SEEC FORM 20

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



POSTMARKED OCT 1 1 Do Not Mark in This Space For Official Use Only

Page 1 of 17

SUMMARY PAGE

1. NAME OF COMM	HTTEE						
	r	le for Excellence in	Goverr	ıment		·····	
2. TREASURER NA	ME						
Title	First		MI	Last			Suffix
Mr	William		Α	Becc	aro		
3. TREASURER ADI	PRESS	<u> </u>					F # O I
Street Address 12 New City	Street	City	Essex			State CT	Zip Code 06426
4. ELECTION/REFE	RENDUM DATE	5. OFFICE SOUGHT (Comple	ete only if Ca	ndidate Commit	tee)	6. DISTRICT NU	
(mm/dd/yyyy)							
111000000000000000000000000000000000000		if Candidate or Exploratory Com	***************************************				
Title	First		MI	Last		4.0000000000000000000000000000000000000	Suffix
8. TYPE OF REPORT	Γ (Check One Box)						
🖔 January 10 filing		7th day preceding primar	ry C	7th day preced	ling referendum		ontribution or Disbursement (PACs ONLY)
April 10 filing		© 30 days following primar	ry C	45 days follow	ing referendum		•
🔿 July 10 filing		○ 7th day preceding election	on C	Туре о	f Report:		
October 10 filing	Ş	12th day preceding election (State Central Committees C			<u></u>		
Independent Exp	enditure © Election	○ 45 days following election not held in November	on				
9. PERIOD COVERE	D.						
		Beginning Date		Enc	ling Date		
		07/01/2011	thr	u <u>0</u>	9/30/2011		
		10 CF.	RTIFICATI	ON			
Disclosure State	ement for the pe	penalties of false statement, riod covered is true, accura	, that all of te and con	the informati		n this Itemized	
TREASURER OR D	AM Q . EPUTY TREASYR			A. Becca ME OF SIGNER			10/10/2011 DATE (mm/dd/yyyy)
		į į			44		<u> </u>
		PENALTY FOR FALSE STATE \$1,000, OR IMPRISONMENT F					

SUMMARY PAGE TOTALS

NAME OF COMMITTEE	FILING DUE DATE	
NAME OF COMMITTEE	FILING DUE DATE	TO THE STOP SHEETS AND TO SEE SEE
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
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)	\$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 REC	EIPTS	S (Se	ctions A-K)		Page 3 of 17
NAME OF COMMITTEE People for Excellence in	. Gover	nment			FILING I	DUE DATE	
A. Total Contributions from Sn (See instructions for definition of Small Con	nall Co		888 - Your - 1800	. 11 14 9	od ONLY stal Section A	0.00	
	a-11 2	B. Itemized Cont	ributi	ons f	rom 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, O Yes or dependent child of a lobbyist? O No	munici	tribution is in excess of \$400 cipality does contributor or busipality valued at more than \$2	siness he	she is			
Is this contribution associated with a fundraising event listed in Section L1?		Is contributor a principal of If yes, indicate which of government the contributors	branch o	r branc	ctor or prospective state co	O No	
Method of contribution: C Cash C Personal Check C Credit/Debit	Card 💯				Received	Aggregate contributions \$0.00	\$0.00
Last Name	First		MI	.	Principal Occupation		Amount of
Residential Street Address	City	g : 0 .0000 U	Zip Code		Name of Employer		Contribution
Is contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No	munici	tribution is in excess of \$400 cipality does contributor or bu	siness he	she is			
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #	es es	i 	of a state branch o	contra r branc	ctor or prospective state co	○ No	
Method of contribution: C Cash Personal Check C Credit/Debit	Card 🔘	Payroll Deduction Money	y Order	Date	Received	Aggregate contributions \$0.00	\$0.00
Last Name	First	<u></u>	MI		Principal Occupation		Amount of
Residential Street Address	City	State CT	Zip Code		Name of Employer		Contribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? So No	munici	tribution is in excess of \$400 cipality does contributor or bucipality valued at more than \$200.	isiness he	she is			
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #		Is contributor a principal of fyes, indicate which of government the contributors	branch o	r branc	ctor or prospective state co	O No	
Method of contribution: C: Cash □ Personal Check □ Credit/Debit	Card 💢	Payroll Deduction Money	y 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		Contribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	munici	tribution is in excess of \$400 cipality does contributor or bu	isiness he	she is			
Is this contribution associated with a G Y fundraising event listed in Section L1? G Y If yes, list Event #		Is contributor a principal of If yes, indicate which of government the contribution	branch o	contra r branc	ctor or prospective state co	O No	
Method of contribution: © Cash © Personal Check © Credit/Debit	Card C				Received	Aggregate contributions \$0.00	\$0.00
					SUBTOTA	L Section B-This Page	\$0.00
		1				tional Section B Pages	\$0.00
TOTAL OF ALL CONTRIB	JTIONS	S FROM INDIVIDUALS	S (Section	ns A	& B) (Enter total on Li	ne 13 of Summary Page)	\$0.00

	I.	MONE	TARY I	RECEIPTS	S (Section	ns A-K)	Page 4 of 17
NAME OF COMMITTEE						FILING DUE DATE	
People for Excelle							
Name of Committee	C1.	Contri	<u>butions</u>	from Oth	er Comi		
Address			Is this con	ntribution asso	ciated with	a © Yes If yes, list L1? © No Event#	Amount of Contribution
City	State	Zip Code		Date Received		Aggregate Contributions	\$0.00
:	СТ					\$0.00	·
Name of Committee					Name of Tre	easurer	
Address	-		Is this co	ntribution asso	ciated with	a O Yes If yes, list	Amount of Contribution
C.L.	Ic.	In a i	fundraisi	ng event listed	l in Section	L1? No Event#	
City	State CT	Zip Code) 	Date Received		Aggregate Contributions \$0.00	\$0.00
Name of Committee	<u> </u>	<u> </u>			Name of Tre		
Address				ntribution asso		a O Yes <i>If yes</i> , list L1? O No Event#	Amount of Contribution
City	State	Zip Code	<u> </u>	Date Received		Aggregate Contributions	\$0.00
E	СТ					\$0.00	
Name of Committee					Name of Tr	easurer	
Address			Is this co	ntribution asso	ciated with	a 🗘 Yes If yes, list	Amount of Contribution
City	State	[z: . c. 1.		ng event listed		L1? No Event #	\$0.00
City	CT	Zip Code		Date Received	l	Aggregate Contributions \$0.00	\$0.00 ;
Name of Committee					Name of Tre	easurer	_1
Address				ntribution asso		a C Yes <i>If yes</i> , list L1? C No Event #	Amount of Contribution
City	State	Zip Code		Date Received		Aggregate Contributions	\$0.00
·	СТ			<u></u>		\$0.00	
Name of Committee					Name of Tr	easurer	
Address			Is this co	ntribution ass	ciated with	a C Yes If yes, list	Amount of Contribution
	Isaata	[a: a i	fundraisi	ng event listed	l in Section	L1? No Event #	
City	State CT	Zip Code		Date Received		Aggregate Contributions \$0.00	\$0.00
Co P : L)	C	I D:			
Name of Committee	ements. 1	<u> zaymen</u>	its, or S	Name of T		ons from other Committe	es
Address				Date Rece	ived		
Autos				Bate Rece			Amount of Receipt
City	State	Zip Code				or shared expense 💮 Surplus	\$0.00
Name of Committee	СТ	<u></u>				ds and services Distribution	
Name of Committee				Name of T	reasurer		
Address				Date Rece	ived		Amount of Receipt
City	State	Zip Code		See not	h	Sandrad	\$0.00
	СТ					for shared expense	I
	,			1	SUBT	TOTAL Section C-This Page	\$0.00
						of additional Section C Pages	\$0.00
TOTAL OF ALL COMMISSION	CONTRIB	TTONE	AND DE	GEIDTO 47			\$0.00
TOTAL OF ALL COMMITTEE	CONTRIBL	JIIUNS	AND RE	CEIFIS (E	nter total c	on Line 14 of Summary Page)	Ψ0.00

		I. MO	NETAR	Y RECEIPTS	S (Sections A-K)			Page 5 of 17
NAME OF COMMITTEE						FILING DU	JE DATE	
People for Ex	cellen	ice in Governn	nent		:			
		D	. Loans	Received th	1	and the second	619 87	40.).
Name of Lender					Source of Loan:		Is there a Cosigner or Guarantor of	Amount Received
Street Address	City		State CT	Zip Code	□ □ □ Bank □ □ C	Candidate	this loan? C. Yes (if yes list name and address of	
Name of Cosigner/Guarantor					🖾 Individual 🖾 🖸	Other Committee	Cosigner/Guarantor) No	\$0.00
Street Address	City		State	Zip Code	Date of Receipt	commuee		
Name of Lender				· · · · · · · · · · · · · · · · · · ·	Source of Loan:		Is there a Cosigner	Amount Received
Street Address	City		State	Zip Code	□ S Bank 중 (Candidate	or Guarantor of this loan? Yes (if yes list	
Name of Cosigner/Guarantor			-1	!	☐ Individual ☐ (name and address of Cosigner/Guarantor)	\$0.00
Street Address	City		State	Zip Code	Date of Receipt	Committee	○ No	
]		75.4.16.4.5.D	s 0.00
E. Receipts from E	4.4.	4141	T. Just	J) O41	C	(D. C.)	Total Section D	3
Name of Entity	nune	s other than	IMULYI	auais or Ou	ier Committees	(Kejerenai	im Committees ONI	.Y)
Street Address					Date Received			Amount Received
City	Te,	ate	Zip Code	j	Aggregate Contributions			
City	01	CT	Zip Code		Aggregate Controlations		\$0.00	\$0.00
Name of Entity					!		· · · · · · · · · · · · · · · · · · ·	
Street Address					Date Received		-	Amount Received
Cis.	le.		7 in Code		Aggregate Contributions			
City	ادا	CT	Zip Code		Aggregate Controllions		\$0.00	\$0.00
Name of Entity								
Street Address					Date Received		_	Amount Received
			-		·			
City	S	CT	Zip Code		Aggregate Contributions		\$0.00	\$0.00
			,				Total Section E	\$ 0.00
F. Amount Tra	ansfe	rred from A	Affiliate	d Business	Freasury (Busines	s Entity Ce	ommittees ONLY)	
	Amount			Date of Receipt		Amount	\$0.00	Total Transfers
Is this transaction associated with a fundraising event listed in Section L1?	Yes No	If yes, list Event #			on associated with a ant listed in Section L1?	☐ Yes <i>IJ</i>	yes, list	s 0.00
G. Amount Transferred fro			bor Uni	ion or Other	Organization T	'reasury	Organization Com	
Date of Receipt				Date of Recei			organization com	Total Transfers
Amount \$0.00				Amount	\$	0.00		
								s 0.00
H. Personal	Fun	ds of the Ca	ndidate	Received tl	his Period (Candi	idate Comi	nittees ONLY)	Total
Date of Receipt	_	Method of payn	ment:	Date of Receipt			Iethod of payment: Cash	Amount Received
Amount \$0.00	_	C Personal Ch C Credit/Debi	eck t Card	Amount	\$0.00	l Ĉ	Cash Personal Check Credit/Debit Card	s 0.00

I. MONETARY RECEIPTS (Sections A-K) Page 6 of 17												
NAME OF COMMIT	ГЕЕ							FILIN	IG DUE DA	TE		
	People f	or Excellence i	n Governme	ent								
		I. Anony	mous Con	tribut	ions (Specify dolla	ar amount			eceived)			
Date Received		Amount	\$0.00		Date Received			Amount	\$	0.00	Tot Amount 1	
\$1 bills	\$0.00	\$5 bills	\$0.00		\$1 bills	\$0.00		\$5 bill	s\$0.0	0		
coins	\$0.00	\$10 bill	\$0.00		coins	\$0.00		\$10 bil	\$0.0	0		0.00
		J.	Interest f	rom E	 Deposits in Auth	orized A	cco	unts			S	0.00
Date Received		Amount	\$0.00		Date Received			Amount		\$0.00	To Amount	
Name of Institution					Name of Institution			1				
Street Address					Street Address							
City		State CT	Zip Code	- :	City			State	CT Zi	p Code	\$	0.00
					D						1	
Name		K. Miscella	ineous Mo	netar	y Receipts not C	onsider		Date of Tr			Amount	Received
1												
Street Address				City			State	СТ	Zip Code			
Description				<u>-L::</u>								\$0.00
Name							1	Date of Tr	ansaction		\$	
											Amount	Received
Street Address				City.			State	CT	Zip Code		u.	
Description				1				<u></u>				\$0.00
Name							1	Date of Ti	ansaction		\$	
											Amount	Received
Street Address				City			State	CT	Zip Code			
Description				1				<u> </u>	<u> </u>			
											\$	\$0.00
		No.							To	tal Section K	\$	0.00
		Summar	y of Other	·Mon	etary Receipts (Sections	D-I	K)				
Total Loans Receiv	ved this Per	iod (Section D))						-	2000 2000	0.0	0
Total Receipts from	m Entities o	ther than Indiv	iduals or Ot	her Co	mmittees (Section I	Ε)			+		0.0	0
Total Amount Tra	nsferred fro	om Affiliated B	usiness Trea	sury (S	ection F)				+		0.0	0
Total Amount Tra	nsferred fro	om Affiliated L	abor Union o	or Othe	er Organization Tre	easury (Se	ction	(G)	+		0.0	0
Total Amount of P	Personal Fu	nds of the Cand	lidate Receiv	ed this	Period (Section H)			+		0.0	0
Total Amount of A	Anonymous	Contributions	(Section I)						+	,	0.0	0
Total Amount of Interest from Deposits in Authorized Accounts (Section J) +									0.0	0		
Total Miscellaneous Monetary Receipts not Considered Contributions (Section K) +									0.0	0		
Total of Other (Enter total on L				ns D-I	()						0.0	0
		7,46		**************************************		· · · · · · · · · · · · · · · · · · ·			<u> </u>			

	II. F	UNDRAISI	NG EVE	NT ACTIVITY			Page 7 of 17
NAME OF COMMITTEE					FILING DUE DATE		
Peopl	e for Excellence in Govern	ment			nun j		
	Lı.	,		Information			
Fundraising Event # Date of Fundraiser Letter	Description	Location: Street	Address		City	State	Zip Code
						СТ	
Subpart 1: (All Committees) Was this fundraising event hos	ted at a personal residence?		O Yes		L4 In-kind Donations not Co d information for purchases mons.)		
Did this fundraiser include item \$100 or items donated by an in		y of up to	○ Yes ○ No	(If yes, go to Section I and complete require	L4 In-kind Donations not Cod information.)	nsidered C	Contributions
Was this fundraiser a tag sale, a with purchases from an individ		ed items		(If yes, go to Section L Donated Items.)	.2 Proceeds from Tag Sale, A	uction, or	Other Sale of
Subpart 2: (Town Committees Were there purchases of adver with this fundraiser?	tising space in a program boo			(If yes, go to Section and complete require	L3 Purchases of Advertising bd information.)	Space in a	a Program Book
Subpart 3: (Town Committee Did your committee sell food gathering held within the state	or beverage at a fair or similar	r mass	O Yes	(If yes, enter Total R	deceipts from small purchase	s here.)	0.00
3000 7							
Fundraising Event # Date of Fundraiser Letter	Description	Location: Street	Address		City	State	Zip Code
Subpart 1: (All Committees)							
Was this fundraising event hos	ted at a personal residence?		☐ Yes ☐ No		L4 In-kind Donations not Co d information for purchases mons.)		
Did this fundraiser include item \$100 or items donated by an in		y of up to		(If yes, go to Section I and complete require	L4 In-kind Donations not Co d information.)	nsidered C	Contributions
Was this fundraiser a tag sale, a with purchases from an individ		ed items		(If yes, go to Section I Donated Items.)	L2 Proceeds from Tag Sale, A	Auction, or	Other Sale of
Subpart 2: (Town Committee Were there purchases of adverwith this fundraiser?	tising space in a program boo			(If yes, go to Section and complete require	L3 Purchases of Advertising	Space in a	i Program Book
Subpart 3: (Town Committee Did your committee sell food of gathering held within the state)	or beverage at a fair or simila	- mass	O Yes	(If yes, enter Total R	eccipts from small purchase	s here.)	0.00
	s	UBTOTAL S	ection L1	(Town Committees	ONLY) Total Receipts-TI	nis Page	\$0.00
					L of additional Section L		
	TOTAL OF ALL REC	EIF IS FRO	WI SECT	10N L1 (Enter to	tal on Line 16a of Summa	ry Page)	\$0.00

		II. F	UNDRA	ISING E	VEN.	Γ ACTIVITY		Pag	ige 8 of 1
NAME OF COMMITTEE							FILING DUE DATE		
People for E							70-32		
	. Proceed	ls from T	ag Sale,	Auction		Other Sale of Do			
Name of Purchaser Last Name Individuals ONLY) Residential Street Address	City	First	State	Zip Code	MI	Method of payment	ersonal Check C Credit/Deb	it Card Am	ggregate nount of irchases
			СТ						
tems Purchased							· · · · · · · · · · · · · · · · · · ·	\$0.	0.00
Name of Purchaser Last Name Individuals ONLY)		First			MI	Method of payment	:: ersonal Check 🧢 Credit/Deb	Agg	ggregate nount of
Residential Street Address	City		State CT	Zip Code		Date Received	Event #		irchases
tems Purchased								\$C	0.00
Name of Purchaser Last Name		First			Ml	Method of payment		Agg	gregate
Individuals ONLY) Residential Street Address	City		State	Zip Code		Date Received	ersonal Check Credit/Deb		nount of irchases
tems Purchased					•			\$0	0.00
Name of Purchaser Last Name Individuals ONLY)		First			MI	Method of payment			gregate
Residential Street Address	City	-	State	Zip Code		Date Received	ersonal Check Credit/Deb		nount of irchases
tems Purchased			1.01					\$(0.00
Name of Purchaser Last Name Individuals ONLY)	· · · · · · · · · · · · · · · · · · ·	First			Ml	Method of payment	t: ersonal Check Credit/Deb	Ags	ggregate
Residential Street Address	City		State CT	Zip Code		Date Received	Event #		nount of irchases
tems Purchased			. 1 0!					\$1	\$0.00
Name of Purchaser Last Name Individuals ONLY)		First			MI	Method of payment	t: ersonal Check		ggregate nount of
Residential Street Address	City		State	Zip Code		Date Received	Event #		irchases
tems Purchased			10.					\$C	0.00
Name of Purchaser Last Name Individuals ONLY)		First		-		Method of payment	ersonal Check		ggregate nount of
Residential Street Address	City		State	Zip Code		Date Received	Event #		ırchases
tems Purchased								\$(\$0.00
Name of Purchaser Last Name Individuals ONLY)		First				Method of payment	ersonal Check Credit/Deb		ggregate
Residential Street Address	City		State	Zip Code		Date Received	Event #		ırchases
tems Purchased								\$(00.00
Name of Purchaser Last Name Individuals ONLY)		First				Method of payment	:: ersonal Check		ggregate nount o
Residential Street Address	City		State CT	Zip Code		Date Received	Event #		irchases
tems Purchased			<u> </u>					\$(00.00
						SUI	BTOTAL Section L2-This	Page \$0	0.00
						TOTAL	of additional Section L2	Pages \$0	0.00
TOTAL OF ALL SMA	LL PURCH	ASES FRO	M TAG S	ALES, A	UCTIO		SALES OF DONATED IT		0.00
	71			8/1		(Enter total	on Line 16b of Summary	Page)	

The state of the s	II. FUI	NDRAIS	ING EVENT	ACTIVIT	Y		Page 9 of 17
NAME OF COMMITTEE People for E	Excellence in Governme	nt			FILING DUE I	DATE	
L3. Purchases	s of Advertising in a	Progran	1 Book (Munic	cipal Candid	date and Town Cor	mmittees ONLY)	
Name of Purchaser				Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State CT	Zip Code	C Yes	Event #	\$0.00	\$0.00
Name of Purchaser				Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State	Zip Code	C Yes	Event #	\$0.00	\$0.00
Name of Purchaser				Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State	Zip Code	O Yes	Event #	\$0.00	\$0.00
Name of Purchaser			i	Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State CT	Zip Code	O Yes	Event #	\$0.00	\$0.00
Name of Purchaser				Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State	Zip Code	Yes No	Event #	\$0.00	\$0.00
Name of Purchaser				Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State	Zip Code	☐ Yes ☐ No	Event #	\$0.00	\$0.00
Name of Purchaser				Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State	Zip Code	O Yes	Event #	\$0.00	\$0.00
Name of Purchaser			· · · · · · · · · · · ·	Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State	Zip Code	① Yes	Event #	\$0.00	\$0.00
Name of Purchaser				Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State	Zip Code	€ Yes	Event #	\$0.00	\$0.00
Name of Purchaser				Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State CT	Zip Code	○ Yes ○ No	Event #	\$0.00	\$0.00
Name of Purchaser				Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State	Zip Code	C) Yes	Event #	\$0.00	\$0.00
Name of Purchaser				Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State	Zip Code	C Yes C No	Event #	\$0.00	\$0.00
				SU	BTOTAL Section	L3-This Page	\$0.00
				TOTAL	f additional Section	on L3 Pages	\$0.00
TOTAL OF ALL PURCHA	ASES OF ADVERTISING	G IN A PR	OGRAM BOO	K (Enter to	ital on Line 16c of	Summary Pagal	\$0.00

	II. FUNDRAISIN	NG EVEN	T ACTIVITY		Page 10 of 17
NAME OF COMMITTEE				FILING DUE DATE	
People for Excellence	in Government				
L4	. In-Kind Donations N	ot Consi	dered Contribu		
Name of Donor				Donation	Fair Market Value of Donation
Street Address	City	State	Zip Code	Aggregate value for this event \$0.00	\$0.00
Description of donation			Date Received	Event #	
Name of Donor				Donation	Fair Market Value of Donation
Street Address	City	State	Zip Code	Aggregate value for this event \$0.00	\$0.00
Description of donation			Date Received	Event #	
Name of Donor				Donation Olndividual	Fair Market
Traine of Bonot				given by: Business Entity	Value of Donation
Street Address	City	State	Zip Code	Aggregate value for this event \$0.00	\$0.00
Description of donation			Date Received	Event #	-
Name of Donor				Donation	Fair Market
:			:	given by:	Value of Donation
Street Address	City	State CT	Zip Code	Aggregate value for this event \$0.00	\$0.00
Description of donation			Date Received	Event#	
Name of Donor				Donation O Individual	Fair Market
Street Address	City	State	Zip Code	given by:	Value of Donation
Succe / Ruless	City	CT	Zip Couc	Aggregate value for this event \$0.00	\$0.00
Description of donation			Date Received	Event #	
Name of Donor			<u> </u>	Donation Olndividual	Fair Market
				given by:	Value of Donation
Street Address	City	State	Zip Code	Aggregate value for this event \$0.00	\$0.00
Description of donation		1 01	Date Received	Event #	_
Name of Donor			<u> </u>	Donation C Individual	Fair Market
Nume of Boilor				given by: Business Entity	Value of Donation
Street Address	City	State	Zip Code	Aggregate value for this event \$0.00	\$0.00
Description of donation			Date Received	Event#	
Name of Donor				Donation	Fair Market Value of Donation
Street Address	City	State	Zip Code	given by:	Value of Donation
		СТ		\$0.00	\$0.00
Description of donation		······ :	Date Received	Event #	:
			SUB	FOTAL Section L4-This Page	\$0.00
			TOTAL	of additional Section L4 Pages	\$0.00
TOTAL OF ALL IN-KIND DONATION	S NOT CONSIDERED CO	NTRIBUT	IONS (Enter total o	on Line 21 of Summary Page)	\$0.00

			I	II. NOI	NMONETARY	RECEIPTS		Page 11 of 17
NAME OF COMMITT	ГЕЕ					FILING DU	E DATE	
	People for E	xceller	ice in Govern	ment				
				M. Iı	n-Kind Contr		pic and the second	M 1 M 1
Name						Type of Contributor: Individual		Fair Market Value of this
Street Address		Ĉity		State	Zip Code	Committee	to Referendum Committees)	Contribution
Is contributor a lobbyis or dependent child of a		Yes No	municipality	does contr		didate committee for a chief executive/she is associated with have a contractive Yes C. No		
Date Received	Is this contribution fundraising event	listed in	ted with a	Yes No	Description of In-K		Aggregate contributions	\$0.00
Name	If yes, list Event	<u> </u>				Type of Contributor:		Fair Market
Street Address		City		State	Zip Code	O Individual O Committee Other (Applicable only	to Referendum Committees)	Value of this Contribution
Is contributor a lobbyis or dependent child of a		Yes No	municipality	n is in exc does contr	ributor or business h	didate committee for a chief executi e/she is associated with have a contr	ve officer of a	
Date Received	Is this contribution	n associa		Yarued at i	more than \$5,000? Description of In-K	O Yes O No	Aggregate contributions	
	fundraising event	listed in		□ No			\$0.00	\$0.00
Name						Type of Contributor:		Fair Market Value of this
Street Address		City		State	Zip Code	Individual Committee Other (Applicable only	to Referendum Committees)	Contribution
Is contributor a lobbyis or dependent child of a		Yes No	municipality,	does cont		didate committee for a chief execution he/she is associated with have a contour Yes No	ve officer of a	
Date Received	ls this contribution fundraising event	listed in	ted with a	O Yes	Description of In-K	100	Aggregate contributions	\$0.00
Nama	If yes, list Event	# :						Fair Market
Name						Type of Contributor:		1
								Value of this
Street Address		City		State	Zip Code	Committee	to Referendum Committees)	Contribution
Street Address Is contributor a lobbyis or dependent child of a	, i ,	City Yes No	municipality	CT n is in exc does contr	ess of \$400 to a can ributor or business h	Committee Other (Applicable only didate committee for a chief executive/she is associated with have a control	ve officer of a	1
Is contributor a lobbyis	, i ,	Yes No n associa listed in	municipality municipality ited with a	CT n is in exc does contr	ess of \$400 to a can	Committee Other (Applicable only) didate committee for a chief executive/she is associated with have a control Yes No	ve officer of a	1
Is contributor a lobbyis or dependent child of a	Is this contribution fundraising event	Yes No n associa listed in	municipality municipality ited with a	on is in exc does contr valued at i	tess of \$400 to a can ributor or business h more than \$5,000?	Committee Other (Applicable only didate committee for a chief executive/she is associated with have a control Yes No Cind Contribution Type of Contributor:	ve officer of a act with said Aggregate contributions	Contribution Fair Market
Is contributor a lobbyis or dependent child of a Date Received	Is this contribution fundraising event	Yes No n associa listed in	municipality municipality ited with a	n is in exc does contr valued at i	tess of \$400 to a can ributor or business h more than \$5,000?	Committee Other (Applicable only didate committee for a chief executive/she is associated with have a control Yes ONo Contribution Type of Contributor: One individual One committee	ve officer of a act with said Aggregate contributions \$0.00	Contribution
Is contributor a lobbyis or dependent child of a Date Received	Is this contribution fundraising event If yes, list Event	Yes No n associa listed in #	municipality municipality municipality sted with a Section L1? If contributio municipality	CT n is in exc does contr valued at 1 Yes No State CT n is in exc does contr	Less of \$400 to a can ributor or business have than \$5,000? Description of In-K Zip Code Less of \$400 to a can ributor or business h	Committee Other (Applicable only didate committee for a chief executive/she is associated with have a control Yes No ind Contribution Type of Contributor: Individual Committee Other (Applicable only didate committee for a chief executive/she is associated with have a control individual committee for a chief executive/she is associated with have a control individual committee for a chief executive/she is associated with have a control individual committee for a chief executive/she is associated with have a control individual committee for a chief executive/she is associated with have a control individual committee for a chief executive/she is associated with have a control individual committee for a chief executive/she is associated with have a control individual committee for a chief executive/she is associated with have a control individual committee for a chief executive/she is associated with have a control individual committee for a chief executive/she is associated with have a control individual committee for a chief executive/she is associated with have a control individual committee for a chief executive/she is associated with have a control individual committee for a chief executive/she is associated with have a control individual committee for a chief executive/she is associated with have a control individual committee for a chief executive/she is associated with have a control individual committee for a chief executive/she is associated with have a control individual committee for a chief executive/she is associated with have a control individual committee for a chief executive/she is associated with have a control individual committee for a chief executive/she is associated with have a control individual committee for a chief executive/she is associated with have a control control chief executive/she is a chief executive/she is	ve officer of a act with said Aggregate contributions \$0.00 to Referendum Committees) ve officer of a	Contribution Fair Market Value of this
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 st, spouse, a lobbyist?	Yes No n associalisted in # City Yes No	municipality municipality sted with a Section L1? If contribution municipality municipality municipality ated with a	n is in excedees contrivalued at 1 O Yes No State CT on is in excedees contrivalued at 1 O Yes Yes Yes Yes Yes	Less of \$400 to a can ributor or business hore than \$5,000? Description of In-K Zip Code	Committee Other (Applicable only didate committee for a chief executive/she is associated with have a control Yes No ind Contribution Type of Contributor: Individual Committee Other (Applicable only didate committee for a chief executive/she is associated with have a control Yes No	Aggregate contributions **So.00** **to Referendum Committees**) ve officer of a act with said Aggregate contributions	Fair Market Value of this Contribution
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 st, spouse, a lobbyist?	Yes No n associalisted in # City Yes No n associalisted in	municipality municipality sted with a Section L1? If contribution municipality municipality municipality ated with a	n is in exc does contrivalued at 10 Yes No	Less of \$400 to a can ributor or business have than \$5,000? Description of In-K Zip Code Less of \$400 to a can ributor or business have than \$5,000?	Committee Other (Applicable only didate committee for a chief executive/she is associated with have a control Yes No ind Contribution Type of Contributor: Individual Committee Other (Applicable only didate committee for a chief executive/she is associated with have a control Yes No	ve officer of a act with said Aggregate contributions \$0.00 to Referendum Committees) ve officer of a act with said	Contribution Fair Market Value of this
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 st, spouse, a lobbyist?	Yes No n associalisted in # City Yes No n associalisted in	municipality municipality sted with a Section L1? If contribution municipality municipality municipality ated with a	n is in excedees contrivalued at 1 O Yes No State CT on is in excedees contrivalued at 1 O Yes Yes Yes Yes Yes	Less of \$400 to a can ributor or business have than \$5,000? Description of In-K Zip Code Less of \$400 to a can ributor or business have than \$5,000?	Committee Other (Applicable only didate committee for a chief executi le/she is associated with have a contr Yes No Cind Contribution Type of Contributor: Individual Committee Other (Applicable only didate committee for a chief executi le/she is associated with have a contr Yes No Cind Contribution	Aggregate contributions **So.00** **to Referendum Committees**) ve officer of a act with said Aggregate contributions	Fair Market Value of this Contribution
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 st, spouse, a lobbyist?	Yes No n associalisted in # City Yes No n associalisted in	municipality municipality sted with a Section L1? If contribution municipality municipality municipality ated with a	n is in excedees contrivalued at 1 O Yes No State CT on is in excedees contrivalued at 1 O Yes Yes Yes Yes Yes	Less of \$400 to a can ributor or business have than \$5,000? Description of In-K Zip Code Less of \$400 to a can ributor or business have than \$5,000?	Committee Other (Applicable only didate committee for a chief executive/she is associated with have a control Yes No ind Contribution Type of Contributor: Individual Committee Other (Applicable only didate committee for a chief executive/she is associated with have a control Yes No ind Contribution SUBTOTAL	Aggregate contributions \$0.00 to Referendum Committees) we officer of a act with said Aggregate contributions \$0.00	Fair Market Value of this Contribution
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 st, spouse, a lobbyist?	Yes No n associalisted in # City Yes No n associalisted in #	municipality municipality section L1? If contribution municipality municipality municipality section L1?	n is in excedees contrivalued at 10 Yes No State CT on is in excedees contrivalued at 11 Yes No	less of \$400 to a carributor or business hore than \$5,000? Description of In-K Zip Code	Committee Other (Applicable only didate committee for a chief executive/she is associated with have a control Yes No Cind Contribution Type of Contributor: Individual Committee Other (Applicable only didate committee for a chief executive/she is associated with have a control Yes No Cind Contribution SUBTOTAL TOTAL of additional	Aggregate contributions \$0.00 to Referendum Committees) we officer of a act with said Aggregate contributions \$0.00 Section M-This Page onal Section M Pages 2 of Summary Page)	Fair Market Value of this Contribution \$0.00 \$0.00 \$0.00
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	Is this contribution fundraising event If yes, list Event st, spouse, a lobbyist?	Yes No n associalisted in # City Yes No n associalisted in #	municipality municipality municipality section L1? If contribution municipality municipality municipality section L1? OTAL OF AI phone Con	or the state of th	less of \$400 to a carributor or business hore than \$5,000? Description of In-K Zip Code	Committee Other (Applicable only didate committee for a chief executive/she is associated with have a control Yes No Cind Contribution Type of Contributor: Individual Committee Other (Applicable only didate committee for a chief executive/she is associated with have a control Yes No Cind Contribution SUBTOTAL TOTAL of addition TOTAL of addition CITIONS (Enter total on Line 2 (NOTE: This section refers only personal funds to benefit the committee contribution)	Aggregate contributions \$0.00 to Referendum Committees) we officer of a act with said Aggregate contributions \$0.00 Section M-This Page onal Section M Pages 2 of Summary Page) on advances of deposits by its act with says and section by a section by a section of the section	Fair Market Value of this Contribution \$0.00 \$0.00 \$0.00 \$0.00 adviduals from
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 Is this contribution fundraising event If yes, list Event Is this contribution fundraising event If yes, list Event Able Deposit to	Yes No n associalisted in # City Yes No n associalisted in #	municipality municipality municipality section L1? If contribution municipality municipality municipality section L1? OTAL OF AI phone Com First	or the state of th	less of \$400 to a carributor or business hore than \$5,000? Description of In-K Zip Code	Committee Other (Applicable only didate committee for a chief executive/she is associated with have a control of the committee of the committe	Aggregate contributions \$0.00 to Referendum Committees) we officer of a act with said Aggregate contributions \$0.00 Section M-This Page onal Section M Pages 2 of Summary Page) o advances of deposits by inittee, not deposits made b	Fair Market Value of this Contribution \$0.00 \$0.00 \$0.00 \$0.00 adviduals from
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 Is this contribution fundraising event If yes, list Event Is this contribution fundraising event If yes, list Event Able Deposit to	Yes No n associalisted in # City Yes No n associalisted in #	municipality municipality municipality section L1? If contribution municipality municipality municipality section L1? OTAL OF AI phone Con	or the state of th	less of \$400 to a carributor or business hore than \$5,000? Description of In-K Zip Code	Committee Other (Applicable only didate committee for a chief executive/she is associated with have a control Yes No Cind Contribution Type of Contributor: Individual Committee Other (Applicable only didate committee for a chief executive/she is associated with have a control Yes No Cind Contribution SUBTOTAL TOTAL of addition TOTAL of addition CITIONS (Enter total on Line 2 (NOTE: This section refers only personal funds to benefit the committee contribution of the committee committee contribution of the co	Aggregate contributions \$0.00 to Referendum Committees) we officer of a act with said Aggregate contributions \$0.00 Section M-This Page onal Section M Pages 2 of Summary Page) o advances of deposits by inittee, not deposits made b	Fair Market Value of this Contribution \$0.00 \$0.00 \$0.00 adividuals from the committee.)
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 Is this contribution fundraising event If yes, list Event Is this contribution fundraising event If yes, list Event Able Deposit to	Yes No n associalisted in # City Yes No n associalisted in #	municipality municipality municipality section L1? If contribution municipality municipality municipality section L1? OTAL OF AI phone Com First	or the state of th	less of \$400 to a carributor or business hore than \$5,000? Description of In-K Zip Code	Committee Other (Applicable only didate committee for a chief executive/she is associated with have a control of the committee only ind Contribution Type of Contributor: Individual Committee Other (Applicable only didate committee for a chief executive/she is associated with have a control of the committee only indicated committee for a chief executive/she is associated with have a control of the committee only indicated committee for a chief executive/she is associated with have a control of the committee of the control of	Aggregate contributions \$0.00 to Referendum Committees) we officer of a act with said Aggregate contributions \$0.00 Section M-This Page onal Section M Pages 2 of Summary Page) o advances of deposits by inittee, not deposits made b	Fair Market Value of this Contribution \$0.00 \$0.00 \$0.00 adividuals from the committee.)
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 Is this contribution fundraising event If yes, list Event Is this contribution fundraising event If yes, list Event Able Deposit to	Yes No n associalisted in # City Yes No n associalisted in #	municipality municipality municipality section L1? If contribution municipality municipality municipality section L1? OTAL OF AI phone Com First	or the state of th	less of \$400 to a carributor or business hore than \$5,000? Description of In-K Zip Code	Committee Other (Applicable only didate committee for a chief executive/she is associated with have a control of the committee only ind Contribution Type of Contributor: Individual Committee Other (Applicable only didate committee for a chief executive/she is associated with have a control of the committee only indicated committee for a chief executive/she is associated with have a control of the committee only indicated committee for a chief executive/she is associated with have a control of the committee of the control of	Aggregate contributions \$0.00 to Referendum Committees) we officer of a act with said Aggregate contributions \$0.00 Section M-This Page onal Section M Pages 2 of Summary Page) o advances of deposits by inittee, not deposits made b	Fair Market Value of this Contribution \$0.00 \$0.00 \$0.00 adividuals from the committee.)

III, No	ONMONETA	RY RECEIPT	S		Page 12 of 17
NAME OF COMMITTEE				FILING DUE DATE	100
People for Excellence in Government					
O. Non-Monetary Rece					
Legislative Leadership				y Committee	
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Commi	ittees ONLY)	Name of Treasure	ег		
Street Address				Date Notice Received	Fair Market Value of Donation
City	State	Zip Code		Aggregate Donations	
	CT			\$0.00	
Description of Donation				se of Expenditure (see instructions) OBCCODE	\$0.00
Name of Committee (Lordrettin Londrettin Londrettin Committee (Lordrettin Londrettin Londrettin Committee (Londrettin Londrettin Lon	ittaas ONI V	Name of Treasure		OB QU QU QE	
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Commi	mees UNLY)	name of freasure	:1		
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
				ОВОС ОВОЕ	φυ.υυ
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Commi	ittees ONLY)	Name of Treasure	er		
Street Address		: :		Date Notice Received	Fair Market Value of Donation
City	State CT	Zip Code	**:	Aggregate Donations \$0.00	
Description of Donation				See of Expenditure (see instructions) OBOC OD GE	\$0.00
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Commi	ittees ONLY)	Name of Treasure	er		
Street Address				Date Notice Received	Fair Market Value of Donation
City	State CT	Zip Code		Aggregate Donations \$0.00	
Description of Donation				See of Expenditure (see instructions) OBCODDE	\$0.00
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Comm.	ittees ONLY)	Name of Treasure	er		
Street Address				Date Notice Received	Fair Market Value of Donation
City	State	Zip Code		Aggregate Donations \$0.00	
Description of Donation				se of Expenditure (see instructions)	\$0.00
Name of Committee (I sold atter) I am lamble I sold atter Committee Co.	ittaan (INT V)	Name of Treasure		OB OC OD OE	¥0.00
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Comm	mees UNLI)	ivame of Freasure	υ ι		
Street Address				Date Notice Received	Fair Market Value of Donation
City	State	Zip Code		Aggregate Donations \$0.00	
Description of Donation		·	1 '	se of Expenditure (see instructions)	\$0.00
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Comm	ittees ONLY)	Name of Treasure	40.7		
Street Address				Date Notice Received	Fair Market Value
City	State	Zip Code		Aggregate Donations	of Donation
Description of Donation	СТ		D,	\$0.00	<u> </u>
				se of Expenditure (see instructions) BCCDDDE	\$0.00
	Total Se	ction O (Enter to	ital on	Line 24 of Summary Page)	\$0.00

IV. EXPENDITURES										
NAME OF COMMITTEE FILING DUE DATE										
People for Exc	ellence in Governme	#0.388#0Can				521				
P. Expenses Paid by Committee Name of Payee Date of Payment Method of Payment Metho										
Name of Payee Courtney for Congress				Amount						
Street Address P.O. Box 1372	City Vernon	State CT	Zip Code 06066	7/9/2011	© Check #_1303 © Debit Card					
Purpose of Expenditure (by code) CNTRB	Description contribution	n		Event #	4 4					
Type of Expenditure (if applicable): C. Coordinated with reimbursement sough C Coordinated without reimbursement sou C Independent C Organization (see Instructions)	ce Sought	☐ Supported ☐ Opposed								
OA OB OC OD	Q E					s 750.00				
Name of Payee				Date of Payment	Method of Payment	Amount				
Street Address	City	State CT	Zip Code		Check #					
Purpose of Expenditure (by code)	Description				Event #					
Type of Expenditure (if applicable): Coordinated with reimbursement sough Coordinated without reimbursement sou Independent		e	Offic	ce Sought	☐ Supported ☐ Opposed					
Organization (see Instructions) A OB OC OD	O E					s 0.00				
Name of Payee	·			Date of Payment	Method of Payment	Amount				
Street Address	City	State	Zip Code		Check #					
Purpose of Expenditure (by code)	Description	1 :			Event #					
Type of Expenditure (if applicable): Coordinated with reimbursement sough Coordinated without reimbursement sou	ce Sought	☐ Supported ☐ Opposed								
© Organization (see Instructions) © A © B © C © D	7 F					s 0.00				
Name of Payee				Date of Payment	Method of Payment	Amount				
Street Address	City	State CT	Zip Code		Check # Debit Card					
Purpose of Expenditure (by code)	Description	1 01	.1		Event #	•				
Type of Expenditure (if applicable): [O Coordinated with reimbursement sough [O Coordinated without reimbursement so	of Expenditure (if applicable): Coordinated with reimbursement sought Coordinated with reimbursement sought				□ Supported □ Opposed					
☐ Independent ☐ Organization (see Instructions) ☐ A ☐ B ☐ C ☐ D						\$ 0.00				
Name of Payee	· · · · · · · · · · · · · · · · · · ·	Suumin		Date of Payment	Method of Payment	Amount				
Street Address	City	State	Zip Code		C Check #					
Purpose of Expenditure (by code)	Description	1 01	<u> </u>		Event #					
Type of Expenditure (if applicable): Coordinated with reimbursement sought Coordinated without reimbursement sought Coordinated without reimbursement sought Corganization (see Instructions)										
CA OB CC OD	CE				\$\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	s 0.00				
			() 	SUI	BTOTAL Section P-This Pa	ge \$750.00 \$0.00				
TOTAL of additional Section P Pages										
TO	TAL OF ALL EXPE	NSES PA	ID BY COMMI	TTEE (Enter tota	d on Line 19 of Summary Pa	(ge) 1 \$750.00				

IV. EXPENDITURES								
NAME OF COMMITTEE FILING DUE DATE								
People for Excellence in Government								
	Q. Camp	aign Ex	penses Paid b					
Name of Payee (Name of Vendor who candidate p	oaid directly)			Date of Payment	Is Reimbursement Claimed?	Amount		
Street Address	City	State	Zip Code		○ Yes			
Purpose of Expenditure	Description	СТ		1	○ No Event #	\$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	IC:-	IC tata	7:- C-1-		🗘 Yes			
Sirect Address	City	State CT	Zip Code		O No	\$0.00		
Purpose of Expenditure (by code)	Description				Event #	·		
Name of Payee (Name of Vendor who candidate	paid directly)			Date of Payment	Is Reimbursement Claimed?	Amount		
Street Address	City	State	Zip Code	1	€ Yes € No	\$0.00		
Purpose of Expenditure	Description	CT			Event #	Ψ0.00		
(by code)								
Name of Payee (Name of Vendor who candidate	paid directly)			Date of Payment	Is Reimbursement Claimed?	Amount		
Street Address	City	State	Zip Code	-	○ Yes			
		СТ		i	♡ 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	I Zin Codo		C Yes			
Street Address	City	CT	Zip Code		O No	\$0.00		
Purpose of Expenditure (by code)	Description	 		•	Event #	,		
Name of Payee (Name of Vendor who candidate)	рини инчесну)			Date of Fayment	Is Reimbursement Claimed?	Amount		
Street Address	City	State	Zip Code		C Yes O No	\$0.00		
Purpose of Expenditure	Description	01		· · · · · · · · · · · · · · · · · · ·	Event #	i		
(by code)		<u></u>						
Name of Payee (Name of Vendor who candidate	paid directly)			Date of Payment	Is Reimbursement Claimed?	Amount		
Street Address	City	State	Zip Code		○ Yes	40.00		
Purpose of Expenditure	Description	CT			C No	\$0.00		
(by code)	Description				Event#			
Name of Payee (Name of Vendor who candidate	l paid directly)			Date of Payment	Is Reimbursement Claimed?	Amount		
Street Address	City	State	Zip Code		○ Yes			
		СТ			C No	\$0.00		
Purpose of Expenditure (by code)	Description				Event #			
Name of Payee (Name of Vendor who candidate	paid diracths)			Date of Payment	I D 1 1 10 10	A		
	i			Date of Fayment	Is Reimbursement Claimed?	Amount		
Street Address	City	State	Zip Code		☐ Yes ☐ No	\$0.00		
Purpose of Expenditure	Description	1 .01	<u> </u>		Event #	<u> </u>		
(by code)	:				imi i i i i			
					<u> </u> <u> </u>	¢ 0.00		
				SUBTO	OTAL 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)								

IV. EXPENDITURES Pa									
NAME OF COMMITTEE			FII	JING DUE DATE					
People for Excellence in Governmen	t			i In					
	R. Expenses Incurred on	Comm	ittee Credit Care	d					
Name of Issuing Institution			Type of Credit Card:						
	aster Card Discover CA	merican Express							
			Other						
Name of Vendor				Date of Transaction	Amount				
					Amount				
Street Address	City	State CT	Zip Code		\$0.00				
Purpose of Expenditure (by code)	Description			Event #	φυ.ου:				
Name of Vendor				Date of Transaction	Amount				
					Amount				
Street Address	City	State CT	Zip Code		\$0.00				
Purpose of Expenditure (by code)	Description			Event #	Ψ0.00				
Name of Vendor				Date of Transaction	Amount				
					Amount				
Street Address	City	State	Zip Code		····				
		СТ			\$0.00				
Purpose of Expenditure (by code)	Description			Event #					
Name of Vendor	Date of Transaction	Amount							
Street Address	City	State	Zip Code						
		СТ			00.00				
Purpose of Expenditure (by code)	Description	•		Event #	\$0.00				
Name of Vendor	Date of Transaction	Amount							
Street Address	City	State	Zip Code						
		СТ							
Purpose of Expenditure (by code)	Description		Event #	\$0.00					
Name of Vendor		Date of Transaction							
				Date of Transaction	Amount				
Street Address	City	State	Zip Code						
Purpose of Expenditure (by code)	Description	* *************************************		Event #	\$0.00				
Name of Vendor				D . CT	·				
				Date of Transaction	Amount				
Street Address	City	State	Zip Code						
Purpose of Expenditure	Description	1 ,		Event #	\$0.00				
(by code) Name of Vendor	i i i i i i i i i i i i i i i i i i i		:						
Name of Vendor				Date of Transaction	Amount				
Street Address	City	State	Zip Code						
		СТ		:	\$0.00				
Purpose of Expenditure (by code)	Description	· · · · · · · · · · · · · · · · · · ·		Event #	\$0.00				
			SUBTO	TAL Section R-This Page	\$0.00				
				Iditional Section R Pages	\$0.00				
TOTAL OF ALL EXPENSES INCURRED ON COMMUTEE CREDIT CARD (Enter total on Line 27 of Summary Page)									

IV. EXPENDITURES						
NAME OF COMMITTEE					FILING DUE DATE	
		nce in Gove				
Name of Creditor	Expe	nses Incui	red by Committe	e but No	ot Paid During this Period	Amount Incurred
						(Estimate or Actual)
Street Address					Event #	
City		State	Zip Code	Candidate(s)	Name (if applicable) Office Sought	
D CF U		СТ				
Purpose of Expenditure (by code)	Coo		eimbursement sought			
Description	O Inde	pendent	ut reimbursement sought	OSupporte	ed	\$0.00
	O Orga	anization (see I	Instructions) O.C. O.D. O.E.	Opposed		
Name of Creditor				,	Date Incurred	Amount Incurred (Estimate or Actual)
Street Address					Event #	(Estimate of Actual)
		1	Ir: o i	T-17 17 - 17 - 17 - 17 - 17 - 17 - 1		
City		State	Zip Code	Candidate(s)	Name (if applicable) Office Sought	
Purpose of Expenditure (by code)		Expenditure <i>(if</i>				
	Coo	rdinated withou	eimbursement sought ut reimbursement sought			
Description	Inde Orga	pendent anization (see I	Instructions) O.C. O.D. O.E	Supporte		\$0.00
Name of Creditor		OA OB (DC QD QE		Date Incurred	Amount Incurred
			<u> </u>			(Estimate or Actual)
Street Address					Event #	
City		State	Zip Code	Candidate(s)) Name (if applicable) Office Sought	
Purpose of Expenditure	ТС	CT				
(by code)	C Coo		eimbursement sought			•
Description	C Inde	ependent	ut reimbursement sought	Supporte	ed	
Organization (see Instructions) OAOBCCODE			Opposed		\$0.00	
Name of Creditor					Date Incurred	Amount Incurred (Estimate or Actual)
Street Address					Event#	
Cini		Te	Zip Code	Io., 1:1-1-(-)	Name (if applicable) Office Sought	: :
City		State CT	Zip Code	Candidate(s)) Name (if applicable) Office Sought	
Purpose of Expenditure (by code)	Type of	Expenditure (i)	fapplicable): eimbursement sought			
Description	C Coo	rdinated witho	ut reimbursement sought			
	C Org	ependent anization (see	Instructions) CCCDCE	Supporte Opposed	ed I	\$0.00
		CAUB	СС ТРСЕ			#0.00
4.4					SUBTOTAL Section S-This Pag	e \$0.00
			11.00		TOTAL of additional Section S Page	\$0.00
TOTAL C	F ALL	EXPENSES	INCURRED BY CO	MMITTE	EE DURING THIS PERIOD BUT NOT PAIL (Enter total on Line 28 of Summary Pag	
			Pre	viously rep	ported Expenses Unpaid and still Outstandin	g + \$0.00
TOTAL OF ALL EXPEN	SES IN	CURRED R			AID (Enter total on Line 28a of Summary Pag	\$0.00
	SES III				Tug	

IV. EXPENDITURES Page									
NAME OF COMMITTEE						FILING D	UE DATE		
People for Excellence									
		bursements to		*****************	20001 1011100	and Co	sultants		
Last Name of Worker/Consultant	First		MI	Date of	Payment		Method of Payment	An	nount
Secondary Payee		Purpose of Expenditure (by code)			Check #				
Street Address City				State			C Debit Card Zip Code		
		City			C	Ī	Enp code		
Description			·						
Type of Expenditure (if applicable): Coordinated with reimbursement sought Coordinated without reimbursement sought Independent Corganization (see Instructions)	Candidate(s) Name Office Sought Supported (if applicable) Opposed								\$0.00
Last Name of Worker/Consultant	First		МІ	Date of	Payment		Mail A CD	\$	nount
							Method of Payment	A	ilount
Secondary Payee				Purpose of Expenditure (by code)			Check # Debit Card		
Street Address		City			State C	Γ	Zip Code		
Description									
Type of Expenditure (if applicable): Candidate(s) Name Coordinated with reimbursement sought Coordinated without reimbursement sought Coordinated without reimbursement sought									
☐ Independent ☐ Organization (see Instructions) ☐ A ☐ B ☐ C ☐ D ☐ E						1		s	\$0.00
Last Name of Worker/Consultant	First	MI	Date of Payment			Method of Payment	Aı	nount	
Secondary Payee			•	Purpose (by cod	e of Expendi le)	ture	Check # Debit Card		
Street Address		City			State C	Γ	Zip Code		
Description									
Type of Expenditure (if applicable): Coordinated with reimbursement sought Coordinated without reimbursement sought Independent Candidate(s) Name (if applicable) Coordinated without reimbursement sought Circle So									
Organization (see Instructions) OADBOCODOE								\$	\$0.00
Last Name of Worker/Consultant	First		MI	Date of Payment			Method of Payment		nount
Secondary Payee				Purpose (by cod	e of Expendi le)	ture	G Check # O Debit Card		
Street Address		City			State		Zip Code		
Description								!	
Type of Expenditure (if applicable): Coordinated with reimbursement sought Coordinated without reimbursement sought Independent Organization (see Instructions)	Candidate(s			Office :	Sought		C] Supported C Opposed	S	\$0.00
EAR OF BUILDING						SUBTO	TAL Section T-This Page		\$0.00
					TO		Iditional Section T Pages		\$0.00
TOTAL	OF ALL R	EIMBURSEMEN	TS TO C	OMMI	TTEE W	ORKERS	AND CONSULTANTS		\$0.00



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STATE ELECTION ENFORCEMENT COMMISSION
CAMPAINEN FINANCE UNIT
20 TRINITY STREET
HARTFORD, CT. 06106-1628

RER AT TOP OF ENVELOPE TO THE RIGHT TURN ADDRESS, FOLD AT DOTTED LINE TIFIED MAIL