

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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Page 1 of 29

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					
4th Supplemental Statement Primary - Original					
10. PERIOD COVERED					
Beginning Date		Ending Date			
07/29/2010		thru		08/04/2010	
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		08/05/2010		
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	\$368,820.61	
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)	\$0.00	\$2,483,586.31
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)	\$0.00	\$2,713,052.69
19. Subtotals (add totals in line 13 + line 18 in Column A and in lines 12 + 18 in Column B)	\$368,820.61	\$2,713,052.69
20. Expenses Paid by Committee (Section N)	\$303,935.33	\$2,648,167.41
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19)	\$64,885.28	\$64,885.28
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)	\$0.00	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$120.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Fedele 2010	

A. Total Contributions from Small Contributors-Received this Period ONLY*(See instructions for definition of Small Contributor)***Subtotal Section A****B. Itemized Contributions from Individuals**

Last Name	First Name	MI	Method of contribution:		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	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Yes No
Executive		Legislative		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)

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?			Yes	If yes, list Event #
						No	
City		State	Zip Code	Date Received	Aggregate Contributions		Amount of Contribution
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:	Supplemental/Independent Expenditure	Date Received	Amount
Initial	Primary General or Special Election		
Primary	Primary General or Special Election		
Supplemental/Post Election Deficit	Supplemental/Excess Expenditure		
General or Special Election	Primary General or Special Election		
Total of Section H			

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
Street Address		City	State	Zip Code	
Description					
Total of Section I					

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
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Was this fundraising event hosted at a personal residence?	Yes	No
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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
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Was this fundraiser a tag sale, auction, or other sale of donated items?	Yes	No
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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 Last Name <i>(Individuals ONLY)</i>	First Name	MI	Method of payment: Cash Personal Check Credit/Debit Card				Aggregate Amount of Purchases
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 J1? 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	
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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	
Hearst Media Services	07/29/2010	<input type="checkbox"/> Check #		
Street Address 410 State St	City Bridgeport	State CT		Zip Code 06604
Purpose of Expenditure A-WEB		<input checked="" type="checkbox"/> Debit Card		
Description Web Advertising		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				
			\$2,720.00	
Jamestown Associates	07/29/2010	<input type="checkbox"/> Check #		
Street Address 5 Mapleton Rd Ste 300	City Princeton	State NJ		Zip Code 08540
Purpose of Expenditure A-RAD		<input checked="" type="checkbox"/> Debit Card		
Description Radio Advertising		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				
			\$88,169.90	
First County Bank	07/29/2010	<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 Wire fee		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				
			\$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
First County Bank					07/29/2010	<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 #	
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
CW Signs					07/29/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1145</u> <input type="checkbox"/> Debit Card	
114 Woodland Rd		Berlin	CT	06037	A-SIGN		
Description						Event #	
Full size lawn signs							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$1,192.50	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Hartford Courant					07/30/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
PO Box 40000 Dept 215		Hartford	CT	06151	A-WEB		
Description						Event #	
Web Advertising							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$1,980.00	
<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	
Adam Schmidt	07/30/2010	<input checked="" type="checkbox"/> Check #		
Street Address 120 Strawberry Hill Ave Apt 108	City Stamford	State CT		Zip Code 06902
Purpose of Expenditure TRVL				1147
Description Travel Expenses				<input type="checkbox"/> Debit Card
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	
			\$185.50	
Printing Department Inc.	07/30/2010	<input checked="" type="checkbox"/> Check #		
Street Address 9 Commerce Cir	City Durham	State CT		Zip Code 06422
Purpose of Expenditure A-SIGN				1146
Description Lawn Signs				<input type="checkbox"/> Debit Card
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	
			\$1,855.00	
New Haven Register	08/02/2010	<input type="checkbox"/> Check #		
Street Address 40 Sargent Dr	City New Haven	State CT		Zip Code 06511
Purpose of Expenditure A-WEB				<input checked="" type="checkbox"/> Debit Card
Description Web Advertising				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	
			\$800.00	

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	08/02/2010	<input type="checkbox"/> Check #		
Street Address 5 Mapleton Rd Ste 300	City Princeton	State NJ		Zip Code 08540
Purpose of Expenditure A-TV				<input checked="" type="checkbox"/> Debit Card
Description Television Advertising				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	
			\$200,000.00	
U.S. Postal Service	08/02/2010	<input checked="" type="checkbox"/> Check #		
Street Address 62 Lasalle Rd	City West Hartford	State CT		Zip Code 06107
Purpose of Expenditure A-DM				1216 <input type="checkbox"/> Debit Card
Description Direct Mail Advertising				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	
			\$880.00	
Jeff Marvin	08/02/2010	<input type="checkbox"/> Check #		
Street Address 3159 South St	City Coventry	State CT		Zip Code 06238
Purpose of Expenditure WAGE				<input checked="" type="checkbox"/> Debit Card
Description Net Payroll				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	
			\$2,400.00	

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					08/02/2010	<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 #	
Wire Fees							
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							\$40.00
Name of Payee					Date of Payment	Method of Payment	Amount
First County Bank					08/03/2010	<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							
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							\$120.92
Name of Payee					Date of Payment	Method of Payment	Amount
First County Bank					08/03/2010	<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							
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							\$10.15

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
American Express					08/03/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
PO Box 360001		Fort Lauderdale	FL	33336	BNK		
Description						Event #	
Merchant Processing Fees							
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		\$4.95
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Staples					08/03/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
2550 Albany Ave		West Hartford	CT	06117	OFFICE		
Description						Event #	
Office Supplies							
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		\$777.50
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Best Buy					08/04/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1149</u> <input type="checkbox"/> Debit Card	
1501 New Britain Ave		West Hartford	CT	06110	OFFICE		
Description						Event #	
Office Supplies							
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		\$211.95
<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
U.S. Postal Service					08/04/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1217</u>	
62 Lasalle Rd		West Hartford	CT	06107	A-DM	<input type="checkbox"/> Debit Card	
Description						Event #	
Direct Mail Advertising							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$1,580.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Harleysville Insurance Company					08/04/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1148</u>	
PO Box 37712		Philadelphia	PA	19101	OVHD	<input type="checkbox"/> Debit Card	
Description						Event #	
Insurance Coverage							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$253.17	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Amsterdam Hotel					08/04/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
19 Clark's Hill Ave		Stamford	CT	06902	TRVL		
Description						Event #	
Lodging for Consultant							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$713.79	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Total of Section N						\$303,935.33	

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?	
					Yes No	
Street Address		City		State	Zip Code	
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:		
				<input type="checkbox"/> Visa	<input type="checkbox"/> Master Card	<input type="checkbox"/> Discover
				<input type="checkbox"/> American <input type="checkbox"/> 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		Date Incurred	Event #		Amount Incurred (Estimate or Actual)
Street Address	City	State	Zip Code		
Purpose of Expenditure	Description				
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name	Office Sought		
Yes					
No					

Total of Section Q

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
Adam Schmidt	07/30/2010	<input checked="" type="checkbox"/> Check # 1147	
Secondary Payee	Purpose of Expenditure	<input type="checkbox"/> Debit Card	
TRVL			
Street Address	City	State	Zip Code
Description	Event #		
auto mileage reimbursement			
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			\$185.50
Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Michael Omenga	08/04/2010	<input type="checkbox"/> Check #	
Secondary Payee	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
Amsterdam Hotel	TRVL		
Street Address	City	State	Zip Code
19 Clark's Hill Ave	Stamford	CT	06902
Description	Event #		
Lodging for consultant			
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			\$713.79
Total of Section R			\$899.29

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				