

SEEC FORM 20

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



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 Do Not Mark in This Space For
 Official Use Only

SUMMARY PAGE

1. NAME OF COMMITTEE

People for Excellence in Government

2. TREASURER NAME

Title Mr	First William	MI A	Last Beccaro	Suffix
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3. TREASURER ADDRESS

Street Address 12 New City Street	City Essex	State CT	Zip Code 06426
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4. ELECTION/REFERENDUM DATE **5. OFFICE SOUGHT (Complete only if Candidate Committee)** **6. DISTRICT NUMBER (if applicable)**

(mm/dd/yyyy)		
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7. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)

Title	First	MI	Last	Suffix
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8. TYPE OF REPORT (Check One Box)

- January 10 filing
 - April 10 filing
 - July 10 filing
 - October 10 filing
 - Independent Expenditure
 - Primary
 - Election
 - 7th day preceding primary
 - 30 days following primary
 - 7th day preceding election
 - 12th day preceding election
(State Central Committees Only)
 - 45 days following election not held in November
 - 7th day preceding referendum
 - 45 days following referendum
 - Deficit
 - Termination
 - Initial Contribution or Disbursement
(PACs ONLY)
 - Amendment to
- Type of Report: _____

9. PERIOD COVERED

Beginning Date 04/01/2011	thru	Ending Date 06/30/2011
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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.

<i>William A. Beccaro</i> TREASURER OR DEPUTY TREASURER (SIGNATURE)	William A. Beccaro PRINT NAME OF SIGNER	07/11/2011 DATE (mm/dd/yyyy)
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PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.

SEEC FORM 20

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

SUMMARY PAGE
TOTALS

NAME OF COMMITTEE	FILING DUE DATE	
	07/11/2011	
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	\$295.75	
13. Contributions received from Individuals (Sections A and B)	\$4,750.00	\$109,409.18
14. Receipts from Other Committees (Sections C1 and C2)	\$500.00	\$196,817.77
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)	\$5,250.00	\$410,733.05
18. Subtotals (add totals in line 12 + line 17 in Column A; and in line 11 + 17 in Column B)	\$5,545.75	\$410,753.05
19. Expenses Paid by Committee (Section P)	\$3,934.47	\$409,141.77
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both Columns)	\$1,611.28	\$1,611.28
21. In-Kind Donations not Considered Contributions Received (Section L4)	\$0.00	\$0.00
22. In-Kind Contributions Received (Section M)	\$0.00	\$0.00
23. Refundable Deposit to Telephone Company (Section N)	\$0.00	\$0.00
24. Receipts of Organization Expenditures (Section O)	\$0.00	\$0.00
25. Beginning Loan Balance	\$0.00	\$0.00
25a. + Loans Received (Section D)	\$0.00	\$0.00
25b. + Interest and Penalties on Loan	\$0.00	\$0.00
25c. - Payments on Loan	\$0.00	\$0.00
25d. Total Outstanding Loan Amount	\$0.00	\$0.00
26. Campaign Expenses Paid by Candidate (Section Q)	\$0.00	\$0.00
27. Expenses Incurred on Committee Credit Card (Section R)	\$0.00	\$0.00
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	\$0.00	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	\$0.00	

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE					FILING DUE DATE	
People for Excellence in Government					07/11/2011	
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>					Subtotal Section A	
					\$	0.00
B. Itemized Contributions from Individuals						
Last Name Callahan		First Francis		MI	Principal Occupation property manager	
Residential Street Address 3060 Main Street		City Stratford	State CT	Zip Code 06614	Name of Employer WCTF Real Estate Corp	
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? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> 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="radio"/> Executive <input type="radio"/> Legislative			<input type="radio"/> Yes <input checked="" type="radio"/> No	
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 04/19/2011	Aggregate contributions \$750.00	\$750.00
Last Name Epstein		First Anne		MI	Principal Occupation attorney	
Residential Street Address 245 Wilson Street		City Fairfield	State CT	Zip Code 06432	Name of Employer Adleman Law Offices	
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? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> 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="radio"/> Executive <input type="radio"/> Legislative			<input type="radio"/> Yes <input checked="" type="radio"/> No	
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 04/19/2011	Aggregate contributions \$450.00	\$750.00
Last Name Epstein		First Juda		MI	Principal Occupation attorney	
Residential Street Address 245 Wilson Street		City Fairfield	State CT	Zip Code 06432	Name of Employer Law Offices of Juda J Epstein	
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? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> 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="radio"/> Executive <input type="radio"/> Legislative			<input type="radio"/> Yes <input checked="" type="radio"/> No	
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 04/19/2011	Aggregate contributions \$750.00	\$750.00
Last Name Guttman		First Jeffrey		MI	Principal Occupation abstractor	
Residential Street Address 11 Pequot Court		City Monroe	State CT	Zip Code 06488	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? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> 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="radio"/> Executive <input type="radio"/> Legislative			<input type="radio"/> Yes <input checked="" type="radio"/> No	
Method of contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order				Date Received 04/19/2011	Aggregate contributions \$250.00	\$250.00
SUBTOTAL Section B-This Page						\$2,500.00
TOTAL of additional Section B Pages						\$2,250.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Enter total on Line 13 of Summary Page)						\$4,750.00

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE People for Excellence in Government	FILING DUE DATE 07/11/2011
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C1. Contributions from Other Committees

Name of Committee NHI PAC				Name of Treasurer Lorriane A. Franco				
Address 38 Talmadge Avenue				Is this contribution associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <i>If yes, list Event #</i> <input type="radio"/> No				Amount of Contribution \$0.00
City East Haven	State CT	Zip Code 06512	Date Received 04/19/2011	Aggregate Contributions \$0.00				
Name of Committee				Name of Treasurer				
Address				Is this contribution associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <i>If yes, list Event #</i> <input type="radio"/> No				Amount of Contribution \$0.00
City	State CT	Zip Code	Date Received	Aggregate Contributions \$0.00				
Name of Committee				Name of Treasurer				
Address				Is this contribution associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <i>If yes, list Event #</i> <input type="radio"/> No				Amount of Contribution \$0.00
City	State CT	Zip Code	Date Received	Aggregate Contributions \$0.00				
Name of Committee				Name of Treasurer				
Address				Is this contribution associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <i>If yes, list Event #</i> <input type="radio"/> No				Amount of Contribution \$0.00
City	State CT	Zip Code	Date Received	Aggregate Contributions \$0.00				
Name of Committee				Name of Treasurer				
Address				Is this contribution associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <i>If yes, list Event #</i> <input type="radio"/> No				Amount of Contribution \$0.00
City	State CT	Zip Code	Date Received	Aggregate Contributions \$0.00				
Name of Committee				Name of Treasurer				
Address				Is this contribution associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <i>If yes, list Event #</i> <input type="radio"/> No				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 checked="" type="checkbox"/> Surplus Distribution <input checked="" type="checkbox"/> Payment for goods and services					
Name of Committee				Name of Treasurer				
Address				Date Received				Amount of Receipt \$0.00
City	State CT	Zip Code	<input checked="" type="checkbox"/> Reimbursement for shared expense <input checked="" type="checkbox"/> Surplus Distribution <input checked="" type="checkbox"/> Payment for goods and services					

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

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE People for Excellence in Government	FILING DUE DATE 07/11/2011
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D. Loans Received this Period

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

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

Total Section D							\$ 0.00
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E. Receipts from Entities other than Individuals or Other Committees (Referendum Committees ONLY)

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

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

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

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

Date of Receipt	Amount \$0.00	Date of Receipt	Amount \$0.00	Total Transfers
Is this transaction associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <i>If yes, list Event # _____</i> <input type="radio"/> No		Is this transaction associated with a fundraising event listed in Section L1? <input type="radio"/> Yes <i>If yes, list Event # _____</i> <input type="radio"/> No		

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

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

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

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

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE People for Excellence in Government	FILING DUE DATE 07/11/2011
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I. Anonymous Contributions (Specify dollar amount of the bills received)

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

J. Interest from Deposits in Authorized Accounts

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

K. Miscellaneous Monetary Receipts not Considered Contributions

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

Summary of Other Monetary Receipts (Sections D-K)

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

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
People for Excellence in Government	07/11/2011

L1. Fundraiser Event Information

Fundraising Event # Date of Fundraiser	Letter	Description	Location: Street Address	City	State	Zip Code
					CT	

Subpart 1: (All Committees)

- Was this fundraising event hosted at a personal residence? Yes (If yes, go to Section L4 In-kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.) No
- Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$50? Yes (If yes, go to Section L4 In-kind Donations not Considered Contributions and complete required information.) No
- Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$50? Yes (If yes, go to Section L2 Proceeds from Tag Sale, Auction, or Other Sale of Donated Items.) No

Subpart 2: (Town Committees and Municipal Candidate Committees ONLY)

- Were there purchases of advertising space in a program book associated with this fundraiser? Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book and complete required information.) No

Subpart 3: (Town Committees ONLY)

- Did your committee sell food or beverage at a fair or similar mass gathering held within the state? Yes (If yes, enter Total Receipts from small purchases here.) No

\$ 0.00

Fundraising Event # Date of Fundraiser	Letter	Description	Location: Street Address	City	State	Zip Code
					CT	

Subpart 1: (All Committees)

- Was this fundraising event hosted at a personal residence? Yes (If yes, go to Section L4 In-kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.) No
- Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$50? Yes (If yes, go to Section L4 In-kind Donations not Considered Contributions and complete required information.) No
- Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$50? Yes (If yes, go to Section L2 Proceeds from Tag Sale, Auction, or Other Sale of Donated Items.) No

Subpart 2: (Town Committees and Municipal Candidate Committees ONLY)

- Were there purchases of advertising space in a program book associated with this fundraiser? Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book and complete required information.) No

Subpart 3: (Town Committees ONLY)

- Did your committee sell food or beverage at a fair or similar mass gathering held within the state? Yes (If yes, enter Total Receipts from small purchases here.) No

\$ 0.00

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

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE						FILING DUE DATE		
People for Excellence in Government						07/11/2011		
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="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> 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="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> 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="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> 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="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> 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="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> 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="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> 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="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> 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="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> 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

NAME OF COMMITTEE People for Excellence in Government	FILING DUE DATE 07/11/2011
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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="radio"/> Yes <input type="radio"/> No	Event # _____	\$0.00	\$0.00
Street Address: _____ City: _____ State: CT Zip Code: _____	<input type="radio"/> Yes <input type="radio"/> No	Event # _____	\$0.00	\$0.00
Street Address: _____ City: _____ State: CT Zip Code: _____	<input type="radio"/> Yes <input type="radio"/> No	Event # _____	\$0.00	\$0.00
Street Address: _____ City: _____ State: CT Zip Code: _____	<input type="radio"/> Yes <input type="radio"/> No	Event # _____	\$0.00	\$0.00
Street Address: _____ City: _____ State: CT Zip Code: _____	<input type="radio"/> Yes <input type="radio"/> No	Event # _____	\$0.00	\$0.00
Street Address: _____ City: _____ State: CT Zip Code: _____	<input type="radio"/> Yes <input type="radio"/> No	Event # _____	\$0.00	\$0.00
Street Address: _____ City: _____ State: CT Zip Code: _____	<input type="radio"/> Yes <input type="radio"/> No	Event # _____	\$0.00	\$0.00
Street Address: _____ City: _____ State: CT Zip Code: _____	<input type="radio"/> Yes <input type="radio"/> No	Event # _____	\$0.00	\$0.00
Street Address: _____ City: _____ State: CT Zip Code: _____	<input type="radio"/> Yes <input type="radio"/> No	Event # _____	\$0.00	\$0.00
Street Address: _____ City: _____ State: CT Zip Code: _____	<input type="radio"/> Yes <input type="radio"/> No	Event # _____	\$0.00	\$0.00
Street Address: _____ City: _____ State: CT Zip Code: _____	<input type="radio"/> Yes <input type="radio"/> No	Event # _____	\$0.00	\$0.00
Street Address: _____ City: _____ State: CT Zip Code: _____	<input type="radio"/> Yes <input type="radio"/> No	Event # _____	\$0.00	\$0.00
Street Address: _____ City: _____ State: CT Zip Code: _____	<input type="radio"/> Yes <input type="radio"/> No	Event # _____	\$0.00	\$0.00
Street Address: _____ City: _____ State: CT Zip Code: _____	<input type="radio"/> Yes <input type="radio"/> No	Event # _____	\$0.00	\$0.00
Street Address: _____ City: _____ State: CT Zip Code: _____	<input type="radio"/> Yes <input type="radio"/> 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

NAME OF COMMITTEE People for Excellence in Government	FILING DUE DATE 07/11/2011
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L4. In-Kind Donations Not Considered Contributions

Name of Donor	Donation given by:	Individual <input type="radio"/>	Business Entity <input type="radio"/>	Fair Market Value of Donation
Street Address	City	State	Zip Code	Aggregate value for this event
		CT		\$0.00
Description of donation	Date Received	Event #		\$0.00
Name of Donor	Donation given by:	Individual <input type="radio"/>	Business Entity <input type="radio"/>	Fair Market Value of Donation
Street Address	City	State	Zip Code	Aggregate value for this event
		CT		\$0.00
Description of donation	Date Received	Event #		\$0.00
Name of Donor	Donation given by:	Individual <input type="radio"/>	Business Entity <input type="radio"/>	Fair Market Value of Donation
Street Address	City	State	Zip Code	Aggregate value for this event
		CT		\$0.00
Description of donation	Date Received	Event #		\$0.00
Name of Donor	Donation given by:	Individual <input type="radio"/>	Business Entity <input type="radio"/>	Fair Market Value of Donation
Street Address	City	State	Zip Code	Aggregate value for this event
		CT		\$0.00
Description of donation	Date Received	Event #		\$0.00
Name of Donor	Donation given by:	Individual <input type="radio"/>	Business Entity <input type="radio"/>	Fair Market Value of Donation
Street Address	City	State	Zip Code	Aggregate value for this event
		CT		\$0.00
Description of donation	Date Received	Event #		\$0.00
Name of Donor	Donation given by:	Individual <input type="radio"/>	Business Entity <input type="radio"/>	Fair Market Value of Donation
Street Address	City	State	Zip Code	Aggregate value for this event
		CT		\$0.00
Description of donation	Date Received	Event #		\$0.00
Name of Donor	Donation given by:	Individual <input type="radio"/>	Business Entity <input type="radio"/>	Fair Market Value of Donation
Street Address	City	State	Zip Code	Aggregate value for this event
		CT		\$0.00
Description of donation	Date Received	Event #		\$0.00
Name of Donor	Donation given by:	Individual <input type="radio"/>	Business Entity <input type="radio"/>	Fair Market Value of Donation
Street Address	City	State	Zip Code	Aggregate value for this event
		CT		\$0.00
Description of donation	Date Received	Event #		\$0.00
SUBTOTAL Section L4-This Page				\$0.00
TOTAL of additional Section L4 Pages				\$0.00
TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS (Enter total on Line 21 of Summary Page)				\$0.00

III. NONMONETARY RECEIPTS

NAME OF COMMITTEE						FILING DUE DATE	
People for Excellence in Government						07/11/2011	
M. In-Kind Contributions							
Name				Type of Contributor:		Fair Market Value of this Contribution	
Street Address		City	State	Zip Code	<input type="radio"/> Individual <input type="radio"/> Committee <input type="radio"/> Other (Applicable only to Referendum Committees)		
			CT				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="radio"/> Yes <input 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 type="radio"/> No			
Date Received	Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event #</i>		<input type="radio"/> Yes <input type="radio"/> No		Description of In-Kind Contribution	Aggregate contributions	
						\$0.00	\$0.00
Name				Type of Contributor:		Fair Market Value of this Contribution	
Street Address		City	State	Zip Code	<input type="radio"/> Individual <input type="radio"/> Committee <input type="radio"/> Other (Applicable only to Referendum Committees)		
			CT				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="radio"/> Yes <input 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 type="radio"/> No			
Date Received	Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event #</i>		<input type="radio"/> Yes <input type="radio"/> No		Description of In-Kind Contribution	Aggregate contributions	
						\$0.00	\$0.00
Name				Type of Contributor:		Fair Market Value of this Contribution	
Street Address		City	State	Zip Code	<input type="radio"/> Individual <input type="radio"/> Committee <input type="radio"/> Other (Applicable only to Referendum Committees)		
			CT				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input 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 type="radio"/> No			
Date Received	Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event #</i>		<input type="radio"/> Yes <input type="radio"/> No		Description of In-Kind Contribution	Aggregate contributions	
						\$0.00	\$0.00
Name				Type of Contributor:		Fair Market Value of this Contribution	
Street Address		City	State	Zip Code	<input type="radio"/> Individual <input type="radio"/> Committee <input type="radio"/> Other (Applicable only to Referendum Committees)		
			CT				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input 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 type="radio"/> No			
Date Received	Is this contribution associated with a fundraising event listed in Section L1? <i>If yes, list Event #</i>		<input type="radio"/> Yes <input type="radio"/> No		Description of In-Kind Contribution	Aggregate contributions	
						\$0.00	\$0.00

SUBTOTAL Section M-This Page						\$0.00	
TOTAL of additional Section M Pages						\$0.00	
TOTAL OF ALL IN-KIND CONTRIBUTIONS (Enter total on Line 22 of Summary Page)						\$0.00	

N. Refundable Deposit to Telephone Company						(NOTE: This section refers only to advances of deposits by individuals from personal funds to benefit the committee, not deposits made by the committee.)	
Last Name of Individual		First	MI	Date Deposit Made		Amount of Deposit	
Residential Street Address		City	State	Zip Code			
			CT				
Name of telephone company							
Street Address		City	State	Zip Code			
			CT		\$0.00		
Total Section N (Enter total on Line 23 of Summary Page)						\$0.00	

III. NONMONETARY RECEIPTS

NAME OF COMMITTEE				FILING DUE DATE			
People for Excellence in Government				07/11/2011			
O. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus, and Party Committee							
Name of Committee (<i>Legislative Leadership, Legislative Caucus, and Party Committees ONLY</i>)				Name of Treasurer			
Street Address				Date Notice Received		Fair Market Value of Donation	
City		State CT	Zip Code	Aggregate Donations \$0.00			
Description of Donation			Purpose of Expenditure (<i>see instructions</i>) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
				\$0.00			
Name of Committee (<i>Legislative Leadership, Legislative Caucus, and Party Committees ONLY</i>)				Name of Treasurer			
Street Address				Date Notice Received		Fair Market Value of Donation	
City		State CT	Zip Code	Aggregate Donations \$0.00			
Description of Donation			Purpose of Expenditure (<i>see instructions</i>) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
				\$0.00			
Name of Committee (<i>Legislative Leadership, Legislative Caucus, and Party Committees ONLY</i>)				Name of Treasurer			
Street Address				Date Notice Received		Fair Market Value of Donation	
City		State CT	Zip Code	Aggregate Donations \$0.00			
Description of Donation			Purpose of Expenditure (<i>see instructions</i>) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
				\$0.00			
Name of Committee (<i>Legislative Leadership, Legislative Caucus, and Party Committees ONLY</i>)				Name of Treasurer			
Street Address				Date Notice Received		Fair Market Value of Donation	
City		State CT	Zip Code	Aggregate Donations \$0.00			
Description of Donation			Purpose of Expenditure (<i>see instructions</i>) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
				\$0.00			
Name of Committee (<i>Legislative Leadership, Legislative Caucus, and Party Committees ONLY</i>)				Name of Treasurer			
Street Address				Date Notice Received		Fair Market Value of Donation	
City		State CT	Zip Code	Aggregate Donations \$0.00			
Description of Donation			Purpose of Expenditure (<i>see instructions</i>) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
				\$0.00			
Name of Committee (<i>Legislative Leadership, Legislative Caucus, and Party Committees ONLY</i>)				Name of Treasurer			
Street Address				Date Notice Received		Fair Market Value of Donation	
City		State CT	Zip Code	Aggregate Donations \$0.00			
Description of Donation			Purpose of Expenditure (<i>see instructions</i>) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
				\$0.00			
Name of Committee (<i>Legislative Leadership, Legislative Caucus, and Party Committees ONLY</i>)				Name of Treasurer			
Street Address				Date Notice Received		Fair Market Value of Donation	
City		State CT	Zip Code	Aggregate Donations \$0.00			
Description of Donation			Purpose of Expenditure (<i>see instructions</i>) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
				\$0.00			
Name of Committee (<i>Legislative Leadership, Legislative Caucus, and Party Committees ONLY</i>)				Name of Treasurer			
Street Address				Date Notice Received		Fair Market Value of Donation	
City		State CT	Zip Code	Aggregate Donations \$0.00			
Description of Donation			Purpose of Expenditure (<i>see instructions</i>) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
				\$0.00			
Name of Committee (<i>Legislative Leadership, Legislative Caucus, and Party Committees ONLY</i>)				Name of Treasurer			
Street Address				Date Notice Received		Fair Market Value of Donation	
City		State CT	Zip Code	Aggregate Donations \$0.00			
Description of Donation			Purpose of Expenditure (<i>see instructions</i>) <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E				
				\$0.00			
Total Section O (Enter total on Line 24 of Summary Page)				\$0.00			

IV. EXPENDITURES

NAME OF COMMITTEE				FILING DUE DATE			
People for Excellence in Government				07/11/2011			
P. Expenses Paid by Committee							
Name of Payee IALCF				Date of Payment 4/20/2011		Method of Payment <input checked="" type="radio"/> Check # 1292 <input type="radio"/> Debit Card	Amount
Street Address 3254 Toringford Street		City Torrington	State CT	Zip Code 06790		Event #	
Purpose of Expenditure (by code) CHAR		Description charitable contribution				Event #	
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)		Candidate(s) Name (if applicable)		Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E							\$ 140.00
Name of Payee William Beccaro				Date of Payment 4/20/2011		Method of Payment <input checked="" type="radio"/> Check # 1293 <input type="radio"/> Debit Card	Amount
Street Address 12 New City Street		City Essex	State CT	Zip Code 06426		Event #	
Purpose of Expenditure (by code) RCW		Description reimbursement - meals				Event #	
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)		Candidate(s) Name (if applicable)		Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E							\$ 256.85
Name of Payee Adam Wood				Date of Payment 4/20/2011		Method of Payment <input checked="" type="radio"/> Check # 1294 <input type="radio"/> Debit Card	Amount
Street Address 260 France Street		City Rocky Hill	State CT	Zip Code 06067		Event #	
Purpose of Expenditure (by code) RCW		Description reimbursement - meals				Event #	
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)		Candidate(s) Name (if applicable)		Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E							\$ 386.71
Name of Payee Sonya Finch				Date of Payment 4/20/2011		Method of Payment <input checked="" type="radio"/> Check # 1295 <input type="radio"/> Debit Card	Amount
Street Address 70 Crown Street		City Bridgeport	State CT	Zip Code 06610		Event #	
Purpose of Expenditure (by code) RCW		Description reimbursement - supplies & food				Event #	
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)		Candidate(s) Name (if applicable)		Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E							\$ 707.58
Name of Payee Gloria Beccaro				Date of Payment 4/26/2011		Method of Payment <input checked="" type="radio"/> Check # 1296 <input type="radio"/> 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 - telephone, cellular & internet service				Event #	
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)		Candidate(s) Name (if applicable)		Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E							\$ 112.54
SUBTOTAL Section P-This Page							\$1,603.68
TOTAL of additional Section P Pages							\$2,330.79
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19 of Summary Page)							\$3,934.47

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
People for Excellence in Government	07/11/2011

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

NAME OF COMMITTEE People for Excellence in Government	FILING DUE DATE 07/11/2011
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R. Expenses Incurred on Committee Credit Card

Name of Issuing Institution	Type of Credit Card: <input type="radio"/> Visa <input type="radio"/> Master Card <input type="radio"/> Discover <input type="radio"/> American Express <input type="radio"/> Other
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Name of Vendor	Date of Transaction	Amount												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">Street Address</td> <td style="width:25%;">City</td> <td style="width:10%;">State CT</td> <td style="width:15%;">Zip Code</td> </tr> <tr> <td colspan="4">Purpose of Expenditure (by code)</td> </tr> <tr> <td colspan="4">Description</td> </tr> </table>	Street Address	City	State CT	Zip Code	Purpose of Expenditure (by code)				Description					\$0.00
Street Address	City	State CT	Zip Code											
Purpose of Expenditure (by code)														
Description														
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">Street Address</td> <td style="width:25%;">City</td> <td style="width:10%;">State CT</td> <td style="width:15%;">Zip Code</td> </tr> <tr> <td colspan="4">Purpose of Expenditure (by code)</td> </tr> <tr> <td colspan="4">Description</td> </tr> </table>	Street Address	City	State CT	Zip Code	Purpose of Expenditure (by code)				Description					\$0.00
Street Address	City	State CT	Zip Code											
Purpose of Expenditure (by code)														
Description														
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">Street Address</td> <td style="width:25%;">City</td> <td style="width:10%;">State CT</td> <td style="width:15%;">Zip Code</td> </tr> <tr> <td colspan="4">Purpose of Expenditure (by code)</td> </tr> <tr> <td colspan="4">Description</td> </tr> </table>	Street Address	City	State CT	Zip Code	Purpose of Expenditure (by code)				Description					\$0.00
Street Address	City	State CT	Zip Code											
Purpose of Expenditure (by code)														
Description														
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">Street Address</td> <td style="width:25%;">City</td> <td style="width:10%;">State CT</td> <td style="width:15%;">Zip Code</td> </tr> <tr> <td colspan="4">Purpose of Expenditure (by code)</td> </tr> <tr> <td colspan="4">Description</td> </tr> </table>	Street Address	City	State CT	Zip Code	Purpose of Expenditure (by code)				Description					\$0.00
Street Address	City	State CT	Zip Code											
Purpose of Expenditure (by code)														
Description														
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">Street Address</td> <td style="width:25%;">City</td> <td style="width:10%;">State CT</td> <td style="width:15%;">Zip Code</td> </tr> <tr> <td colspan="4">Purpose of Expenditure (by code)</td> </tr> <tr> <td colspan="4">Description</td> </tr> </table>	Street Address	City	State CT	Zip Code	Purpose of Expenditure (by code)				Description					\$0.00
Street Address	City	State CT	Zip Code											
Purpose of Expenditure (by code)														
Description														
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">Street Address</td> <td style="width:25%;">City</td> <td style="width:10%;">State CT</td> <td style="width:15%;">Zip Code</td> </tr> <tr> <td colspan="4">Purpose of Expenditure (by code)</td> </tr> <tr> <td colspan="4">Description</td> </tr> </table>	Street Address	City	State CT	Zip Code	Purpose of Expenditure (by code)				Description					\$0.00
Street Address	City	State CT	Zip Code											
Purpose of Expenditure (by code)														
Description														
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">Street Address</td> <td style="width:25%;">City</td> <td style="width:10%;">State CT</td> <td style="width:15%;">Zip Code</td> </tr> <tr> <td colspan="4">Purpose of Expenditure (by code)</td> </tr> <tr> <td colspan="4">Description</td> </tr> </table>	Street Address	City	State CT	Zip Code	Purpose of Expenditure (by code)				Description					\$0.00
Street Address	City	State CT	Zip Code											
Purpose of Expenditure (by code)														
Description														
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">Street Address</td> <td style="width:25%;">City</td> <td style="width:10%;">State CT</td> <td style="width:15%;">Zip Code</td> </tr> <tr> <td colspan="4">Purpose of Expenditure (by code)</td> </tr> <tr> <td colspan="4">Description</td> </tr> </table>	Street Address	City	State CT	Zip Code	Purpose of Expenditure (by code)				Description					\$0.00
Street Address	City	State CT	Zip Code											
Purpose of Expenditure (by code)														
Description														
SUBTOTAL Section R-This Page		\$0.00												
TOTAL of additional Section R Pages		\$0.00												
TOTAL OF ALL EXPENSES INCURRED ON COMMITTEE CREDIT CARD (Enter total on Line 27 of Summary Page)		\$0.00												

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
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People for Excellence in Government

07/11/2011

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

Name of Creditor		Date Incurred		Amount Incurred (Estimate or Actual)
Street Address		Event #		
City	State CT	Zip Code	Candidate(s) Name (if applicable)	Office Sought
Purpose of Expenditure by code)	Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$0.00
Description				
Name of Creditor		Date Incurred		Amount Incurred (Estimate or Actual)
Street Address		Event #		
City	State CT	Zip Code	Candidate(s) Name (if applicable)	Office Sought
Purpose of Expenditure by code)	Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$0.00
Description				
Name of Creditor		Date Incurred		Amount Incurred (Estimate or Actual)
Street Address		Event #		
City	State CT	Zip Code	Candidate(s) Name (if applicable)	Office Sought
Purpose of Expenditure by code)	Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$0.00
Description				
Name of Creditor		Date Incurred		Amount Incurred (Estimate or Actual)
Street Address		Event #		
City	State CT	Zip Code	Candidate(s) Name (if applicable)	Office Sought
Purpose of Expenditure by code)	Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$0.00
Description				
SUBTOTAL Section S-This Page				\$0.00
TOTAL of additional Section S Pages				\$0.00
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID <i>(Enter total on Line 28 of Summary Page)</i>				\$0.00
Previously reported Expenses Unpaid and still Outstanding				+ \$0.00
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID <i>(Enter total on Line 28a of Summary Page)</i>				\$0.00

IV. EXPENDITURES

NAME OF COMMITTEE					FILING DUE DATE	
People for Excellence in Government					07/11/2011	
T. Itemization of Reimbursements to Committee Workers and Consultants						
Last Name of Worker/Consultant Beccaro		First William	MI	Date of Payment 04/20/2011	Method of Payment	
Secondary Payee various - Tiagos, Moe's Burger, Tuscany, Take Time Cafe		Purpose of Expenditure (by code) RCW		<input checked="" type="radio"/> Check # 1293 <input type="radio"/> Debit Card		Amount
Street Address 12 New City Street		City Essex	State CT	Zip Code 06426		
Description reimbursement for 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
						\$ 256.85
Last Name of Worker/Consultant Wood		First Adam	MI	Date of Payment 04/20/2011	Method of Payment	
Secondary Payee various - Marty's, Ash Creek Saloon, Metric, Epernay, Taigos		Purpose of Expenditure (by code) RCW		<input checked="" type="radio"/> Check # 1294 <input type="radio"/> Debit Card		Amount
Street Address 260 France Street		City Rocky Hill	State CT	Zip Code 06067		
Description reimbursement for 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
						\$ 386.71
Last Name of Worker/Consultant Finch		First Sonya	MI	Date of Payment 04/20/2011	Method of Payment	
Secondary Payee various - TJ Maxx, Bridgeport Bluefish, Barcelona, Dunkin Donuts		Purpose of Expenditure (by code) RCW		<input checked="" type="radio"/> Check # 1295 <input type="radio"/> Debit Card		Amount
Street Address 70 Crown Street		City Bridgeport	State CT	Zip Code 06610		
Description reimbursement for food & supplies						
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
						\$ 707.58
Last Name of Worker/Consultant Beccaro		First Gloria	MI	Date of Payment 04/26/2011	Method of Payment	
Secondary Payee Verizon		Purpose of Expenditure (by code) RCW - OV		<input checked="" type="radio"/> Check # 1296 <input type="radio"/> Debit Card		Amount
Street Address P.O. Box 15041		City Worcester	State MA	Zip Code 01615		
Description Telephone, cellular and 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
						\$ 112.54
SUBTOTAL Section T-This Page						\$1,463.68
TOTAL of additional Section T Pages						\$1,630.79
TOTAL OF ALL REIMBURSEMENTS TO COMMITTEE WORKERS AND CONSULTANTS						\$3,094.47

I. MONETARY RECEIPTS
Section B. Additional Page

NAME OF COMMITTEE People for Excellence in Government	FILING DUE DATE 07/11/2011
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B. Itemized Contributions from Individuals

Last Name Mintz	First Abraham	MI	Principal Occupation physician	Amount of Contribution
Residential Street Address 342 Midlock Road	City Fairfield	State CT	Zip Code 06824	
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 # _____		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 04/19/2011	Aggregate contributions \$750.00	\$750.00

Last Name Rosnick	First Harold	MI	Principal Occupation retired	Amount of Contribution
Residential Street Address 25 Riverside Lane	City Easton	State CT	Zip Code 06612	
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 # _____		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 04/19/2011	Aggregate contributions \$750.00	\$750.00

Last Name Valentino	First Charles	MI	Principal Occupation state marshal	Amount of Contribution
Residential Street Address 76 Waverly Place	City Bridgeport	State CT	Zip Code 06610	
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 # _____		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 04/19/2011	Aggregate contributions \$750.00	\$750.00

Last Name	First	MI	Principal Occupation	Amount of Contribution
Residential Street Address	City	State CT	Zip Code	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input 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 # _____		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 checked="" type="radio"/> Executive <input type="radio"/> Legislative		
Method of contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input checked="" type="radio"/> Money Order		Date Received	Aggregate contributions \$0.00	\$0.00

Last Name	First	MI	Principal Occupation	Amount of Contribution
Residential Street Address	City	State CT	Zip Code	
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 # _____		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 type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input checked="" type="radio"/> Money Order		Date Received	Aggregate contributions \$0.00	\$0.00

SUBTOTAL Section B-This Page **\$2,250.00**

IV. EXPENDITURES
Section P. Additional Page

NAME OF COMMITTEE People for Excellence in Government	FILING DUE DATE 07/11/2011
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P. Expenses Paid by Committee

Name of Payee Drew 2011				Date of Payment 05/04/2011	Method of Payment <input checked="" type="radio"/> Check # 1297 <input type="radio"/> Debit Card	Amount
Street Address 241 Main Street	City Middletown	State CT	Zip Code 06457			
Purpose of Expenditure (by code) CNTRB	Description Political Contribution			Event #		
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="checkbox"/> Supported <input type="checkbox"/> Opposed	\$ 200.00

Name of Payee Adam Wood				Date of Payment 05/08/2011	Method of Payment <input checked="" type="radio"/> Check # 1298 <input type="radio"/> Debit Card	Amount
Street Address 260 France Street	City Rocky Hill	State CT	Zip Code 06610			
Purpose of Expenditure (by code) RCW	Description reimbursement - meals			Event #		
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="checkbox"/> Supported <input type="checkbox"/> Opposed	\$ 874.98

Name of Payee William Beccaro				Date of Payment 05/11/2011	Method of Payment <input checked="" type="radio"/> Check # 1299 <input type="radio"/> Debit Card	Amount
Street Address 12 New City Street	City Essex	State CT	Zip Code 06426			
Purpose of Expenditure (by code) RCW	Description reimbursement - meals			Event #		
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="checkbox"/> Supported <input type="checkbox"/> Opposed	\$ 529.33

Name of Payee Larson for Congress				Date of Payment 05/11/2011	Method of Payment <input checked="" type="radio"/> Check # 1300 <input type="radio"/> Debit Card	Amount
Street Address P.O. Box 261172	City East Hartford	State CT	Zip Code 06126			
Purpose of Expenditure (by code) CNTRB	Description campaign contribution			Event #		
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="checkbox"/> Supported <input type="checkbox"/> Opposed	\$ 500.00

Name of Payee Gloria Beccaro				Date of Payment 05/27/2011	Method of Payment <input checked="" type="radio"/> Check # 1301 <input type="radio"/> Debit Card	Amount
Street Address 10 South View Terrace	City Old Saybrook	State CT	Zip Code 06475			
Purpose of Expenditure (by code) RCW-OVHD	Description Verizon - telephone, cellular & internet service			Event #		
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="checkbox"/> Supported <input type="checkbox"/> Opposed	\$ 114.16

SUBTOTAL Section P-This Page \$2,218.47

IV. EXPENDITURES
Section S. Additional Page

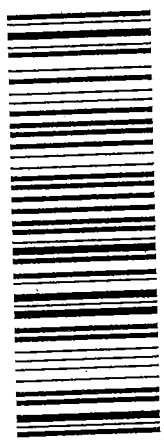
NAME OF COMMITTEE	FILING DUE DATE
People for Excellence in Government	07/11/2011

T. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Name of Worker/Consultant: Adam Wood Secondary Payee: various - Tuscany, Moe's, Ash Creek, Tiagio's, Metric, Firebox Street Address: 280 France Street City: Rocky Hill, State: CT, Zip Code: 06610 Purpose of Expenditure (by code): RCW Description: reimbursement for meals Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E Candidate(s) Name (if applicable): Office Sought: <input type="checkbox"/> Supported <input type="checkbox"/> Opposed	05/08/2011	<input checked="" type="checkbox"/> Check # 1298 <input type="checkbox"/> Debit Card	\$874.98
Name of Worker/Consultant: William Beccaro Secondary Payee: various - Moe's, Tuscany, Sportcafe, Tiago's, Capital Grille, Testo's Street Address: 12 New City Street City: Essex, State: CT, Zip Code: 06426 Purpose of Expenditure (by code): RCW Description: reimbursement for meals Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E Candidate(s) Name (if applicable): Office Sought: <input type="checkbox"/> Supported <input type="checkbox"/> Opposed	05/11/2011	<input checked="" type="checkbox"/> Check # 1299 <input type="checkbox"/> Debit Card	\$529.33
Name of Worker/Consultant: Gloria Beccaro Secondary Payee: Verizon Street Address: P.O. Box 15041 City: Worchester, State: MA, Zip Code: 01615 Purpose of Expenditure (by code): RCW - OVHD Description: Telephone, cellular and internet services Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E Candidate(s) Name (if applicable): Office Sought: <input type="checkbox"/> Supported <input type="checkbox"/> Opposed	05/27/2011	<input checked="" type="checkbox"/> Check # 1301 <input type="checkbox"/> Debit Card	\$114.16
Name of Worker/Consultant: Gloria Beccaro Secondary Payee: Verizon Street Address: P.O. Box 15041 City: Worchester, State: MA, Zip Code: 01615 Purpose of Expenditure (by code): RCW - OVHD Description: Telephone, cellular and internet services Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E Candidate(s) Name (if applicable): Office Sought: <input type="checkbox"/> Supported <input type="checkbox"/> Opposed	06/28/2011	<input checked="" type="checkbox"/> Check # 1302 <input type="checkbox"/> Debit Card	\$112.32
SUBTOTAL Section T-This Page			\$1,630.79

William Beccaro
12 New City Street
Essex, CT 06426

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™



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State Elections Enforcement Commission
Campaign Finance Disclosure Unit
20 Trinity Street, 3rd Floor
Hartford, CT 06106



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