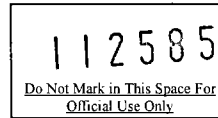


SEEC FORM 20


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



POSTMARKED OCT 11



SUMMARY PAGE

1. NAME OF COMMITTEE				
People for Excellence in Government				
2. TREASURER NAME				
Title	First	MI	Last	Suffix
Mr	William	A	Beccaro	
3. TREASURER ADDRESS				
Street Address		City	State	Zip Code
12 New City Street		Essex	CT	06426
4. ELECTION/REFERENDUM DATE <small>(mm/dd/yyyy)</small>		5. OFFICE SOUGHT <i>(Complete only if Candidate Committee)</i>		6. DISTRICT NUMBER <small>(if applicable)</small>
7. CANDIDATE NAME <i>(Complete only if Candidate or Exploratory Committee)</i>				
Title	First	MI	Last	Suffix
8. TYPE OF REPORT <i>(Check One Box)</i>				
<input type="radio"/> January 10 filing <input type="radio"/> 7th day preceding primary <input type="radio"/> 7th day preceding referendum <input type="radio"/> Initial Contribution or Disbursement <i>(PACs ONLY)</i> <input type="radio"/> April 10 filing <input type="radio"/> 30 days following primary <input type="radio"/> 45 days following referendum <input type="radio"/> Amendment to <input type="radio"/> July 10 filing <input type="radio"/> 7th day preceding election <input type="radio"/> Deficit Type of Report: _____ <input checked="" type="radio"/> October 10 filing <input type="radio"/> 12th day preceding election <i>(State Central Committees Only)</i> <input type="radio"/> Termination <input type="radio"/> Independent Expenditure <input type="checkbox"/> Primary <input type="checkbox"/> Election <input type="radio"/> 45 days following election not held in November				
9. PERIOD COVERED				
Beginning Date		Ending Date		
<u>07/01/2011</u>		thru <u>09/30/2011</u>		
10. CERTIFICATION				
I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.				
 TREASURER OR DEPUTY TREASURER (SIGNATURE)		William A. Beccaro PRINT NAME OF SIGNER		10/10/2011 DATE (mm/dd/yyyy)
PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.				

SEEC FORM 20

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

SUMMARY PAGE
TOTALS

NAME OF COMMITTEE	FILING DUE DATE	
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	\$1,611.28	
13. Contributions received from Individuals (Sections A and B)	\$0.00	\$109,409.18
14. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$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)	\$0.00	\$410,733.05
18. Subtotals (add totals in line 12 + line 17 in Column A; and in line 11 + 17 in Column B)	\$1,611.28	\$410,753.05
19. Expenses Paid by Committee (Section P)	\$750.00	\$409,891.77
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both Columns)	\$861.28	\$861.28
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 People for Excellence in Government	FILING DUE DATE
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A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>	Subtotal Section A \$ 0.00
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B. Itemized Contributions from Individuals

Last Name	First	MI	Principal Occupation	Amount of Contribution
Residential Street Address	City	State CT	Zip Code Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # _____</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative</i>		

Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Date Received	Aggregate contributions \$0.00	\$0.00
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Last Name	First	MI	Principal Occupation	Amount of Contribution
Residential Street Address	City	State CT	Zip Code Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # _____</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative</i>		

Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Date Received	Aggregate contributions \$0.00	\$0.00
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Last Name	First	MI	Principal Occupation	Amount of Contribution
Residential Street Address	City	State CT	Zip Code Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # _____</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative</i>		

Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> 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 Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # _____</i>		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative</i>		

Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Date Received	Aggregate contributions \$0.00	\$0.00
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SUBTOTAL Section B-This Page	\$0.00
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TOTAL of additional Section B Pages	\$0.00
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TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Enter total on Line 13 of Summary Page)	\$0.00
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I. MONETARY RECEIPTS (Sections A-K)

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

Name of Committee					Name of Treasurer	
Address			Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <i>If yes, list Event #</i> <input type="checkbox"/> No			Amount of Contribution
City	State CT	Zip Code	Date Received	Aggregate Contributions		\$0.00
Name of Committee					Name of Treasurer	
Address			Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <i>If yes, list Event #</i> <input type="checkbox"/> No			Amount of Contribution
City	State CT	Zip Code	Date Received	Aggregate Contributions		\$0.00
Name of Committee					Name of Treasurer	
Address			Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <i>If yes, list Event #</i> <input type="checkbox"/> No			Amount of Contribution
City	State CT	Zip Code	Date Received	Aggregate Contributions		\$0.00
Name of Committee					Name of Treasurer	
Address			Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <i>If yes, list Event #</i> <input type="checkbox"/> No			Amount of Contribution
City	State CT	Zip Code	Date Received	Aggregate Contributions		\$0.00
Name of Committee					Name of Treasurer	
Address			Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <i>If yes, list Event #</i> <input type="checkbox"/> No			Amount of Contribution
City	State CT	Zip Code	Date Received	Aggregate Contributions		\$0.00
Name of Committee					Name of Treasurer	
Address			Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <i>If yes, list Event #</i> <input type="checkbox"/> No			Amount of Contribution
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
City	State CT	Zip Code	<input checked="" type="checkbox"/> Reimbursement for shared expense <input type="checkbox"/> Surplus <input checked="" type="checkbox"/> Payment for goods and services <input type="checkbox"/> Distribution		\$0.00	
Name of Committee				Name of Treasurer		
Address			Date Received			Amount of Receipt
City	State CT	Zip Code	<input checked="" type="checkbox"/> Reimbursement for shared expense <input type="checkbox"/> Surplus <input checked="" type="checkbox"/> Payment for goods and services <input type="checkbox"/> Distribution		\$0.00	
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
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D. Loans Received this Period

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

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		\$0.00
City	Aggregate Contributions	
State	\$0.00	
Zip Code		

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

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

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

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

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

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

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE People for Excellence in Government	FILING DUE DATE
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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>		

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 CT	Zip Code	City	State CT	Zip Code	\$ 0.00

K. Miscellaneous Monetary Receipts not Considered Contributions

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

Summary of Other Monetary Receipts (Sections D-K)

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

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
People for Excellence in Government	

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	

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
SUBTOTAL Section L2-This Page				\$0.00
TOTAL of additional Section L2 Pages				\$0.00
TOTAL OF ALL SMALL PURCHASES FROM TAG SALES, AUCTIONS OR OTHER SALES OF DONATED ITEMS <i>(Enter total on Line 16b of Summary Page)</i>				\$0.00

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
People for Excellence in Government	

L3. Purchases of Advertising in a Program Book (Municipal Candidate and Town Committees ONLY)

Name of Purchaser	Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	<input type="checkbox"/> Yes <input type="checkbox"/> No	Event #	\$0.00	\$0.00
City		State		
		CT		
Street Address	<input type="checkbox"/> Yes <input type="checkbox"/> No	Event #	\$0.00	\$0.00
City		State		
		CT		
Street Address	<input type="checkbox"/> Yes <input type="checkbox"/> No	Event #	\$0.00	\$0.00
City		State		
		CT		
Street Address	<input type="checkbox"/> Yes <input type="checkbox"/> No	Event #	\$0.00	\$0.00
City		State		
		CT		
Street Address	<input type="checkbox"/> Yes <input type="checkbox"/> No	Event #	\$0.00	\$0.00
City		State		
		CT		
Street Address	<input type="checkbox"/> Yes <input type="checkbox"/> No	Event #	\$0.00	\$0.00
City		State		
		CT		
Street Address	<input type="checkbox"/> Yes <input type="checkbox"/> No	Event #	\$0.00	\$0.00
City		State		
		CT		
Street Address	<input type="checkbox"/> Yes <input type="checkbox"/> No	Event #	\$0.00	\$0.00
City		State		
		CT		
Street Address	<input type="checkbox"/> Yes <input type="checkbox"/> No	Event #	\$0.00	\$0.00
City		State		
		CT		
Street Address	<input type="checkbox"/> Yes <input type="checkbox"/> No	Event #	\$0.00	\$0.00
City		State		
		CT		
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	FILING DUE DATE
People for Excellence in Government	

L4. In-Kind Donations Not Considered Contributions

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

III. NONMONETARY RECEIPTS

NAME OF COMMITTEE People for Excellence in Government	FILING DUE DATE
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M. In-Kind Contributions

Name				Type of Contributor:		Fair Market Value of this Contribution	
Street Address		City	State CT	Zip Code			
				<input type="radio"/> Individual <input type="radio"/> Committee <input type="radio"/> Other (Applicable only to Referendum Committees)			
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					
Date Received	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	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 CT	Zip Code			
				<input type="radio"/> Individual <input type="radio"/> Committee <input type="radio"/> Other (Applicable only to Referendum Committees)			
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					
Date Received	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	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 CT	Zip Code			
				<input type="radio"/> Individual <input type="radio"/> Committee <input type="radio"/> Other (Applicable only to Referendum Committees)			
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					
Date Received	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	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 CT	Zip Code			
				<input type="radio"/> Individual <input type="radio"/> Committee <input type="radio"/> Other (Applicable only to Referendum Committees)			
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					
Date Received	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	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 CT	Zip Code			
				<input type="radio"/> Individual <input type="radio"/> Committee <input type="radio"/> Other (Applicable only to Referendum Committees)			
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					
Date Received	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	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 CT	Zip Code		
Name of telephone company						
Street Address		City	State CT	Zip Code		
						\$0.00

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

NAME OF COMMITTEE	FILING DUE DATE
People for Excellence in Government	

P. Expenses Paid by Committee

Name of Payee Courtney for Congress				Date of Payment 7/9/2011	Method of Payment <input checked="" type="checkbox"/> Check # 1303 <input type="checkbox"/> Debit Card	Amount
Street Address P.O. Box 1372		City Vernon	State CT	Zip Code 06066		
Purpose of Expenditure (by code) CNTRB		Description contribution			Event #	
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="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	\$ 750.00

Name of Payee				Date of Payment	Method of Payment	Amount
Street Address		City	State CT	Zip Code	<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card	
Purpose of Expenditure (by code)		Description			Event #	
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="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	\$ 0.00

Name of Payee				Date of Payment	Method of Payment	Amount
Street Address		City	State CT	Zip Code	<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card	
Purpose of Expenditure (by code)		Description			Event #	
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="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	\$ 0.00

Name of Payee				Date of Payment	Method of Payment	Amount
Street Address		City	State CT	Zip Code	<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card	
Purpose of Expenditure (by code)		Description			Event #	
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="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	\$ 0.00

Name of Payee				Date of Payment	Method of Payment	Amount
Street Address		City	State CT	Zip Code	<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card	
Purpose of Expenditure (by code)		Description			Event #	
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="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	\$ 0.00

SUBTOTAL Section P-This Page						\$750.00
TOTAL of additional Section P Pages						\$0.00
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19 of Summary Page)						\$750.00

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
People for Excellence in Government	

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				FILING DUE DATE	
People for Excellence in Government					
R. Expenses Incurred on Committee Credit Card					
Name of Issuing Institution			Type of Credit Card:		
			<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other _____		
Name of Vendor				Date of Transaction	Amount
Street Address		City	State CT	Zip Code	
					\$0.00
Purpose of Expenditure (by code)		Description		Event #	
Name of Vendor				Date of Transaction	Amount
Street Address		City	State CT	Zip Code	
					\$0.00
Purpose of Expenditure (by code)		Description		Event #	
Name of Vendor				Date of Transaction	Amount
Street Address		City	State CT	Zip Code	
					\$0.00
Purpose of Expenditure (by code)		Description		Event #	
Name of Vendor				Date of Transaction	Amount
Street Address		City	State CT	Zip Code	
					\$0.00
Purpose of Expenditure (by code)		Description		Event #	
Name of Vendor				Date of Transaction	Amount
Street Address		City	State CT	Zip Code	
					\$0.00
Purpose of Expenditure (by code)		Description		Event #	
Name of Vendor				Date of Transaction	Amount
Street Address		City	State CT	Zip Code	
					\$0.00
Purpose of Expenditure (by code)		Description		Event #	
Name of Vendor				Date of Transaction	Amount
Street Address		City	State CT	Zip Code	
					\$0.00
Purpose of Expenditure (by code)		Description		Event #	
Name of Vendor				Date of Transaction	Amount
Street Address		City	State CT	Zip Code	
					\$0.00
Purpose of Expenditure (by code)		Description		Event #	
Name of Vendor				Date of Transaction	Amount
Street Address		City	State CT	Zip Code	
					\$0.00
Purpose of Expenditure (by code)		Description		Event #	
SUBTOTAL Section R-This Page					\$0.00
TOTAL of additional Section R Pages					\$0.00
TOTAL OF ALL EXPENSES INCURRED ON COMMITTEE CREDIT CARD (Enter total on Line 27 of Summary Page)					\$0.00

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
People for Excellence in Government	

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

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

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

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

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

SUBTOTAL Section S-This Page				\$0.00
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TOTAL of additional Section S Pages				\$0.00
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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
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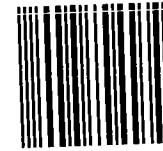
Previously reported Expenses Unpaid and still Outstanding				+ \$0.00
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TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID <i>(Enter total on Line 28a of Summary Page)</i>				\$0.00
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IV. EXPENDITURES

NAME OF COMMITTEE					FILING DUE DATE	
People for Excellence in Government						
T. Itemization of Reimbursements to Committee Workers and Consultants						
Last Name of Worker/Consultant		First	MI	Date of Payment	Method of Payment	
Secondary Payee		Purpose of Expenditure (by code)			<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card	
Street Address		City		State	Zip Code	
				CT		
Description						
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		Candidate(s) Name (if applicable)		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
					\$ 0.00	
Last Name of Worker/Consultant		First	MI	Date of Payment	Method of Payment	
Secondary Payee		Purpose of Expenditure (by code)			<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card	
Street Address		City		State	Zip Code	
				CT		
Description						
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		Candidate(s) Name (if applicable)		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
					\$ 0.00	
Last Name of Worker/Consultant		First	MI	Date of Payment	Method of Payment	
Secondary Payee		Purpose of Expenditure (by code)			<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card	
Street Address		City		State	Zip Code	
				CT		
Description						
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		Candidate(s) Name (if applicable)		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
					\$ 0.00	
Last Name of Worker/Consultant		First	MI	Date of Payment	Method of Payment	
Secondary Payee		Purpose of Expenditure (by code)			<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card	
Street Address		City		State	Zip Code	
				CT		
Description						
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		Candidate(s) Name (if applicable)		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
					\$ 0.00	
Last Name of Worker/Consultant		First	MI	Date of Payment	Method of Payment	
Secondary Payee		Purpose of Expenditure (by code)			<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card	
Street Address		City		State	Zip Code	
				CT		
Description						
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		Candidate(s) Name (if applicable)		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
					\$ 0.00	
SUBTOTAL Section T-This Page					\$0.00	
TOTAL of additional Section T Pages					\$0.00	
TOTAL OF ALL REIMBURSEMENTS TO COMMITTEE WORKERS AND CONSULTANTS					\$0.00	

Leccaro
Street
06426



1000

06106

U.S. POSTAGE
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STATE ELECTION ENFORCEMENT COMMISSION
CAMPAIGN FINANCE UNIT
20 TRINITY STREET
HARTFORD, CT. 06106-1628

TURNER AT TOP OF ENVELOPE TO THE RIGHT
TURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL™

