SEEC FORM 20

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





POSTMARKED JUL 14

Page 1 of 17

SUMMARY PAGE

1. NAME OF COMM	MITTEE						
	Peop	ole for Excellence in	Govern	ment	animinana manana ma	Accordinal in the security and in the security of the security	
2. TREASURER NAM	ME First		T				
Mr	Willaim	1	MI A	Beccaro			Suffix
3. TREASURER ADD	DRESS						
Street Address 12 New City	Stroot	City	Essex			State	Zip Code
4. ELECTION/REFER						CT 6. DISTRICT NU	06426
(mm/dd/yyyy)	CENDUM: DASES.	5. OFFICE SOUGHT (Complet	te only if Can	didate Committee)		(if applicable)	
7. CANDIDATE NAN	AE (Complete only	v if Candidate or Exploratory Comn					
Title	First		MI	Last			Suffix
8. TYPE OF REPORT	-						1
O January 10 filing		7th day preceding primary	у С7	7th day preceding refer	rendum		ontribution or Disbursement
O April 10 filing O 30 days following primar			y 0.4	45 days following refer	erendum		(PACs ONLY)
• July 10 filing		O 7th day preceding election	n OI	Deficit		Amendm Type of	nent to f Report:
October 10 filing		© 12th day preceding electio (State Central Committees On		Termination .		 1 <u></u>	•
C Independent Expe	enditure © Election	C 45 days following election not held in November	-,				
9. PERIOD COVERED	<u>D</u>	and the second s	10000				Same traffic is made as from the same
		Beginning Date		Ending Date	te		
	F 	04/01/2011	thru	06/30/2	2011	: :	
		10. CER	TIFICATIO	N			
I hereby certify an Disclosure Staten William TREASURER OR DEF	am Q	/	e and compl	he information set for lete. A. Beccaro E OF SIGNER	orth on	this Itemized (Campaign Finance 07/11/2011 DATE (mm/dd/yyyy)
		116					apartin da santa da
	<i>I</i>	PENALTY FOR FALSE STATEM \$1,000, OR IMPRISONMENT FOR	AENT IS PU R NOT MOR	'NISHABLE BY FINE RE THAN ONE YEAR, (NOT TO OR BOTI	O EXCEED H.	

Page 2 of 17

SUMMARY PAGE TOTALS

TOTALS					
NAME OF COMMITTEE	FILING DUE DATE				
		//11/2011			
People for Excellence in Government	COLUMN A This Period	COLUMN B Aggregate			
 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 	And the second s	\$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) 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)	\$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)	Page 3 of 17
NAME OF COMMITTEE FILING DUE DATE	Alexander (Fr
People for Excellence in Government 07/11/2011 A. Total Contributions from Small Contributors-Received this Period ONLY	
(See instructions for definition of Small Contributor) Subtotal Section A \$ 0.00	
B. Itemized Contributions from Individuals	
('aliahan Eropoio I proporti management	Amount of Contribution
Residential Street Address City State Zip Code Name of Employer 3060 Main Street Stratford CT 06614 WCTF Real Estate Corp	
Is contributor a lobbyist, spouse, C Yes If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a	
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	
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?	:
Method of contribution: Date Received Aggregate contributions	ф 7 50.00
Cash Personal Check C Credit/Debit Card C Payroll Deduction C Money Order 04/19/2011 \$750.00 Last Name First MI Principal Occupation	\$750.00
Epstein Anne attorney o	Amount of Contribution
Residential Street Address City State Zip Code Name of Employer 245 Wilson Street Fairfield CT 06432 Addeman Law Offices	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes 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? C Yes • No	
Is this contribution associated with a Yes fundraising event listed in Section L1? No Is contributor a principal of a state contractor or prospective state contractor? Yes If yes, indicate which branch or branches	•
If yes, list Event # of government the contract is with:	
Method of contribution: C Cash Personal Check C Credit/Debit Card Payroll Deduction Money Order Date Received 04/19/2011 \$450.00	\$750.00
Foctors I I	Amount of
Residential Street Address City State Zip Code Name of Employer	Contribution
Is contributor a lobbyist, spouse, C Yes If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a	
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	
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? Of Yes If yes, indicate which branch or branches of government the contract is with: Of Executive Of Legislative	
Method of contribution: C Cash Personal Check C Credit/Debit Card C Payroll Deduction Money Order Date Received 04/19/2011 \$750.00	\$750.00
Cuttmon	Amount of
Residential Street Address City State Zip Code Name of Employer	Contribution
11 Pequot Court Monroe CT 06488 self (s contributor a lobbyist, spouse, C Yes If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a	
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	
Is this contribution associated with a Yes fundraising event listed in Section L1? No Is contributor a principal of a state contractor or prospective state contractor? Yes If yes, indicate which branch or branches	
If yes, list Event # Of government the contract is with: Executive C Legislative	
Method of contribution: Cash C Personal Check C Credit/Debit Card C Payroll Deduction C Money Order Date Received 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

						<u></u>			
Market and Charles and the Cha	I.	MONE	TARY	RECEIPTS	S (Section	ns A-K)	Page 4 of 17		
NAME OF COMMITTEE			· · · · · · · · · · · ·			FILING DUE DATE			
People for Exce				-			7/11/2011		
Name of Committee	<u>C1.</u>	Contri	butions	from Oth	er Com		The state of the s		
NHI PAC					Lorriane A. Franco				
Address 38 Talmadge Avenue				ntribution asso		a C Yes If yes, list	Amount of Contribution		
City	State	Zip Code		Date Received		Aggregate Contributions	\$0.00		
East Haven Name of Committee	СТ	C	6512	04/19	9/2011	\$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		
City	State	17:- C-4-		ng event listed		L1? O No Event#	,		
	CT	Zip Code		Date Received		Aggregate Contributions \$0.00	\$0.00		
Name of Committee			<u></u>		Name of Tre	I +			
Address			Is this co	ntribution asso	ciated with	a (Yes If yes, list	Amount of Contribution		
City	State	Zip Code	1	Date Received		1? No Event #	\$0.00		
	СТ	•				\$0.00			
Name of Committee					Name of Tre	easurer			
Address			T		<u> </u>				
			Is this co	ntribution assong ng event listed	ociated with I in Section I	a C Yes <i>If yes</i> , list L1? C No Event#	Amount of Contribution		
City	State	Zip Code	<u></u>	Date Received		Aggregate Contributions	\$0.00		
	СТ	0.00				\$0.00			
Name of Committee					Name of Tre	easurer			
Address			Is this co	ntribution asso	ciated with	a C Yes If yes, list	Amount of Contribution		
	magazi agaman an meses		fundraisi	ng event listed	in Section I	_1? No Event#			
City	State	Zip Code		Date Received	· · · · · · · · · · · · · · · · · · ·	Aggregate Contributions	\$0.00		
Name of Committee				L	Name of Tre	\$0.00			
Address		··········:	Is this co	ntribution asso	ciated with	a C Yes If yes, list	Amount of Contribution		
City	State	Zip Code	fundraisi	ng event listed Date Received		1? No Event #			
The state of the s	СТ	Zip code	· · · · · · · · · · · · · · · · · · ·			\$0.00	\$0.00		
C2 Paimbu	reamante P	Payman	te or S	urnlus Die	tributio	ns from other Committee			
Name of Committee	IIIO VIII OIII O	ayıncıı	1950119	Name of T	reasurer		. An a resident account of the device state of the		
Address				Date Recei	ved :.				
Treation (1997) and the management of the second of the se				Date Recei	veu	· · · · · · · · · · · · · · · · · · ·	Amount of Receipt		
City	State	Zip Code			oursement fo	or shared expense 💢 Surplus	\$0.00		
to the same of the	СТ					s and services Distribution			
Name of Committee				Name of T	reasurer				
Address				Date Recei	ved		Amount of Receipt		
City	State CT	Zip Code				or shared expense	\$0.00		
		1.0		1		OTAL Section C-This Page	\$0.00		
					TOTAL	of additional Section C Pages	\$0.00		
TOTAL OF ALL COMMITTE	E CONTRIBU	TIONS	AND RE	CEIPTS /F	iter total o	n Line 14 of Summary Page)	\$0.00		

	I. MONET	ARY RECEIPTS	(Sections A-K)		Page 5 of 17
NAME OF COMMITTEE People for Excelle	nce in Government		FILIN	<u>G DUE DATE</u> 07/11/	2011
	The state of the s	ans Received thi	s Period		
Vame of Lender			Source of Loan:	Is there a Cosigner or Guarantor of	Amount Received
treet Address City	State	man and a significant of the sig	🗖 🛱 Bank 💢 Candida	this loan? C Yes (if yes list	
lame of Cosigner/Guarantor			(a) Individual (b) Other Commit	name and address of Cosigner/Guarantor) tee No	\$0.00
treet Address City	State CT		Date of Receipt		
Name of Lender			Source of Loan:	Is there a Cosigner	Amount Received
itreet Address City	State C1	er er er eg 🕒 🐧 paramana manna a a a a a a a a	S Bank S Candida	or Guarantor of this loan?	
Name of Cosigner/Guarantor			S Individual S Other	name and address of Cosigner/Guarantor)	\$0.00
Street Address City	State		Date of Receipt	ilee S. No	
100 to 10				Total Section D	s 0.00
E. Receipts from Entitie	es other than Ind	lividuals or Othe	r Committees (Refer		
Name of Entity					
Street Address			ate Received		Amount Received
Zity S	tate Zip Co	ode	ggregate Contributions		\$0.00
Name of Entity	СТ			\$0.00	
		: 			
Street Address			ate Received		Amount Received
City	cT Zip Co	ode A	ggregate Contributions	\$0.00	\$0.00
Name of Entity		to maranina amayana ana garad			
Street Address			Pate Received		Amount Received
City	State Zip C	Code	Aggregate Contributions		\$0.00
	СТ	to the second	EV	\$0.00	
F. Amount Transf		· VD · T		Total Section E	s 0.00
Date of Receipt Amount		Date of Receipt	easury (Business Entit Amour	ıt	Total Transfers
Is this transaction associated with a C Ves	\$0.00			\$0.00	
fundraising event listed in Section L1?	If yes, list Event #	Is this transaction fundraising event	associated with a Yes listed in Section L1? No	If yes, list Event #	s 0.00
G. Amount Transferred from A	ffiliated Labor I	1	000 00 1 Q11 000 01 1 1 000 000 000 01 0 1 000	iry (Organization Com	mittees ONLY) Total Transfers
·		Date of Receipt			Total Transfers
Amount \$0.00		Amount	\$0.00	-	s 0.00
H. Personal Fun	ds of the Candid	late Received thi	s Period (Candidate C	ommittees ONLY)	
Date of Receipt	Method of payment:	Date of Receipt		Method of payment:	Total Amount Received
Amount \$0.00	C Cash C Personal Check C Credit/Debit Card		\$0.00	Cash Personal Check Credit/Debit Card	0.00

I. MONETARY RECEIPTS (Sections A-K)									6 of 17
NAME OF COMMITTEE					FILI	NG DUE D	ATE		
People	for Excellence	in Government					07/11/2	011	
	I. Anony	mous Contribut	The second secon	ir amount of	early more and a second	received)			
Date Received	Amount	\$0.00	Date Received		Amount		\$0.00	Total Amount Rec	eived
\$1 bills \$0.00	\$5 bills	\$0.00	\$1 bills	\$0.00	\$5 bil	ls \$0	.00		
coins \$0.00	\$10 bill	\$0.00	coins	\$0.00	\$10 bi	_{II} \$0.	00	S ::	0.00
	J	Interest from D		orized Acc				3	
Date Received	Amount	\$0.00	Date Received		Amount	 	\$0.00	Total Amount Rec	eived
Name of Institution			Name of Institution						
Street Address			Street Address						
Dity	State CT	Zip Code	City		State	СТ	Zip Code	s	0.00
	K. Miscells	aneous Monetary	v Receints not C	onsidered	Contri	hutions	The second secon		
Name				, on side red	Date of Ti			Amount Rec	eived
Street Address		City	**************************************	Stat		Zip Code			
Description		marian			СТ			,	
			<u></u>					S	\$0.00
Name					Date of Tr	ansaction		Amount Rec	eived
Street Address		City		Stat	e	Zip Code			
Description	and the commence of the commence of	Alexander of the control of the cont			СТ				
								s	\$0.00
Name					Date of Ti	ansaction		Amount Rec	eived
Street Address		City,		Stat	e CT	Zip Code			
Description					01				••
					_		16 20 27	S	0.00
	Summar	y of Other Mone	etary Receipts (Sections D	-K)	11	otal Section K		0.00
Total Loans Received this Po		·	V					0.00	
Total Receipts from Entities	other than Indiv	iduals or Other Cor	nmittees (Section E)		+	;	0.00	
Total Amount Transferred f	rom Affiliated B	usiness Treasury (Se	ection F)			+		0.00	
Total Amount Transferred f	rom Affiliated L	abor Union or Othe	r Organization Tre	asury (Sectio	on G)	+		0.00	
Total Amount of Personal F	——————————————————————————————————————		· · · · · · · · · · · · · · · · · · ·			+		0.00	
Total Amount of Anonymou				<u></u>		+	· · · · · · · · · · · · · · · · · · ·	0.00	
Total Amount of Interest fro		<u> </u>	(Section J)			+		0.00	
Total Miscellaneous Moneta			````````````````			+		0.00	
Total of Other Moneta (Enter total on Line 15 of	ry Receipts (Add Sections D-K						0.00	

			II. FUNDRAIS	ING EV	ENT ACTIVITY			Page 7 of 17
NAME OF COMMITTE	E					FILING DUE DATE		
	Peop	le for Excellence in Go	vernment	v v v			07/11/201	11
			L1. Fundrais	er Event	Information			
Fundraising Event # Date of Fundraiser	Letter	Description	Location: Str	eet Address		City	State	Zip Code
: : 				" 1ab. vs. vs. vv. v			СТ	
Subpart 1: (All Com				win .				
Was this fundraising	event hos	sted at a personal residen	ce?	○ Yes ○ No	and complete require beverage and invitation	L4 In-kind Donations not C d information for purchases nons.)	onsidered (nade by host	Contributions t(s) for food,
		ns donated by a business dividual of up to \$50?	entity of up to	□ Yes □ No	(If yes, go to Section) and complete require	L4 In-kind Donations not Cod information.)	onsidered C	Contributions
Was this fundraiser a with purchases from a	tag sale, in individ	auction, or other sale of a lual of up to \$50?	donated items	Q Yes	(If yes, go to Section I. Donated Items.)	2 Proceeds from Tag Sale,	Auction, or	Other Sale of
		s and Municipal Candid tising space in a progran		NLY)	and complete require	L3 Purchases of Advertising dinformation.)	g Space in a	Program Book
Subpart 3: (Town C Did your committee gathering held within	sell food	or beverage at a fair or s	milar mass	O Ye		deccipts from small purchas	es here.)	0.00
		(6) P		200				
Fundraising Event # Date of Fundraiser	Letter	Description	Location: Str	eet Address		City	State	Zip Code
Subpart 1: (All Com	mittoos)							
		ted at a personal residence	ce?	☐ Yes ☐ No	(If yes, go to Section I and complete required beverage and invitation	L4 In-kind Donations not Co d information for purchases n ons.)	onsidered C nade by host	Contributions (s) for food,
Did this fundraiser inc \$100 or items donated		ns donated by a business dividual of up to \$50?	entity of up to		(If yes, go to Section I and complete required	L4 In-kind Donations not Cod information.)	onsidered C	Contributions
Was this fundraiser a with purchases from a		auction, or other sale of cual of up to \$50?	lonated items	O Yes	(If yes, go to Section I Donated Items.)	2 Proceeds from Tag Sale,	Auction, or	Other Sale of
Subpart 2: (Town Co Were there purchases with this fundraiser?	ommittee of adver	s and Municipal Candia tising space in a program	late Committees (a book associated	ONLY)	(If yes, go to Section and complete require	L3 Purchases of Advertising d information.)	g Space in a	Program Book
Subpart 3: (Town Condition Subpart 3: (Town Cond	ell food o	or beveråge at a fair or si	milar mass		(If yes, enter Total R	eceipts from small purchase	s here.) \$	0.00
-				O No				
			SUBTOTAL	Section L	(Town Committees	ONLY) Total Receipts-T	his Page	\$0.00
				_		L of additional Section I		+ \$0.00
and the second s		TOTAL OF ALL R	ECEIPTS FRO	DM SECT	FION L1 (Enter tot	al on Line 16a of Summa	ry Page)	\$0.00

		II. FI	UNDRAI	SING E	VENT	T ACTIVITY	Page 8 of 17
NAME OF COMMITTEE						FILING DUE DATE	
	Excellence in					07/11/201	1
Name of Purchaser Last Name (Individuals ONLY)	2. Proceeds	First	g Sale, A	Auction	MI	Other Sale of Donated Items Method of payment:	Aggregate
Residential Street Address	City	<u> </u>	State CT	Zip Code	<u> </u>	© Cash © Personal Check © Credit/Debit Car Date Received Event #	Amount of Purchases
Items Purchased	maran arma i re re re re	Paramanum arrenur,	a r mm. mmacmen.	t	and the same	A la la companya da mana da ma	\$0.00
Name of Purchaser Last Name (Individuals ONLY)		First			MI	Method of payment: Cash Personal Check Credit/Debit Car	Aggregate d Amount of
Residential Street Address	City		State CT	Zip Code		Date Received Event #	Purchases
Items Purchased				<u> </u>			\$0.00
Name of Purchaser Last Name (Individuals ONLY)		First			М	Method of payment: C Cash Personal Check C Credit/Debit Care	Aggregate
Residential Street Address	City	<u></u>	State CT	Zip Code	· <u> i</u>	Date Received Event #	Amount of Purchases
Items Purchased	<u></u>		<u> </u>				\$0.00
Name of Purchaser Last Name (Individuals ONLY) Residential Street Address		First			МІ	Method of payment: C Cash Personal Check C Credit/Debit Care	Aggregate Amount of
	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: C Cash Personal Check C Credit/Debit Card	Aggregate Amount of
Residential Street Address	City		State CT	Zip Code		Date Received Event #	Purchases
Items Purchased					28 y Cataonarea		\$0.00
Name of Purchaser Last Name (Individuals ONLY)		First			MI	Method of payment: C Cash Personal Check C Credit/Debit Card	Aggregate Amount of
Residential Street Address	City		State CT	Zip Code	<u> </u>	Date Received Event #	Purchases
Items Purchased			<u></u>				\$0.00
Name of Purchaser Last Name (Individuals ONLY)	ar alleri el mercel	First				Method of payment: C Cash Personal Check C Credit/Debit Card	Aggregate
Residential Street Address	City	4	State	Zip Code		Date Received Event #	Amount of Purchases
Items Purchased				<u>]</u>			\$0.00
Name of Purchaser Last Name (Individuals ONLY)		First				Method of payment:	Aggregate
Residential Street Address	City	<u> </u>	State CT	Zip Code		Cash C Personal Check C Credit/Debit Card	Amount of Purchases
Items Purchased			<u> </u>				\$0.00
Name of Purchaser Last Name (Individuals ONLY)		First				Method of payment: Cash Personal Check C Credit/Debit Card	Aggregate Amount of
Residential Street Address	City	1	State CT	Zip Code		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 SMAI	L PURCHA!	SES FROM	TAG SA	LES, AU	CTIO	NS OR OTHER SALES OF DONATED ITEMS (Enter total on Line 16b of Summary Page)	\$0.00
		-					<u> </u>

II. FUNDRAISING EVENT ACTIVITY Page 9 of 17 NAME OF COMMITTEE FILING DUE DATE People for Excellence in Government 07/11/2011 L3. Purchases of Advertising in a Program Book (Municipal Candidate and Town Committees ONLY) Name of Purchaser Business Date Received Aggregate Purchases Amount of Entity for All Events Purchase Street Address City State Zip Code Event # O Yes \$0.00 \$0.00 CT O No Name of Purchaser Business Date Received Aggregate Purchase Amount of Entity for All Events Purchase Street Address City State Zip Code Event # O Yes No \$0.00 \$0.00 CT Name of Purchaser Date Received Business Aggregate Purchases Amount of Entity for All Events Purchase Street Address City State Zip Code Event # O Yes \$0.00 \$0.00 CT O No Name of Purchaser Business Date Received Aggregate Purchase: Amount of Entity for All Events Purchase Street Address City State Zip Code Event # O Yes \$0.00 \$0.00 CT O No Name of Purchaser Date Received Business Aggregate Purchases Amount of Entity for All Events Purchase Street Address City State Zip Code Event# 🗘 Yes \$0.00 \$0.00 CT C No Name of Purchaser Date Received Business Aggregate Purchase Amount of Entity for All Events Purchase Street Address City State Zip Code Yes No No Event # \$0.00 \$0.00 CT Name of Purchaser Business Date Received Aggregate Purchases Amount of Entity for All Events Purchase Street Address City State Zip Code O Yes Event # \$0.00 \$0.00 CT O No Name of Purchaser Business Date Received Aggregate Purchase Amount of for All Events Entity Purchase Street Address City State Zip Code Event # C Yes \$0.00 \$0.00 CT O No Name of Purchaser Business Date Received Aggregate Purchases Amount of for All Events Entity Purchase Street Address City State Zip Code Event # 🗘 Yes \$0.00 \$0.00 CT O No Name of Purchaser Business Date Received Aggregate Purchase Amount of for All Events Entity Purchase Street Address City State Zip Code Event # O Yes \$0.00 \$0.00 СТ (No Name of Purchaser Business Date Received Aggregate Purchase Amount of for All Events Entity Purchase Street Address City State Zip Code Event # O Yes \$0.00 \$0.00 CT O No Name of Purchaser Date Received Business Aggregate Purchase Amount of Entity for All Events Purchase Street Address City State Zip Code Event # C Yes \$0.00 \$0.00 CT \$0.00 SUBTOTAL Section L3-This Page \$0.00 TOTAL of additional Section L3 Pages

TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK (Enter total on Line 16c of Summary Page)

\$0.00

	II. FU	NDRAISING EVEN	NT ACTIVITY			Page 10 of 17
NAME OF COMMITTEE People for	Excellence in Governmer	nt		FILING DU	JE DATE 07/11/20	11
and the second of the second	L4. In-Kind Do	onations Not Cons	idered Contril	outions		
Name of Donor				Donation given by:	C Individual C Business Entity	Fair Market Value of Donation
Street Address	City	State CT	Zip Code	Aggregate v	alue for this event \$0.00	\$0.00
Description of donation			Date Received	Event #		
Name of Donor	The state of the s			Donation given by:	O Individual O Business Entity	Fair Market Value of Donation
Street Address	City	State CT	Zip Code	Aggregate v	alue for this event	\$0.00
Description of donation			Date Received	Event #		
Name of Donor	The second secon			Donation given by:	Ondividual OBusiness Entity	Fair Market Value of Donation
Street Address	City	State	Zip Code		alue for this event	\$0.00
Description of donation		CT	Date Received	Event #	\$0.00	
Name of Donor				Donation	¶ Individual	Fair Market
Street Address	City	State	Zip Code	given by: Aggregate va	Business Entity	Value of Donation
Description of donation		СТ	Date Received	Event #	\$0.00	\$0.00
Name of Donor						
Street Address				Donation given by:	O Individual O Business Entity	Fair Market Value of Donation
	City	State	Zip Code	Aggregate va	\$0.00	\$0.00
Description of donation			Date Received	Event #	· · · · · · · · · · · · · · · · · · ·	
Name of Donor				Donation given by:	O Individual O Business Entity	Fair Market Value of Donation
Street Address	City	State CT	Zip Code	Aggregate va	alue for this event	\$0.00
Description of donation			Date Received	Event #		
Name of Donor				Donation given by:	O Individual O Business Entity	Fair Market Value of Donation
Street Address	City	State	Zip Code		alue for this event	\$0.00
Description of donation			Date Received	Event #	\$0.00	
Name of Donor				Donation	Individual	Fair Market
Street Address	City	State	Zip Code	given by: Aggregate va	Business Entity	Value of Donation
Description of donation		CT	Date Received	Event #	\$0.00	\$0.00
						p. 20
					ction L4-This Page	\$0.00
					al Section L4 Pages	\$0.00
TOTAL OF ALL IN-KIND D	ONATIONS NOT CONSII	DERED CONTRIBUT	IONS (Enter total	on Line 21	of Summary Page)	\$0.00

			III. NO	ONMONETARY	RECEIPTS		Page 11 of 17
NAME OF COMMIT		Tusalla	l- C		FILING	G DUE DATE	
	People for t	Excelle	nce in Government			07/11/2	2011
Name				In-Kind Contri	Type of Contributor:		Fair Market
Street Address		City	State	Zip Code	☐ Individual ☐ Committee		Value of this Contribution
			СТ		Other (Applicable	e only to Referendum Commit	ees)
Is contributor a lobbyis or dependent child of a	I lobbyist?	Yes No	If contribution is in ex municipality does con municipality valued at	tributor or business he	idate committee for a chief ex/she is associated with have a C Yes C No	ecutive officer of a contract with said	
Date Received	Is this contribution fundraising event If yes, list Event	listed in		Description of In-Kir	d Contribution	Aggregate contribut	
Name			**************************************		Type of Contributor:		Fair Market
Street Address		City	State CT	Zip Code	☐ Individual ☐ Committee ☐ Other (Applicable	e only to Referendum Commit	Value of this Contribution
Is contributor a lobby is or dependent child of a		Yes No	If contribution is in ex municipality does con municipality valued at	tributor or business he	idate committee for a chief ex/she is associated with have a	ecutive officer of a	
Date Received	Is this contributio		ted with a Q Yes	Description of In-Kir		Aggregate contribut	ions
Name	fundraising event If yes, list Event		Section L1? C No		and and address of the second	\$0.0	
1	<u> </u>				Type of Contributor: [Individual		Fair Market Value of this
Street Address	and a substantial section of	City	State	Zip Code	Committee COther (Applicable	only to Referendum Commit	Contribution
Is contributor a lobbyis or dependent child of a		Yes No	If contribution is in ex municipality, does cor municipality valued at	tributor or business he	idate committee for a chief exc s/she is associated with have a	ecutive officer of a	
Date Received	Is this contributio	n associa		Description of In-Kir	1000	Aggregate contribut	ons
	fundraising event If yes, list Event		Section L1? 🔘 No			\$0.0	\$0.00
Name				MATERIAL CO., CO., C.			
					Type of Contributor:		Fair Market
Street Address		City	State CT	Zip Code	C Individual C Committee	e only to Referendum Committ	Value of this Contribution
	t, spouse, C lobbyist? C	Yes	If contribution is in ex municipality does con	cess of \$400 to a cand tributor or business he	Individual Committee Other (Applicable) idate committee for a chief exc (she is associated with have a committee to the commi	only to Referendum Committ ecutive officer of a contract with said	Value of this Contribution
Street Address Is contributor a lobbyis		Yes No n associa	If contribution is in ex municipality does continuicipality valued at ted with a Yes	cess of \$400 to a cand tributor or business he	Individual Committee Other (Applicable) idate committee for a chief exc (she is associated with have a committee to the committee for a chief exc (she is associated with have a committee to the committee for a chief exc	ecutive officer of a contract with said Aggregate contributi	Value of this Contribution
Street Address Is contributor a lobby is or dependent child of a Date Received	Is this contribution	Yes No n associa listed in	If contribution is in ex municipality does continuicipality valued at ted with a Yes	cess of \$400 to a cand tributor or business he, more than \$5,000?	Individual Committee Other (Applicable) idate committee for a chief exc she is associated with have a committee of the commit	ecutive officer of a contract with said	Value of this Contribution
Street Address Is contributor a lobby is or dependent child of a Date Received Name	Is this contribution fundraising event	Yes No n associa listed in	If contribution is in ex municipality does continuicipality valued at ted with a Yes	cess of \$400 to a cand tributor or business he, more than \$5,000?	Individual Committee Other (Applicable) idate committee for a chief except the is associated with have a committee of the individual of th	ecutive officer of a contract with said Aggregate contributi	Value of this Contribution
Street Address Is contributor a lobbyis or dependent child of a Date Received Name Street Address	Is this contribution fundraising event If yes, list Event	Yes No n associa listed in #	If contribution is in ex municipality does cont municipality valued at ted with a Section L1? No	cess of \$400 to a cand irributor or business he, more than \$5,000? Description of In-Kin	Individual Committee Other (Applicable) date committee for a chief exc (she is associated with have a chief	Aggregate contribution of the contract with said Aggregate contribution \$0.00 conflict the contribution of the contribution o	Ons Fair Market Value of this Contribution
Street Address Is contributor a lobbyis or dependent child of a Date Received Name Street Address Is contributor a lobbyis or dependent child of a	Is this contribution fundraising event If yes, list Event t, spouse,	Yes No n associa listed in	If contribution is in exmunicipality does continuous municipality valued at ted with a O Yes Section L1? O No	cess of \$400 to a cand tributor or business he, more than \$5,000? Description of In-Kin Zip Code cess of \$400 to a cand ributor or business he,	Individual Committee Other (Applicable) idate committee for a chief exc (she is associated with have a committee) Yes No d Contribution Type of Contributor: Individual Committee	Aggregate contribution of the contract with said Aggregate contribution \$0.00 Souly to Referendum Committee contribution of the contribution of	Ons Fair Market Value of this Contribution
Street Address Is contributor a lobbyis or dependent child of a Date Received Name Street Address Is contributor a lobbyis	Is this contribution fundraising event If yes, list Event t, spouse,	Yes No n associa listed in # City Yes No n associa	If contribution is in ex municipality valued at ted with a Yes Section L1? State CT If contribution is in ex municipality does cont municipality valued at ted with a Yes	cess of \$400 to a cand tributor or business he, more than \$5,000? Description of In-Kin Zip Code cess of \$400 to a cand ributor or business he,	Individual Committee Other (Applicable) date committee for a chief exc (she is associated with have a committee) Yes No d Contribution Type of Contributor: Individual Committee Other (Applicable) date committee for a chief exc (she is associated with have a committee) Yes No	Aggregate contribution of the contract with said Aggregate contribution \$0.00 Souly to Referendum Committee contribution of the contribution of	Ons Fair Market Value of this Contribution Ons Ons Ons
Street Address Is contributor a lobbyis or dependent child of a Date Received Name Street Address Is contributor a lobbyis or dependent child of a	Is this contribution fundraising event If yes, list Event t, spouse, lobbyist?	Yes No n associa listed in # City Yes No n associa	If contribution is in ex municipality valued at ted with a Yes Section L1? State CT If contribution is in ex municipality does cont municipality valued at ted with a Yes	Zip Code Zip Code Zip Code Zip Code Zip Code Zip Code	Individual Committee Other (Applicable) idate committee for a chief exc (she is associated with have a committee for a chief exc (she is associated with have a committee for a chief exc Committee for a chief exc (she is associated with have a committee for a chief exc (she is as	Aggregate contribution of a contract with said Aggregate contribution \$0.00 Frontly to Referendum Committee of a contract with said Aggregate contribution \$0.00 Aggregate contribution \$0.00	Value of this Contribution Ons Fair Market Value of this Contribution ons 0 \$0.00
Street Address Is contributor a lobbyis or dependent child of a Date Received Name Street Address Is contributor a lobbyis or dependent child of a	Is this contribution fundraising event If yes, list Event t, spouse, lobbyist?	Yes No n associa listed in # City Yes No n associa	If contribution is in ex municipality valued at ted with a Yes Section L1? State CT If contribution is in ex municipality does cont municipality valued at ted with a Yes	Zip Code Zip Code Zip Code Zip Code Zip Code Zip Code	Individual Committee Other (Applicable) date committee for a chief excishe is associated with have a committee O Yes O No d Contribution Type of Contributor: Other (Applicable) date committee Other (Applicable) date committee for a chief excishe is associated with have a committee of the commi	Aggregate contribution of a contract with said Aggregate contribution \$0.00 Frontly to Referendum Committee of a contract with said Aggregate contribution \$0.00 AL Section M-This Page	Value of this Contribution Fair Market Value of this Contribution sees) Sons \$0.00
Street Address Is contributor a lobbyis or dependent child of a Date Received Name Street Address Is contributor a lobbyis or dependent child of a	Is this contribution fundraising event If yes, list Event t, spouse, lobbyist?	Yes No n associa listed in # City Yes No n associa listed in #	If contribution is in ex municipality does communicipality valued at ted with a Section L1? No State CT If contribution is in examunicipality does cont municipality valued at ted with a Section L1? No	cess of \$400 to a cand ributor or business he, more than \$5,000? Description of In-Kin Zip Code cess of \$400 to a cand ributor or business he, more than \$5,000? Description of In-Kin	Individual Committee Other (Applicable idate committee for a chief exc she is associated with have a committee O Yes O No d Contribution Type of Contributor: O Individual Committee Other (Applicable date committee for a chief exc she is associated with have a committee she is associated with have a committee of the committee she is associated with have a committee of the committee she is associated with have a committee of the	Aggregate contribution of a contract with said Aggregate contribution of a contract with said Aggregate contribution of a contract with said Aggregate contribution \$0.00 AL Section M-This Page	Value of this Contribution Fair Market Value of this Contribution \$ 50.00 \$ 50.00 \$ 50.00
Street Address Is contributor a lobbyis or dependent child of a Date Received Name Street Address Is contributor a lobbyis or dependent child of a Date Received	Is this contribution fundraising event If yes, list Event t, spouse, lobbyist? C Is this contribution fundraising event If yes, list Event	Yes No n associa listed in # City Yes No n associa listed in # T(If contribution is in exmunicipality valued at ted with a Section L1? No State CT If contribution is in exmunicipality valued at ted with a CT If contribution is in exmunicipality valued at ted with a CT Yes Section L1? No No Section L1? No No Section L1?	Zip Code Zip Code Zip Code Description of In-Kin Description of In-Kin Description of In-Kin Zip Code Description of In-Kin Description of In-Kin Description of In-Kin	Individual Committee Other (Applicable idate committee for a chief exc She is associated with have a committee O Yes O No d Contribution Type of Contributor: Other (Applicable Committee Other (Applicable idate committee for a chief exc She is associated with have a committee O Yes O No d Contribution SUBTOT TOTAL of add NOTE: This section refers on	Aggregate contribute only to Referendum Committee of a contract with said Aggregate contribute of a contract with said Aggregate contribute \$0.00 AL Section M-This Page of Summary Page of Summary Page of the positis of the contract of the page of the pag	Value of this Contribution Fair Market Value of this Contribution \$0.00 \$0.00 \$0.00 by individuals from
Street Address Is contributor a lobbyis or dependent child of a Date Received Name Street Address Is contributor a lobbyis or dependent child of a Date Received N. Refunda Last Name of Individual	Is this contribution fundraising event If yes, list Event t, spouse, lobbyist? C Is this contribution fundraising event If yes, list Event	Yes No n associa listed in # City Yes No n associa listed in # T(If contribution is in ex municipality does communicipality valued at ted with a Section L1? No State CT If contribution is in examunicipality does cont municipality valued at ted with a Section L1? No	Zip Code Zip Code Zip Code Description of In-Kin Description of In-Kin Description of In-Kin Zip Code Description of In-Kin Description of In-Kin Description of In-Kin	Individual Committee Other (Applicable date committee for a chief exc (she is associated with have a committee O Yes O No d Contribution Type of Contributor: Other (Applicable Committee Other (Applicable date committee for a chief exc (she is associated with have a committee O Other (Applicable date committee for a chief exc (she is associated with have a committee O Yes O No d Contribution SUBTOT TOTAL of add NOTE: This section refers of the committee for a chief exc (she is associated with have a	Aggregate contribute only to Referendum Committee of a contract with said Aggregate contribute of a contract with said Aggregate contribute \$0.00 AL Section M-This Page of Summary Page of Summary Page of the positis of the contract of the page of the pag	Value of this Contribution Fair Market Value of this Contribution \$ 50.00 \$ 50.00 \$ 50.00 \$ 10.00
Street Address Is contributor a lobbyis or dependent child of a Date Received Name Street Address Is contributor a lobbyis or dependent child of a Date Received N. Refunda Last Name of Individual Residential Street Address	Is this contribution fundraising event If yes, list Event t, spouse, Colobbyist? Colobbyist? Colobbyist? Colobbyist? Colobbyist Event If yes, list Event If yes, list Event	Yes No n associa listed in # City Yes No n associa listed in # T(If contribution is in ex municipality valued at ted with a Yes Section L1? No State CT If contribution is in ex municipality does cont municipality valued at ted with a Yes Section L1? No No No Section L1? No	cess of \$400 to a cand tributor or business he, more than \$5,000? Description of In-Kin Zip Code Description or business he, more than \$5,000? Description of In-Kin	Individual Committee Other (Applicable date committee for a chief exc (she is associated with have a committee O Yes O No d Contribution Type of Contributor: Other (Applicable Committee Other (Applicable date committee for a chief exc (she is associated with have a committee O Other (Applicable date committee for a chief exc (she is associated with have a committee O Yes O No d Contribution SUBTOT TOTAL of add NOTE: This section refers of the committee for a chief exc (she is associated with have a	Aggregate contribution \$0.00 a only to Referendum Committee cutive officer of a contract with said Aggregate contribution \$0.00 AL Section M-This Page ditional Section M Page and the said section	Value of this Contribution Fair Market Value of this Contribution \$ 50.00 \$ 50.00 \$ 90.00 by individuals from the by the committee.
Street Address Is contributor a lobbyis or dependent child of a Date Received Name Street Address Is contributor a lobbyis or dependent child of a Date Received N. Refunda Last Name of Individual	Is this contribution fundraising event If yes, list Event t, spouse, Colobbyist? Colobbyist? Colobbyist? Colobbyist? Colobbyist Event If yes, list Event If yes, list Event	Yes No n associa listed in # City Yes No n associa listed in # T(If contribution is in ex municipality does communicipality valued at ted with a Section L1? No State CT If contribution is in ext municipality does cont municipality valued at ted with a Section L1? No No Section L1? No No Section L1? No No Section L1? No No Section L1? The No No Section L1? The	cess of \$400 to a cand tributor or business he, more than \$5,000? Description of In-Kin Zip Code Description or business he, more than \$5,000? Description of In-Kin	Individual Committee Other (Applicable idate committee for a chief exc (she is associated with have a committee O Yes O No d Contribution Type of Contributor: Other (Applicable Committee Other (Applicable date committee for a chief exc she is associated with have a committee of Other (Applicable Committee Other (Applicable date Committee for a chief exc she is associated with have a committee of Other (Applicable Committee Other (Applicable date Committee for a chief exc she is associated with have a committee Office of the committee for a chief exc Substantial Other (Applicable O	Aggregate contribution \$0.00 a only to Referendum Committee cutive officer of a contract with said Aggregate contribution \$0.00 AL Section M-This Page ditional Section M Page and the said section	Value of this Contribution Fair Market Value of this Contribution \$ 50.00 \$ 50.00 \$ 50.00 \$ 10.00
Street Address Is contributor a lobbyis or dependent child of a Date Received Name Street Address Is contributor a lobbyis or dependent child of a Date Received N. Refunda Last Name of Individual Residential Street Address	Is this contribution fundraising event If yes, list Event t, spouse, Colobbyist? Colobbyist? Colobbyist? Colobbyist? Colobbyist Event If yes, list Event If yes, list Event	Yes No n associa listed in # City Yes No n associa listed in # T(If contribution is in ex municipality does communicipality valued at ted with a Section L1? No State CT If contribution is in ext municipality does cont municipality valued at ted with a Section L1? No No Section L1? No No Section L1? No No Section L1? No No Section L1? The No No Section L1? The	cess of \$400 to a cand tributor or business he, more than \$5,000? Description of In-Kin Zip Code Description or business he, more than \$5,000? Description of In-Kin	Individual Committee Other (Applicable idate committee for a chief exc (she is associated with have a committee O Yes O No d Contribution Type of Contributor: Other (Applicable Committee Other (Applicable date committee for a chief exc she is associated with have a committee of Other (Applicable Committee Other (Applicable date Committee for a chief exc she is associated with have a committee of Other (Applicable Committee Other (Applicable date Committee for a chief exc she is associated with have a committee Office of the committee for a chief exc Substantial Other (Applicable O	Aggregate contribution \$0.00 a only to Referendum Committee cutive officer of a contract with said Aggregate contribution \$0.00 AL Section M-This Page ditional Section M Page and the said section	Value of this Contribution Fair Market Value of this Contribution \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 by individuals from the by the committee) Amount of

·	. NONMONETA	ARY RECEIP	TS		Page 12 of 17
NAME OF COMMITTEE				FILING DUE DATE	
People for Excellence in Government O. Non-Monetary F	Receipts of Org	anization Ex	sendit	Ures Made Rv	2011
Legislative Leaders	ship, Legislative	e Caucus, and	d Part		A Company of the Comp
Name of Committee (Legislative Leadership, Legislative Caucus, and Party C	Committees ONLY)	Name of Treasu	ırer		
Street Address				Date Notice Received	Fair Market Value of Donation
City	State	Zip Code		Aggregate Donations	
Description of Donation			T T	ose of Expenditure (see instructions) A OBOCODE	\$0.00
Name of Committee (Legislative Leadership, Legislative Caucus, and Party C	Committees ONLY)	Name of Treasu	rer		
Street Address			<u> </u>	Date Notice Received	Fair Market Value
City					of Donation
	State	Zip Code		Aggregate Donations \$0.00	
Description of Donation		"!		ose of Expenditure (see instructions)	\$0.00
Name of Committee (Legislative Leadership, Legislative Caucus, and Party C	ommittees ONLY)	Name of Treasu			
Street Address			· · · · · · · · · · · · · · · · · · ·	Date Notice Received	Fair Market Value of Donation
City :	State	Zip Code		Aggregate Donations	of Bonation
Description of Donation				se of Expenditure (see instructions) BCCDDEE	\$0.00
Name of Committee (Legislative Leadership, Legislative Caucus, and Party C	ommittees ONLY)	Name of Treasu	_	CAR ANG AND ANE	
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) CBCCDDCE	\$0.00
Name of Committee (Legislative Leadership, Legislative Caucus, and Party C	ommittees ONLY)	Name of Treasur	_		
Street Address				Date Notice Received	Fair Market Value of Donation
City	State	Zip Code		Aggregate Donations	or Bonation
Description of Donation	CT		Pumo	\$0.00 se of Expenditure (see instructions)	for mine the view with it programma, and
V. 60			Ĉ A	OB OC OD OE	\$0.00
Name of Committee (Legislative Leadership, Legislative Caucus, and Party C	ommittees UNLY)	Name of Treasur	er		
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 Caucus, and Party C	ommittees ONLY)	Name of Treasur		OB CC OD OE	
Street Address			-	Date Notice Received	Fair Market Value
City	State	Zin Code	-	Aggregate Donations	of Donation
	CT	Zip Code		Aggregate Donations \$0.00	
Description of Donation				e of Expenditure (see instructions)	\$0.00
为时间来到了事情间的第三人称单数	Total Sec	tion O (Enter to	otal on i	Line 24 of Summary Page)	\$0.00

		IV. E	XPENDITUR	RES		Pa	age 13 of 17
NAME OF COMMITTEE People for Exc	ellence in Governme	ant			FILING DUE DATE	14410044	
1 copie ioi Lac			s Paid by Co	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0/	//11/2011	
Name of Payee IALCF	1.	Lapense	STAIG DY CU	Date of Payment	Method of Payment	A	mount
Street Address 3254 Torringford Street	City Torrington	State	Zip Code 06790	4/20/2011	Check # 1292 Debit Card		
Purpose of Expenditure (by code) CHAR	Description	contribtion		The second distance of the second sec	Event #	1	
Coordinated with reimbursement sought Coordinated without reimbursement sought Coordinated with reimbursement sought Coordinated without reimbursement sought reimbursement reimbursement sought reimbursement	Candidate(s) Nan (if applicable) ght	<u>, .</u>		e Sought	☐ Supported ☐ Opposed	S	140.00
Name of Payee William Beccaro				Date of Payment	Method of Payment	A	mount
Street Address 12 New City Street	City Essex	State CT	Zip Code 06426	4/20/2011	© Check # 1293 © Debit Card	to the second	
Purpose of Expenditure (by code)	Description reimburse	ment - mea	als	t k	Event #		
Type of Expenditure (if applicable): Coordinated with reimbursement sought Coordinated without reimbursement sou Independent Organization (see Instructions)	Candidate(s) Nam (if applicable) ght	ie	Office	e Sought	Supported Opposed		
QAQBQCQD	O E L					s	256.85
Name of Payee Adam Wood				Date of Payment	Method of Payment	Aı	mount
Street Address 260 France Street	City Rocky Hill	State CT	Zip Code 06067	4/20/2011	Check # 1294 Debit Card		
Purpose of Expenditure (by code) RCW	Description reimburse	ment - mea	als		Event #		
Type of Expenditure (if applicable): Coordinated with reimbursement sought Coordinated without reimbursement sou Independent Organization (see Instructions)	Candidate(s) Nam (if applicable) ght	le	Office	e Sought	☐ Supported ☐ Opposed		
Name of Payee	ОЕ					s	386.71
Sonya Finch				Date of Payment	Method of Payment	Ar	mount
70 Crown Street	City Bridgeport	State CT	Zip Code 06610	4/20/2011	Check # 1295		
Purpose of Expenditure (by code) RCW	Description reimburser	nent - supp	lies & food	d manager of a Whole step and do one	Event #	· .	
Type of Expenditure (if applicable): O Coordinated with reimbursement sought O Coordinated without reimbursement sought O Independent O Organization (see Instructions)	ght	e	Office	Sought	Supported Opposed	s	707.58
Name of Payee Gloria Beccaro	S. B.			Date of Payment	Method of Payment		nount
Street Address 10 South View Terrace	City Old Saybrook	State Z	Cip Code 06475	4/26/2011	© Check #_1296 © Debit Card		iiount
(by code) RCW - OVHD	Description Verizon - to	elephone, d	cellular & intern	net service	Event #		
Type of Expenditure (if applicable): O Coordinated with reimbursement sought O Coordinated without reimbursement sough O Independent O Organization (see Instructions)			Office	Sought	□Supported □Opposed		110.54
CA OB QC QD (# E			CHID	OTAL C. A. T. T.	S e	112.54
					OTAL Section P-This P additional Section P Pa	9	1,603.68 2,330.79
TOT	AL OF ALL EXPEN	SES PAID	ву соммітт		n Line 19 of Summary P	5	3,934.47

	1	IV. E	EXPENDITUR	RES	<u></u>	Page 14 of 17	
NAME OF COMMITTEE				FL	LING DUE DATE	1000	
People for Exc	cellence in Governmer	nt			07/11/201	1	
	Q. Cam	paign Ex	xpenses Paid	by Candidate			
Name of Payee (Name of Vendor who candidate	e paid directly)			Date of Payment	Is Reimbursement Claimed?	Amount	
Street Address	City	State CT	Zip Code		O Yes O No	\$0.00	
Purpose of Expenditure (by code)	Description		The second secon	de la companya del companya de la companya del companya de la comp	Event #		
Name of Payee (Name of Vendor who candidate	e paid directly)			Date of Payment	Is Reimbursement Claimed?	Amount	
St. A. I. I.	IC:	Ta	1-11-1			Amount	
Street Address Purpose of Expenditure	City	State CT	Zip Code		© Yes	\$0.00	
(by code)	Description				Event #		
Name of Payee (Name of Vendor who candidate	e paid directly)			Date of Payment	Is Reimbursement Claimed?	Amount	
Street Address	City	State	Zip Code		C Yes		
Purpose of Expenditure		СТ			Q No	\$0.00	
(by code)	Description				Event #		
Name of Payee (Name of Vendor who candidate	e paid directly)			Date of Payment	Is Reimbursement Claimed?	Amount	
Street Address	City	State	Zip Code		○ Yes		
Purpose of Expenditure	Description	CT			O No	\$0.00	
(by code)] Josephon				Event #		
Name of Payee (Name of Vendor who candidate	e paid directly)			Date of Payment	Is Reimbursement Claimed?	Amount	
Street Address	City	State	Zip Code		◯ Yes	***	
Purpose of Expenditure		СТ			O No	\$0.00	
(by code)	Description				Event #		
Name of Payce (Name of Vendor who candidate paid directly) Date of Payment Is Reimbursement Claimed?							
Street Address	City	State	Zip Code		O Yes		
Purpose of Expenditure		СТ	Mariannanian (m. 1.121).		Q Yes O No	\$0.00	
(by code)	Description		arr mangama a		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		
Purpose of Expenditure	Description	СТ			© No	\$0.00	
(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		Ç Yes		
Purpose of Expenditure	Description	[CT]		1	© No	\$0.00	
(by code)		See a Response of the see					
Name of Payee (Name of Vendor who candidate	paid directly)			Date of Payment	Is Reimbursement Claimed?	Amount	
Street Address	City	State	Zip Code		© Yes O No	40.00	
Purpose of Expenditure	Description	[CT		<u></u>	Event #	\$0.00	
(by code)	<u></u>						
				CHDTV	OTAL Section Q-This Page	\$0.00	
					The second second	\$0.00	
.	OTAL OF ALLEYS	MCEG D	ID DV CANNOT		additional Section Q Pages		
<u> </u>	OTAL OF ALL EXPE	NOES PA	ID BY CANDIE	DALE (Enter total o	n Line 26 of Summary Page)	\$0.00	

Chapter of Expenditure City Cit		I	V. EXPENDITUI	RES		Page 15 of 17
R. Expenses Incurrection Commutates Gredit Card Type of Credit Card: Type of Credit Card: Type of Credit Card: Type of Credit Card: Colors Colors State Address City State Address City South Control State Colors South Control Colors South Colors South Colors Colors South Colors South Colors Colors Colors South Colors Colors Colors South Colors Col			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
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2.2062						
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		IV. EXPE	NDITURES		Page 16 of 17
NAME OF COMMITTEE	for Excellence in Co	avorament.		FILING DUE DATE	0.7.4
People	for Excellence in Go	Access to the second service of the	and the second	07/11/2	011
Name of Creditor	S. Expenses In	curred by Committ	ee but Not Paid Dur	ing this Period	T
			Bate meared		Amount Incurred (Estimate or Actual)
Street Address			Event #		7
Zity:	State	Zip Code	Condidate(a) Name (if annilos)	Office Sought	4
	CT	Zip Code	Candidate(s) Name (if applicab	ole) Office Sought	1
'urpose of Expenditure	Type of Expenditur	e (if applicable):			
by code)		th reimbursement sought thout reimbursement sough			
Description	C Independent	J	\(\sigma\) Supported		\$0.00
	Organization (s	ee Instructions) BCCODOE	COpposed		
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Dity	State	Zip Code	Candidate(s) Name (if applicab	ole) Office Sought	-
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'urpose of Expenditure by code)	Type of Expenditur	e (if applicable): th reimbursement sought		America antineerinin neede andan antineerin neede and antineerin neede and antineerin neede and antineerin neede	
	🖳 Coordinated wi	thout reimbursement sought			
Description	☐ Independent ☐ Organization (s	ee Instructions)	Supported		\$0.00
	OA Ci	ee Instructions) BCCODCE	Opposed		40.00 :
Name of Creditor			Date Incurred		Amount Incurred
Street Address			Event #		- Lesumale of Actual)
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Dity	State	Zip Code	Candidate(s) Name (if applicab	ole) Office Sought	
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	Organization (s	ee Instructions) BCCCDCE	C Supported COpposed		\$0.00
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					(Estimate or Actual)
Street Address	to the second second second second	er e	Event #		7
City	State	Zip Code	Candidate(s) Name (if applicab	le) Office Sought	4
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'urpose of Expenditure by code)	Type of Expenditure	(if applicable):			
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same sa 100 m same accommon a simulation of the management		B C C C D C E	Opposed		\$0.00
					\$0.00
AND CONTRACTOR OF THE PROPERTY	The Control of the Con-	and the second		UBTOTAL Section S-This Page	
TOTA	LOFALL TYPENS	ES INCUEDED BY CO		L of additional Section S Pages	\$0.00
TOTAL	L OF ALL EXPENS	ESTINGUICED BY CC		HIS PERIOD BUT NOT PAID tal on Line 28 of Summary Page)	
		Prev	riously reported Expense	es Unpaid and still Outstanding	\$0.00
TOTAL OF ALL EYP	ENSES INCUIDATE			al on Line 28a of Summary Page)	\$0.00
	CONITED		Enter 1010	u on Line 200 of Summary Page)	

TREE CONTROL AND		IV. EXPE	NDITUR	ES			Page 17 of 17
VAME OF COMMITTEE					FILING	DUE DATE	
People for Excellence						07/11/2011	
T. Itemizatio	First	bursements to	Commi Imi		Yorkers and C	onsultants 	
Beccaro	Willia	MI		04/20/2011	Method of Payment	Amount	
various - Tiagos, Moe's Burge	r, Tuscany,	Take Time Cafe		Purpo (by co	se of Expenditure rde) RCW	• Check # 1293 © Debit Card	<u>:-</u>
irreet Address 12 New City Street		City		· :	State CT	Zip Code 06426	1
Description						Francisco de la companya de la comp	-
reimbursement for meals Type of Expenditure (if applicable): Coordinated with reimbursement sought Coordinated without reimbursement sought Independent Organization (see Instructions) A B B C B D E							\$ \$256.85
ast Name of Worker/Consultant Wood	First Adam		MI	Date o	of Payment 04/20/2011	Method of Payment	Amount
lecondary Payee various - Marty's, Ash Creek Salo		Epernay Taigos		Purpo:	se of Expenditure	© Check # 1294	
Street Address		City			State	C Debit Card Zip Code	4
260 France Street		Rocky Hi	Ш	-	СТ	06067	
reimbursement for meals							
Candidate(s) Name Coordinated with reimbursement sought Coordinated without reimbursement sought Classification Coordinated without reimbursement sought Classification Coordinated without reimbursement sought Coordinated without reimbursement							\$ \$386.71
Last Name of Worker/Consultant Finch	First Sonya	I Method					Amount
econdary Payce			<u>. I.,</u>	Purpos	04/20/2011 se of Expenditure	Check # 1295	
various - TJ Maxx, Bridgeport Blu	efish, Barce	elona, Dunkin Dor	nuts	(by co	de) RCW	Debit Card	<u></u>
irreet Address 70 Crown Street	en e	City Bridgepo	rt		State CT	Zip Code 06610	
Description reimbursement for food & supplies	to the state of th	Annual Control of Control of Control	no to the second		a and a mida, an age and	A state of a state of the state	-
Type of Expenditure (if applicable): Coordinated with reimbursement sought Coordinated without reimbursement sought Independent Organization (see Instructions)	Candidate(s			Office	Sought	© Supported © Opposed	\$ \$707.58
Last Name of Worker/Consultant Beccaro	First Gloria		MI	Date o	f Payment 04/26/2011	Method of Payment	Amount
lecondary Payee Verizon		· · · · · · · · · · · · · · · · · · ·		Purpose of Expenditure (by code) RCW - OV		Check # 1296 Debit Card	-
P.O. Box 15041		City Worchest	er	State MA		Zip Code 01615	1
Description Telephone, cellular and internet service	es						
Type of Expenditure (if applicable): Coordinated with reimbursement sought Coordinated without reimbursement sought Independent	Candidate(s)		Committee of the second	Office	Sought	C: Supported C Opposed	
Organization (see Instructions) OA OB OC OD OE							s \$112.54
					SUBTO	TAL Section T-This Page	\$1,463.68
					TOTAL of a	dditional Section T Pages	\$1,630.79
TOTAL	OF ALL RI	EIMBURSEMENT	rs to co) MMI	TTEE WORKER	S AND CONSULTANTS	\$3,094.47

I. MONETARY RECEIPTS Section B. Additional Page

NAME OF COMMITTEE							FILING						
People for Excellence i	n Gover	nment						. 07	/11/2011				
		Itemized Cor	ıtribut		rom								
Last Name Mintz	First Abr	aham		MI		Principal Occupation physician				Amount of Contribution			
tesidential Street Address 342 Midlock Road	City Fair	field	State	Zip Code 06824	and the second	Name of Employe	r						
s contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If cont	ribution is in excessipality does contribipality valued at mo	s of \$400 utor or bu	to a cand	lidate o	committee for a c	have a co	utive office ntract with	r of a said	-			
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #		Is contributor a particle of government	ite which	branch o	r branc	actor or prospecti ches			O Yes No				
Method of contribution: C Cash Personal Check C Credit/Debit	Card 🔯	Payroll Deduction	(i) Mone	y Order	Date 1	Received 04/19/2011		Aggregate	\$750.00	\$750.00			
ast Name	First			MI		Principal Occupati	on		Ψ. σσ.σσ	Amount of			
Rosnick Lesidential Street Address	Har City	old	State	Zip Code		retired Name of Employe	· <u>, </u>	· · · · · · · · · · · · · · · · · · ·		Contribution			
25 Riverside Lane	Eas	diana may amena a transmit	СТ	06612									
s contributor a lobbyist, spouse, r dependent child of a lobbyist? Yes	munici	ribution is in excess pality does contribo pality valued at mo	utor or bu	siness he	/she is	committee for a c associated with I	have a co	ative officer	r of a said				
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #		Is contributor a particular of government	te which	branch o	r branc	ctor or prospection ches			O Yes No				
Method of contribution: O Cash Personal Check O Credit/Debit	C- 1 5% T				Date I	Received			ontributions				
ast Name	First	Payroll Deduction (Money	Order		04/19/2011			\$750.00	\$750.00			
Valentino	Cha	Charles MI Principal Occupation state marshall								Amount of Contribution			
tesidential Street Address 76 Waverly Place	City Bride	geport	State CT	Zip Code 06610		Name of Employer	anno estado Transcolar e em como con en como en						
s contributor a lobbyist, spouse, r dependent child of a lobbyist? Yes No	If conti munici	ribution is in excess pality does contribution pality valued at mo	of \$400 itor or bu	to a cand siness he	idate c	ommittee for a c	nave a con	itive officer	of a said	_			
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	es	Is contributor a p If yes, indica of governmen	rincipal o	of a state branch o	contra r branc	ctor or prospective	e state co		C Yes No				
Method of contribution: \$\infty\$ Cash \$\infty\$ Personal Check \$\infty\$. Credit/Debit	Card 🗯 F					Received 04/19/2011			ontributions \$750.00	\$750.00			
ast Name	First		· · · · · · ·	MI		Principal Occupation	on			Amount of			
lesidential Street Address	City		State CT	Zip Code		Name of Employer				Contribution			
s contributor a lobbyist, spouse, or dependent child of a lobbyist? O No	municij	ibution is in excess pality does contribu- pality valued at mo-	itor or bu	siness he	/she is	ommittee for a cl associated with h	ave a cor	tive officer	of a aid				
Is this contribution associated with a fundraising event listed in Section L1? C N If yes, list Event #	es o	Is contributor a p If yes, indicat of governmen	te which l	branch oi	branc	ctor or prospective hes			C' Yes C No				
Method of contribution: C. Cash Cl Personal Check C. Credit/Debit	Card 🖒 P	ayroll Deduction [n Money	Order	Date R	Received	74. 1	Aggregate c	ontributions \$0.00	\$0.00			
ast Name	First			MI		Principal Occupation	n			Amount of			
lesidential Street Address	City		State CT	Zip Code		Name of Employer			· · · · · · · · · · · · · · · · · · ·	Contribution			
s contributor a lobbyist, spouse, or dependent child of a lobbyist?	municip	ibution is in excess pality does contribu pality valued at mor	tor or bus	siness he	she is	ommittee for a chassociated with h	nief execu ave a con	tive officer tract with s	of a aid				
Is this contribution associated with a fundraising event listed in Section L1? ON If yes, list Event #		Is contributor a particular of government	e which b	oranch or	brancl	ctor or prospective hes			O Yes O No				
Method of contribution: O Cash O Personal Check O Credit/Debit of	Card 🏈 P	ayroll Deduction [6) Money	Order	Date R	eceived		Aggregate co	ontributions \$0.00	\$0.00			
						SH	ВТОТА	L Section	B-This Page	\$2,250.00			
								- vemon	n. 1	. 1			

IV. EXPENDITURES Section P. Additional Page NAME OF COMMITTEE FILING <u>DUE DATE</u> People for Excellence in Government 07/11/2011 P. Expenses Paid by Committee Name of Payee Date of Payment Method of Payment Amount Drew 2011 Street Address @ Check # 1297 State Zip Code 05/04/2011 241 Main Street C Debit Card Middletown CT 06457 Purpose of Expenditure Description Event # (by code) CNTRB Political Contribution Candidate(s) Name Office Sought Type of Expenditure (if applicable): ☐ Supported (if applicable) Coordinated with reimbursement sought Coordinated without reimbursement sought ☐ Opposed C Independent Organization (see Instructions) 200.00 OA QB OC OD OE Name of Payee Date of Payment Method of Payment Amount Adam Wood Street Address @ Check # 1298 City Zip Code 05/08/2011 (C) Debit Card 260 France Street 06610 Rocky Hill CT Purpose of Expenditure Description Event # (by code) RCW reimbursement - meals Candidate(s) Name Type of Expenditure (if applicable): Office Sought ☐ Supported (if applicable) Opposed Coordinated with reimbursement sought Coordinated without reimbursement sought ☐ Independent Organization (see Instructions) 874.98 CA OB OC OD OE Name of Payee Date of Payment Method of Payment Amount William Beccaro Street Address City © Check # 1299 State Zip Code 12 New City Street 05/11/2011 Essex 06426 O Debit Card CT Purpose of Expenditure Description Event # (by code) RCW reimbursement - meals Candidate(s) Name Type of Expenditure (if applicable): Office Sought ☐ Supported O Coordinated with reimbursement sought (if applicable) ☐ Opposed O Coordinated without reimbursement sought O Independent Organization (see Instructions) 529.33 OA OB OC OD OE Name of Payee Date of Payment Method of Payment Amount Larson for Congress Street Address Zip Code @Check # 1300 05/11/2011 P.O. Box 261172 East Hartford 06126 Debit Card CT Purpose of Expenditure Description Event # (by code) CNTRB campaign contribution Type of Expenditure (if applicable): Candidate(s) Name Office Sought ☐ Supported Coordinated with reimbursement sought (if applicable) ☐ Opposed Coordinated without reimbursement sought O Independent Organization (see Instructions) 500.00 OA OB OC OD OE Name of Payee Date of Payment Method of Payment Amount Gloria Beccaro Street Address City Zip Code Check # 1301 State 05/27/2011 10 South View Terrace Old Saybrook CT 06475 O Debit Card Purpose of Expenditure Description Event # (by code) RCW-OVHD Verizon - telephone, cellular & internet service Type of Expenditure (if applicable): Candidate(s) Name Office Sought ☐ Supported (if applicable) C Coordinated with reimbursement sought ☐ Opposed Coordinated without reimbursement sought Independent Organization (see Instructions) 114.16 \$2,218.47 SUBTOTAL Section P-This Page

of 2

Page

IV. EXPENDITURES Section P. Additional Page FILING DUE DATE NAME OF COMMITTEE People for Excellence in Government 07/11/2011 P. Expenses Paid by Committee Date of Payment Name of Payee Method of Payment Amount Gloria Beccaro © Check # 1302 Street Address State Zip Code City 06/28/2011 Debit Card 10 South View Terrace Old Saybrook CT 06475 Purpose of Expenditure Description Event # Verizon - telephone, cellular & internet service (by code) RCW-OVHD Candidate(s) Name Office Sought ☐ Supported Гуре of Expenditure (if applicable): (if applicable) ☐ Opposed C Coordinated with reimbursement sought C Coordinated without reimbursement sought C Independent Organization (see Instructions) 112.32 OA QB OC OD QE Name of Payee Date of Payment Method of Payment Amount Street Address Zip Code Check # City State C Debit Card CT Purpose of Expenditure Description Event # (by code) Candidate(s) Name Office Sought ☐ Supported Type of Expenditure (if applicable): (if applicable) Opposed Coordinated with reimbursement sought Coordinated without reimbursement sought Independent Organization (see Instructions) 0.00 CA OB OC OD OE Name of Payee Date of Payment Method of Payment Amount Street Address C Check # City State Zip Code O Debit Card CT Purpose of Expenditure Description Event # (by code) Candidate(s) Name Office Sought ☐ Supported Type of Expenditure (if applicable): (if applicable) Coordinated with reimbursement sought ☐ Opposed O Coordinated without reimbursement sought Independent Organization (see Instructions) 0.00 OA OB OC OD OE Name of Payee Date of Payment Method of Payment Amount Street Address Zip Code Check # City State C Debit Card CT Purpose of Expenditure Description Event # (by code) Candidate(s) Name Office Sought ☐ Supported Type of Expenditure (if applicable): (if applicable) ☐ Opposed Coordinated with reimbursement sought Coordinated without reimbursement sought O Independent Organization (see Instructions) 0.00 CA OB OC OD OE Name of Payee Date of Payment Method of Payment Amount Street Address Zip Code Check # State O Debit Card CT Purpose of Expenditure Description Event # (by code) Candidate(s) Name Office Sought □ Supported Type of Expenditure (if applicable): (if applicable) Opposed Coordinated with reimbursement sought Coordinated without reimbursement sought Independent Organization (see Instructions) 0.00

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SUBTOTAL Section P-This Page

Page 2

IV. EXPENDITURES Section S. Additional Page

VAME OF COMMITTEE			Lon.	ING DUE DATE	
People for Excellence in Government			111	07/11/2011	
	f Reimburs	ements to Commit	tee Workers and		
Name of Worker/Consultant Adam Wood			Date of Payment	Method of Payment	Amount
Recondary Payee various - Tuscany, Moe's, Ash Cr	eek, Tiagio's,	Metric, Firebox	05/08/2011	Check # 1298	
itreet Address 280 France Street		ter Generalistic Landau es Lardini, una municion	Purpose of Expenditure (by code) RCW		
Dity	State	Zip Code	Description		
Rocky Hill	СТ	06610	reimbursemer	nt for meals	
ype of Expenditure (if applicable): C Coordinated with reimbursement sought C Coordinated without reimbursement sought C Independent C Organization (see Instructions) C A C B C C D C E	Candidate(s) Na (if applicable)	Office Sought	\$874.98		
Name of Worker/Consultant William Beccaro			Date of Payment	Method of Payment	Amount
Secondary Payee various - Moe's, Tuscany, Sporto	afe, Tiago's, (Capital Grille, Testo's	05/11/2011 Purpose of Expenditure	Check #_1299 Debit Card	
12 New City Street			(by code) RCW		
City .	State	Zip Code	Description		
Essex	СТ	06426	reimbursemei	nt for meals	
Cype of Expenditure (if applicable): Coordinated with reimbursement sought Coordinated without reimbursement sought Independent Corganization (see Instructions)	Candidate(s) Na (if applicable)	me	Office Sought	© Supported © Opposed	
OA OB OC OD OE	'mana are may				\$529.33
Name of Worker/Consultant Gloria Beccaro			Date of Payment	Method of Payment	Amount
Secondary Payee Verizon			05/27/2011	Check # 1301 Debit Card	
P.O. Box 15041			Purpose of Expenditure (by code) RCW		
City	State	Zip Code	Description		1
Worchester	MA	01615	Telephone, ce	ellular and internet services	
Type of Expenditure (if applicable): Coordinated with reimbursement sought Coordinated without reimbursement sought Independent Organization (see Instructions) A B B C B D E	Candidate(s) Na (if applicable)	me	Office Sought	(O Supported (O Opposed	\$114.16
Name of Worker/Consultant Gloria Beccaro			Date of Payment	Method of Payment	Amount
Secondary Payee Verizon		06/28/2011	© Check # 1302		
P.O. Box 15041	Purpose of Expenditure (by code) RCW				
City Worchester	State	Zip Code	Description		-
	MA Candidate(s) Nat	01615	Section 1 and 1 minutes are a section to	Ilular and internet services	
Type of Expenditure (if applicable): Coordinated with reimbursement sought Coordinated without reimbursement sought Independent Corganization (see Instructions) A OB CODE	(if applicable)	. Europa E	Office Sought	© Supported © Opposed	\$112.32
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			SUB	TOTAL Section T-This Page	φ1,030.79

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