch or branches If yes, list Event # ☐ Executive ☐ Legislative of government the contract is with: Aggregate contributions Date Receive Method of contribution: ☐ Cash Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order 750.00 250,00 .ast Name Amount of Contribution tesidential Street Address Zip Code Name of Employer State s contributor a lobbyist, spouse, Yes If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a □ No or dependent child of a lobbyist? municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? ☐ Yes ☐ No Is this contribution associated with a ☐ Yes Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes fundraising event listed in Section L1? □ No If yes, indicate which branch or branches □ No If yes, list Event # of government the contract is with: ☐ Executive ☐ Legislative Method of contribution: Date Received Aggregate contributions ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order 000.00 SUBTOTAL Section B-This Page

			XPENDITU P. Additions						
NAME OF COMMITTEE				the second of the second second	ING DUE DATE				
	CELLENCE 1	ار (OOU'T		1/11/10				
	THE RESERVE SHEET SHEET ASSESSED.	5,20,30,000	es Paid by Co	mmittee					
Name of Payee KERRY WO	Method of Payment	Amount							
Street Address 260 FRANCE ST.	Rocky HILL	State CT	Zip Code 06067	12/8/09	Check # 1242				
Purpose of Expenditure (by code)	Description FUNDRAISER	1 231)	ITEC		Event #				
Fype of Expenditure (if applicable): Coordinated with reimbursement sought Coordinated without reimbursement sou Independent Organization (see Instructions)	Candidate(s) Name (if upplicable)	Candidate(s) Name Office Sought							
	⊐ E					s 409.78			
WILLIAM BECCAR	^			Date of Payment	Method of Payment	Amount			
WILLIAN BECCARD Street Address 12 NEW CITY STREET	City ESSEX	State	Zip Code 06476	12/8/09	△Check # 1243 ☐ Debit Card				
Purpose of Expenditure	Description	l	<u>l</u>		Event #				
(by code) FNDR	Candidate(s) Name	RAGE	FOR FUND	PRAISER.	Supported				
Fype of Expenditure (if applicable): ☐ Coordinated with reimbursement sought ☐ Coordinated without reimbursement sou ☐ Independent ☐ Organization (see Instructions)	(if applicable)		Oii.	ee Jougin	Opposed	s 3 110.75			
	□ E			In the second	The state of the s				
Name of Payee Sonya FINCH				Date of Payment	Method of Payment	Amount			
Street Address 70 CROWN STREET	BRIDGEPORT	State	Zip Code	12/16/09	MCheck #				
Purpose of Expenditure Description Event #									
(by code) RCW SUPPLIES + MEALS ASSOCIATED W FUNDRAISER Type of Expenditure (if applicable): Candidate(s) Name Office Sought Supported									
Type of Expenditure (if applicable): ☐ Coordinated with reimbursement sought ☐ Coordinated without reimbursement sou ☐ Independent ☐ Organization (see Instructions)	(if applicable)		Or.	ee Bougin	□ Opposed	s 1193.41			
Name of Payee ERIN McDong Street Address	□ E			Date of Payment	Method of Payment	Amount			
ERIN McDONG	306H			」	1 .				
10 MIDDLE STREET	City BRIDGEPORT	State	Zip Code	12/21/09	□ Debit Card				
Purpose of Expenditure (by code) CNSLT	Description FUNDRAIS	111/6	CONSULT	116	Event #				
Type of Expenditure (if applicable): Coordinated with reimbursement sough Coordinated without reimbursement sou	Candidate(s) Name (if applicable)	<u>-</u>		ce Sought	☐ Supported ☐ Opposed				
☐ Independent ☐ Organization (see Instructions)						\$ 2,000.00			
$\Box A \Box B \Box C \Box D$				Date of Payment	Method of Payment				
Name of Payee HARTY PRES	SS.			Date of Fayment	1	Amount			
P.O. Box 392	BRATTLE BORD	State	Zip Code 05302	12/31/09	☐ Debit Card				
Purpose of Expenditure (by code) PRNT	Description FUNDR	AISER	2 (NUITE		Event #				
Type of Expenditure (if applicable): ☐ Coordinated with reimbursement sough ☐ Coordinated without reimbursement sou ☐ Independent		,	Offi	ce Sought	□Supported □Opposed				
☐ Organization (see Instructions)						s 962. 6 8			
				SÜBT	OTAL Section P-This Pag	e 7,676.02			
					Page	l of			

IV. EXPENDITURES Section S. Additional Page FILING DUE DATE NAME OF COMMITTEE FOR EXCELLENCE T. Itemization of Reimbursements to Committee Workers and Consultants Date of Payment Method of Payment Amount Name of Worker/Consultant WILLIAM BECCARD KCheck # 1243 Secondary Payee 12/8/09 Debit Card BISTRA Purpose of Expenditure (by code) treet Address FNOR AUENUE FAIRFIELD City BRIDGEPORT 06604 FOOD + BEVERAGE FOR FUNDRAKER CT ype of Expenditure (if applicable): Coordinated with reimbursement sought Candidate(s) Name ☐ Supported (if applicable) ☐ Coordinated without reimbursement sought ☐ Independent ☐ Organization (see Instructions) 3,110.75 \Box A \Box B \Box C \Box D \Box E Date of Payment Method of Payment Name of Worker/Consultant SONYA FINCH 24Check #_1245 TWO BOOTS, RALPH + RICH'S TARGET USPS, WALGREENS, KOHIS STAPLES Debit Card Purpose of Expenditure Street Address (by code) Description City State 06610 BRIDGEPORT SUPPLIES + MEALS ASSOC. W FUNDRAISER CT Candidate(s) Name Type of Expenditure (if applicable): Coordinated with reimbursement sought (if applicable) ☐ Opposed Coordinated without reimbursement sought ☐ Independent ☐ Organization (see Instructions) 1,193.41 \Box A \Box B \Box C \Box D \Box E Name of Worker/Consultant Date of Payment Method of Payment Secondary Payce ☐ Check # ☐ Debit Card Street Address Purpose of Expenditure (by code) Description City Zip Code State Candidate(s) Name Office Sought Type of Expenditure (if applicable): ☐ Supported (if applicable) Coordinated with reimbursement sought ☐ Opposed ☐ Coordinated without reimbursement sought ☐ Independent ☐ Organization (see Instructions) ☐ A ☐ B ☐ C ☐ D ☐ E Name of Worker/Consultant Date of Payment Method of Payment Amount Secondary Payee ☐ Check # ☐ Debit Card Street Address Purpose of Expenditure (by code) Zip Code Description Dity State Candidate(s) Name Type of Expenditure (if applicable): Office Sought ☐ Supported (if applicable) Coordinated with reimbursement sought ☐ Opposed ☐ Coordinated without reimbursement sought ☐ Independent Organization (see Instructions) A B B C D B E 4.304.16 SUBTOTAL Section T-This Page