

SEEC FORM 30

Itemized Campaign Finance Disclosure Statement

Candidates for Statewide Offices and General Assembly

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 1/08



Electronic Filing

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SUMMARY PAGE

1. NAME OF COMMITTEE				2. TYPE OF COMMITTEE	
Fedele 2010				<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee	
3. TREASURER NAME					
Title	First	MI	Last	Suffix	
	MICHAEL	A	TOTILO		
4. TREASURER ADDRESS					
Street Address		City	State	Zip Code	
23 Rockrimmon Ln		Stamford	CT	06903-2825	
5. ELECTION DATE		6. OFFICE SOUGHT (if applicable)		7. DISTRICT CODE (if applicable)	
11/02/2010		Governor			
8. CANDIDATE NAME					
Title	First	MI	Last	Suffix	
	Michael	C.	Fedele		
9. TYPE OF REPORT					
1st Supplemental Statement Primary - Original					
10. PERIOD COVERED					
Beginning Date		Ending Date			
07/01/2010		thru		07/14/2010	
11. CERTIFICATION					
<input checked="" type="checkbox"/> 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.					
Electronic Filing	MICHAEL TOTILO		07/15/2010		
SIGNATURE	PRINT NAME OF THE SIGNER		DATE CERTIFIED		
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 30

Itemized Campaign Finance Disclosure Statement

Candidates for Statewide Offices and General Assembly

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 1/08

**SUMMARY PAGE
TOTALS**

NAME OF COMMITTEE	FILING DUE DATE	
Fedele 2010		
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		\$0.00
13. Balance on hand at the beginning of Reporting Period	\$9,388.84	
14. Contributions received from Individuals (Section A and B)	\$0.00	\$228,232.00
15. Receipts from Other Committees (Sections C1 + C2)	\$0.00	\$1,234.38
16. Other Monetary Receipts (Section D-1)	\$2,170,966.31	\$2,171,086.31
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J2)	\$0.00	\$0.00
18. Total Monetary Receipts (add totals for lines 14-17)	\$2,170,966.31	\$2,400,552.69
19. Subtotals (add totals in line 13 + line 18 in Column A and in lines 12 + 18 in Column B)	\$2,180,355.15	\$2,400,552.69
20. Expenses Paid by Committee (Section N)	\$1,793,834.49	\$2,014,032.03
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19)	\$386,520.66	\$386,520.66
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$0.00	\$370.00
23. In-Kind Contributions Received (Section K)	\$0.00	\$84.96
24. Refundable Deposit to Telephone Company (Section L)	\$0.00	\$0.00
25. Receipts of Organization Expenditures (Section M)	\$0.00	\$0.00
26. Beginning Loan Balance	\$0.00	\$0.00
26a. + Loans Received (Section D)	\$0.00	\$0.00
26b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00
26c. - Payments on Loan(s)	\$0.00	\$0.00
26d. Total Outstanding Loan Amount	\$0.00	\$0.00
27. Campaign Expenses Paid By Candidate (Section O)	\$0.00	\$18,306.08
28. Expenses Incurred on Committee Credit Card (Section P)	\$0.00	\$0.00
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$295.00	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$295.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE						FILING DUE DATE		
Fedele 2010								
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>						Subtotal Section A		
B. Itemized Contributions from Individuals								
Last Name		First Name		MI	Method of contribution: Cash Personal Check Money Order Credit/Debit Card		Contribution ID #	Amount of Contribution
Residential Street Address		City		State	Zip Code		Date Received	
Principal Occupation		Name of Employer			Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #		Yes No	
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:				Yes No Executive Legislative	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No		Aggregate Contributions	
Total of Section B								
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS				(Sections A & B)		<i>(Total on Line 14 of Summary Page)</i>		

I. MONETARY RECEIPTS (Section A-I)

I. MONETARY RECEIPTS (Section A-I)					
NAME OF COMMITTEE					FILING DUE DATE
Fedele 2010					
C1. Contributions from Other Committees					
Name of Committee				Name of Treasurer	
Address			Is this contribution associated with a fundraising event listed in Section J1?		Amount of Contribution
			Yes If yes, list Event # No		
City	State	Zip Code	Date Received	Aggregate Contributions	
					Total of Section C1

I. MONETARY RECEIPTS (Section A-I)				
NAME OF COMMITTEE				FILING DUE DATE
Fedele 2010				
C2. Reimbursements or Payments from other Committees				
Name of Committee			Name of Treasurer	
Address			Date Received	Amount of Receipt
City	State	Zip Code	Reimbursement for shared expense Payment for goods and services	
Total of Section C2				

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	FILING DUE DATE
Fedele 2010	

D. Loans Received this Period

Name of Lender				Source of Loan:	Is there a cosigner or Guarantor of this loan?	Amount Received
Street Address	City	State	Zip Code	Bank	Yes	
Name of Cosigner/Guarantor				Candidate	No	
Street Address	City	State	Zip Code	Individual		
				Other Committee		
				Date Received		

Total of Section D

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Fedele 2010	

E. Personal Funds of the Candidate Received this Period

Date Received	Amount	Method of Payment
		Cash Personal Check Credit/Debit Card

Total of Section E

I. MONETARY RECEIPTS (Section A-I)					
NAME OF COMMITTEE					FILING DUE DATE
Fedele 2010					
F. Anonymous Contributions					
Date Received	\$ 1 bills	\$ 5 bills	\$ 10 bill	coins	Amount
Total of Section F					

I. Monetary Receipts (Section A-I)				
NAME OF COMMITTEE				FILING DUE DATE
Fedele 2010				
G. Interest from Deposits in Authorized Accounts				
Name of Institution		Date Received		Total Amount Received
Street Address	City	State	Zip Code	
Total of Section G				

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	FILING DUE DATE
Fedele 2010	

H. Public Grant Funds Received from the Citizen's Election Fund

Purpose of Grant:		Date Received	Amount
<input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General or Special Election	<input type="checkbox"/> Supplemental/Independent Expenditure <input type="checkbox"/> Primary <input type="checkbox"/> General or Special Election	07/13/2010	\$1,233,466.29
<input type="checkbox"/> Supplemental/Post Election Deficit <input type="checkbox"/> General or Special Election	<input type="checkbox"/> Supplemental/Excess Expenditure <input type="checkbox"/> Primary <input type="checkbox"/> General or Special Election		
<input type="checkbox"/> Initial <input type="checkbox"/> Primary <input type="checkbox"/> General or Special Election	<input type="checkbox"/> Supplemental/Independent Expenditure <input type="checkbox"/> Primary <input type="checkbox"/> General or Special Election	07/13/2010	\$937,500.00
<input type="checkbox"/> Supplemental/Post Election Deficit <input type="checkbox"/> General or Special Election	<input checked="" type="checkbox"/> Supplemental/Excess Expenditure <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General or Special Election		
Total of Section H			\$2,170,966.29

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE				FILING DUE DATE	
Fedele 2010					
I. Miscellaneous Monetary Receipts not Considered Contributions					
Name			Date of Transaction		Amount Received
CEF			07/09/2010		
Street Address		City	State	Zip Code	
20 Trinity St		Hartford	CT	06106	
Description					\$0.02
penny test					
Total of Section I					\$0.02

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE Fedele 2010	FILING DUE DATE
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J1. Fundraising Event Information

Fundraising Event # Date of Fundraiser	Description Letter	Location: Street Address	City	State	Zip Code
Was this fundraising event hosted at a personal residence? Yes 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 No					
Was this fundraiser a tag sale, auction, or other sale of donated items? Yes No					

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
Fedele 2010	

J2. Proceeds from Tag Sale, Auction, or Other Sale of Donated Items

Name of the Purchaser <i>(Individuals ONLY)</i>	Last Name	First Name	MI	Method of payment:			Aggregate Amount of Purchases
				Cash	Personal Check	Credit/Debit Card	
Residential Street Address	City		State	Zip Code	Date Received	Event #	
Items Purchased							

Total of Section J2

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
Fedele 2010	

J3. In-Kind Donations Not Considered Contributions

Name of the Donor				Donation Given by: Individual Business Entity		Fair Market Value of Donation
Street Address	City	State	Zip Code	Aggregate value for this event		
Description of Donation			Date Received	Event #		

Total of Section J3	
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III. NONMONETARY RECEIPTS

NAME OF COMMITTEE	FILING DUE DATE
Fedele 2010	

K. In-Kind Contributions

Name				Date Received		Fair Market Value of this Contribution
Street Address		City	State	Zip Code		
Type of Contributor: Individual Committee	Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:		Yes No Executive Legislative	
Is this contribution associated with a fundraising event listed in Section 11? If yes, list Event#		Yes No	Description of In-Kind Contribution		Aggregate contributions	

Total of Section K

III. Non Monetary Receipts

NAME OF COMMITTEE	FILING DUE DATE
Fedele 2010	

L. Refundable Deposit to Telephone Company

Last Name (Individuals Only)	First Name	MI	Date Received	Amount of Deposit
Street Address	City	State	Zip Code	
Name of Telephone company				
Street Address	City	State	Zip Code	
Total of Section L				

III. NONMONETARY RECEIPTS

NAME OF COMMITTEE	FILING DUE DATE
Fedele 2010	

**M. Non-Monetary Receipts of Organization Expenditures Made By
Legislative Leadership, Legislative Caucus, and Party Committee**

Name of Committee		Name of Treasurer				
Street Address			Date Notice Received	Fair Market Value of Donation		
City	State	Zip Code	Aggregate Donations			
Description of Donation		Purpose of Expenditure				
		A	B	C	D	E

Total of Section M

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Fedele 2010	

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount
CEF	07/01/2010	<input checked="" type="checkbox"/> Check #	
Street Address 20 Trinity St	City Hartford	State CT	Zip Code 06106
Purpose of Expenditure REF		1121 <input type="checkbox"/> Debit Card	
Description Buffer		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$1,417.00
First County Bank	07/02/2010	<input type="checkbox"/> Check #	
Street Address 117 Prospect St	City Stamford	State CT	Zip Code 06905
Purpose of Expenditure BNK		<input checked="" type="checkbox"/> Debit Card	
Description Merchant fees		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$13.40
First County Bank	07/06/2010	<input type="checkbox"/> Check #	
Street Address 117 Prospect St	City Stamford	State CT	Zip Code 06905
Purpose of Expenditure BNK		<input checked="" type="checkbox"/> Debit Card	
Description Bank Fees - NG check		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$10.00

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Fedele 2010	

N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
First County Bank					07/06/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
117 Prospect St	Stamford	CT	06905	REF	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
NSF Ck from James D. Ryan							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No						\$100.00	
Name of Payee					Date of Payment	Method of Payment	Amount
First County Bank					07/06/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
117 Prospect St	Stamford	CT	06905	BNK	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Merchant Fees Charged							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No						\$605.45	
Name of Payee					Date of Payment	Method of Payment	Amount
First County Bank					07/13/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
117 Prospect St	Stamford	CT	06905	BNK	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Bank wire fee							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No						\$20.00	

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Fedele 2010							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Jamestown Associates					07/13/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
5 Mapleton Rd		Princeton	NJ	08540	A-TV		
Description						Event #	
TV Advertising/production costs of commercials							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$1,500,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Sinatro Bros LLC					07/14/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1212</u> <input type="checkbox"/> Debit Card	
62 Lasalle Rd		West Hartford	CT	06107	OVHD		
Description						Event #	
July 2010 Rent							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$1,800.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Sinatro Bros LLC					07/14/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1213</u> <input type="checkbox"/> Debit Card	
62 Lasalle Rd		West Hartford	CT	06107	OVHD		
Description						Event #	
August 2010 Rent							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$1,800.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Fedele 2010							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
PayUSA					07/14/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
2001 W Main St		Stamford	CT	06905	WAGE		
Description						Event #	
Payroll, payroll taxes and service fees							
Is this expenditure coordinated with another candidate for which reimbursement is sought?				Other Candidate(s) Name	Office Sought	\$105,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
First County Bank					07/14/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
117 Prospect St		Stamford	CT	06905	BNK		
Description						Event #	
Bank wire fees							
Is this expenditure coordinated with another candidate for which reimbursement is sought?				Other Candidate(s) Name	Office Sought	\$20.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
First County Bank					07/14/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
117 Prospect St		Stamford	CT	06905	BNK		
Description						Event #	
Bank wire fees							
Is this expenditure coordinated with another candidate for which reimbursement is sought?				Other Candidate(s) Name	Office Sought	\$20.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Fedele 2010							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Capital Report Media Group					07/14/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	1126		
314 Town St	East Haddam	CT	06423	A-WEB	<input type="checkbox"/> Debit Card		
Description					Event #		
Advertising/web							
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		\$1,500.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Douglas Hageman					07/14/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	1209		
PO Box 555	Marion	CT	06444	CNSLT	<input type="checkbox"/> Debit Card		
Description					Event #		
Press Manager Consultant							
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		\$7,500.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Anthony Santino					07/14/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	1211		
42 Robin Hill Ln	Hamden	CT	06518	CNSLT	<input type="checkbox"/> Debit Card		
Description					Event #		
IT/Network Consultant							
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		\$2,000.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Fedele 2010							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
E. Sydor Media, LLC					07/14/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	1124	
15 Corbin Dr		Darien	CT	06820	A-WEB	<input type="checkbox"/> Debit Card	
Description						Event #	
Advertising/web							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$5,805.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
First County Bank					07/14/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	1124	
117 Prospect St		Stamford	CT	06905	BNK	<input checked="" type="checkbox"/> Debit Card	
Description						Event #	
Bank wire fees							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$20.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
First County Bank					07/14/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	1124	
117 Prospect St		Stamford	CT	06905	BNK	<input checked="" type="checkbox"/> Debit Card	
Description						Event #	
Bank wire fees							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$20.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Fedele 2010							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
First County Bank					07/14/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
117 Prospect St		Stamford	CT	06905	BNK		
Description						Event #	
Bank wire fees							
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		\$20.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Public Opinion Strategies					07/14/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
214 N Fayette St		Alexandria	VA	22314	POLLS		
Description						Event #	
Opinion Polls							
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		\$10,000.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Public Opinion Strategies					07/14/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
214 N Fayette St		Alexandria	VA	22314	POLLS		
Description						Event #	
Opinion Polls							
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		\$27,000.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Fedele 2010	

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount	
Robert D. Russo	07/14/2010	<input checked="" type="checkbox"/> Check #		
Street Address 2507 Post Rd	City Southport	State CT		Zip Code 06890
Purpose of Expenditure CNSLT				1122 <input type="checkbox"/> Debit Card
Description Legal services				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name			Office Sought	
			\$2,000.00	
Alexandra Almour	07/14/2010	<input checked="" type="checkbox"/> Check #		
Street Address 38 Lakewood Dr	City Denville	State NJ		Zip Code 07834
Purpose of Expenditure CNSLT				1123 <input type="checkbox"/> Debit Card
Description Database Consultant/Manager				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name			Office Sought	
			\$12,000.00	
SCM Associates, Inc.	07/14/2010	<input checked="" type="checkbox"/> Check #		
Street Address 1283 Main St	City Dublin	State NH		Zip Code 03444
Purpose of Expenditure A-ATM				1125 <input type="checkbox"/> Debit Card
Description Advertising-Automated Telemarketing				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name			Office Sought	
			\$1,163.64	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Fedele 2010	

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount	
James Barnett	07/14/2010	<input checked="" type="checkbox"/> Check #		
Street Address 20 Michelle Ln	City Mystic	State CT		Zip Code 06355
Purpose of Expenditure CNSLT		1208		<input type="checkbox"/> Debit Card
Description Political Consultant		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	\$9,000.00
R. Bartley Halloran	07/14/2010	<input type="checkbox"/> Check #		
Street Address 74 Batterson Park Rd	City Farmington	State CT		Zip Code 06034
Purpose of Expenditure CNSLT		<input checked="" type="checkbox"/> Debit Card		
Description Legal Services		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	\$25,000.00
R. Bartley Halloran	07/14/2010	<input type="checkbox"/> Check #		
Street Address 74 Batterson Park Rd	City Farmington	State CT		Zip Code 06034
Purpose of Expenditure CNSLT		<input checked="" type="checkbox"/> Debit Card		
Description Legal Services		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	\$75,000.00

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Fedele 2010							
N. Expenses Paid By Committee							
Name of Payee				Date of Payment	Method of Payment		Amount
Kevin Deneen				07/14/2010	<input checked="" type="checkbox"/> Check #		
Street Address		City	State	Zip Code	Purpose of Expenditure		
20 Maple Ave		Windsor	CT	06095	CNSLT		
Description					Event #		\$5,000.00
Legal Services							
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Total of Section N						\$1,793,834.49	

IV. EXPENDITURES			
NAME OF COMMITTEE	FILING DUE DATE		
Fedele 2010			
O. Campaign Expenses Paid By Candidate			
Name of Payee	Date of Payment	Is Reimbursement Claimed?	Amount
Street Address	City	State	Zip Code
		Yes	No
Purpose of Expenditure	Description	Event #	
Total of Section O			

IV. EXPENDITURES						
NAME OF COMMITTEE						FILING DUE DATE
Fedele 2010						
P. Expenses Incurred on Committee Credit Card						
Name of Issuing Institution			Type of Credit Card:			
			Visa Master Card Discover American Other			
Name of Vendor					Date of Transaction	Amount
Street Address		City		State	Zip Code	
Purpose of Expenditure	Description				Event #	
Total of Section P						

IV. EXPENDITURES

NAME OF COMMITTEE							FILING DUE DATE		
Fedele 2010									
Q. Expenses Incurred By Committee but Not Paid During this Period									
Name of Creditor Comcast					Date Incurred 07/14/2010		Event #		Amount Incurred (Estimate or Actual)
Street Address PO Box 1577			City Newark			State NJ	Zip Code 07101		
Purpose of Expenditure OVHD	Description Interent and Phone								
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name		Office Sought		\$175.00
Name of Creditor Verizon					Date Incurred 07/14/2010		Event #		Amount Incurred (Estimate or Actual)
Street Address PO Box 4003			City Acworth			State GA	Zip Code 30101		
Purpose of Expenditure OVHD	Description Cell phone and Blackberry								
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name		Office Sought		\$120.00
Total of Section Q							\$295.00		

IV. EXPENDITURES				
NAME OF COMMITTEE				FILING DUE DATE
Fedele 2010				
R. Itemization of Reimbursements to Committee Workers and Consultants				
Name of Worker/Consultant		Date of Payment	Method of Payment	Amount
Secondary Payee		Purpose of Expenditure	Check #	
Street Address		City	State	Debit Card
Description			Zip Code	
Event #				
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name	Office Sought	
Yes				
No				
Total of Section R				

IV. EXPENDITURES				
NAME OF COMMITTEE				FILING DUE DATE
Fedele 2010				
S. Surplus Distribution of Equipment and Furniture				
Name of Recipient				Original Purchase Amount of Item
Street Address	City	State	Zip Code	
Description				
Total of Section S				