

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					
2nd Supplemental Statement Primary - Original					
10. PERIOD COVERED					
Beginning Date		Ending Date			
07/15/2010		thru		07/21/2010	
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		07/22/2010		
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	\$386,520.66	
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	\$2,171,086.31
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)	\$0.00	\$2,400,552.69
19. Subtotals (add totals in line 13 + line 18 in Column A and in lines 12 + 18 in Column B)	\$386,520.66	\$2,400,552.69
20. Expenses Paid by Committee (Section N)	\$321,796.16	\$2,335,828.19
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19)	\$64,724.50	\$64,724.50
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 <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)

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 No	If yes, list Event #
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	
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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: Initial Primary	Supplemental/Independent Expenditure		Date Received	Amount
	General or Special Election	Primary General or Special Election		
Supplemental/Post Election Deficit General or Special Election	Supplemental/Excess Expenditure		Date Received	Amount
	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					FILING DUE DATE
COMMITTEE Fedele 2010					
J1. Fundraising Event Information					
Fundraising Event #	Description	Location: Street Address	City	State	Zip Code
Date of Fundraiser Letter					
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? Yes No If yes, indicate which branch or branches of government the contract is with: 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

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	07/15/2010	<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 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
			\$20.00
First County Bank	07/15/2010	<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 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
			\$20.00
Public Opinion Strategies, LLC	07/15/2010	<input type="checkbox"/> Check #	
Street Address 214 N Fayette St	City Alexandria	State VA	Zip Code 22314
Purpose of Expenditure POLLS		<input checked="" type="checkbox"/> Debit Card	
Description Opinion Poll Expense		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
			\$5,000.00

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
SalientPoint LLC	07/15/2010	<input checked="" type="checkbox"/> Check #	
Street Address 77 Franklin St Ste 507	City Boston	State MA	Zip Code 02110
Purpose of Expenditure CNSLT		1127 <input type="checkbox"/> Debit Card	
Description Communications consulting		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	\$5,000.00
E. Sydor Media LLC	07/15/2010	<input checked="" type="checkbox"/> Check #	
Street Address 15 Corbin Dr	City Darien	State CT	Zip Code 06820
Purpose of Expenditure A-WEB		1128 <input 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	\$1,175.00
Jamestown Associates	07/15/2010	<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 TV 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	\$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
Jamestown Associates					07/16/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
5 Mapleton Rd Ste 300		Princeton	NJ	08540	A-TV		
Description						Event #	
TV Advertising							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$150,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
First County Bank					07/16/2010	<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		\$10.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Krista M. D'Amelio					07/16/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1134</u> <input type="checkbox"/> Debit Card	
64 Wellington Ave		Waterbury	CT	06708	WAGE		
Description						Event #	
Net Payroll							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$1,022.70	
<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
Christopher Cooper					07/16/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	1138	
77 Ripley Hill Rd		Coventry	CT	06238	WAGE	<input type="checkbox"/> Debit Card	
Description						Event #	
Net Payroll							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$2,590.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
First County Bank					07/16/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	1135	
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		\$10.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Andrew J. Larson					07/16/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	1135	
20 E Quasset Rd		Woodstock	CT	06281	WAGE	<input type="checkbox"/> Debit Card	
Description						Event #	
Net Payroll							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$1,222.90	
<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
Lukasz Swiderski				07/16/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	1137	
1 Wildcat Dr	Unionville	CT	06085	WAGE	<input type="checkbox"/> Debit Card	
Description					Event #	
Net Payroll						
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$425.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Name of Payee				Date of Payment	Method of Payment	Amount
Strategic Direction.Com				07/16/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	1137	
420 E Jefferson St Ste 106	Tallahassee	FL	32301	POLLS	<input checked="" type="checkbox"/> Debit Card	
Description					Event #	
Opinion Poll Expense						
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$60,000.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Name of Payee				Date of Payment	Method of Payment	Amount
Spalding Group				07/16/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	1137	
2306 Frankfort Ave	Louisville	KY	40206	A-SIGN	<input checked="" type="checkbox"/> Debit Card	
Description					Event #	
Lawn Signs						
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$4,424.00
<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
Victory Store.com	07/16/2010	<input checked="" type="checkbox"/> Check #	
Street Address 5200 SW 35th St	City Davenport	State IA	Zip Code 52802
Purpose of Expenditure A-SIGN		1140 <input type="checkbox"/> Debit Card	
Description Lawn Signs		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	\$2,750.00
Summereast Holding LLC	07/16/2010	<input checked="" type="checkbox"/> Check #	
Street Address 300 Bedford St	City Stamford	State CT	Zip Code 06901
Purpose of Expenditure OVHD		1139 <input type="checkbox"/> Debit Card	
Description Office Rental Stamford, CT		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
James Conroy	07/16/2010	<input checked="" type="checkbox"/> Check #	
Street Address 84 High St # 4	City Mystic	State CT	Zip Code 06355
Purpose of Expenditure WAGE		1130 <input 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	\$5,665.10

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
Zachary P. Sanders					07/16/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1136</u>	
54 Rope Ferry Rd # C-56		Waterford	CT	06385	WAGE	<input type="checkbox"/> Debit Card	
Description						Event #	
Net Payroll							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$1,000.30	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Brian J. Smith					07/16/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1129</u>	
6 Cook St		Rowayton	CT	06853	TRVL	<input type="checkbox"/> Debit Card	
Description						Event #	
auto mileage reimbursement							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$259.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Brian J. Smith					07/16/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1132</u>	
6 Cook St		Rowayton	CT	06853	WAGE	<input type="checkbox"/> Debit Card	
Description						Event #	
Net Payroll							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$2,225.30	
<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					07/16/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1133</u>	
120 Strawberry Hill Ave Apt 108		Stamford	CT	06902	WAGE	<input type="checkbox"/> Debit Card	
Description						Event #	
Net Payroll							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$1,340.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
CT Light and Power					07/21/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1141</u>	
PO Box 270		Hartford	CT	06115	OVHD	<input type="checkbox"/> Debit Card	
Description						Event #	
Utility Bill							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$366.46	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Comcast					07/21/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1142</u>	
Cl A 1500 Market St		Philadelphia	PA	19102	OVHD	<input type="checkbox"/> Debit Card	
Description						Event #	
Cable Service							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$170.40	
<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					07/21/2010	<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 Fees							
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		\$100.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Total of Section N						\$321,796.16	

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			Date Incurred	Event #	
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
Brian Smith	07/16/2010	<input checked="" type="checkbox"/> Check # 1129	
Secondary Payee	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address	City	State	Zip Code
Description auto mileage reimbursement			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 \$259.00

Total of Section R

\$259.00

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				