

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

Office Use Only

Page 1 of 31

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:		Contribution ID #	Amount of Contribution			
			Cash	Personal Check					
			Money Order	Credit/Debit Card					
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				Other		
Street Address	City	State	Zip Code	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					FILING DUE DATE
Fedele 2010					
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: 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:		Fair Market Value of Donation
				Individual	Business Entity	
Street Address	City	State	Zip Code	Aggregate value for this event		
Description of Donation			Date Received	Event #		

Total of Section J3						
----------------------------	--	--	--	--	--	--

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
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
Description Communications consulting				<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	
			\$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
Description Web Advertising				<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	
			\$1,175.00	
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	<u>1138</u>	
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	<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
Andrew J. Larson					07/16/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1135</u>	
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
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
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
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 54 Rope Ferry Rd # C-56	City Waterford	State CT	Zip Code 06385
Purpose of Expenditure WAGE		1136 <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	\$1,000.30
Brian J. Smith	07/16/2010	<input checked="" type="checkbox"/> Check #	
Street Address 6 Cook St	City Rowayton	State CT	Zip Code 06853
Purpose of Expenditure TRVL		1129 <input type="checkbox"/> Debit Card	
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
Brian J. Smith	07/16/2010	<input checked="" type="checkbox"/> Check #	
Street Address 6 Cook St	City Rowayton	State CT	Zip Code 06853
Purpose of Expenditure WAGE		1132 <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	\$2,225.30

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 #	\$1,340.00	
Street Address 120 Strawberry Hill Ave Apt 108	City Stamford	State CT		Zip Code 06902
Purpose of Expenditure WAGE		<input checked="" type="checkbox"/> 1133 <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	
CT Light and Power	07/21/2010	<input checked="" type="checkbox"/> Check #	\$366.46	
Street Address PO Box 270	City Hartford	State CT		Zip Code 06115
Purpose of Expenditure OVHD		<input checked="" type="checkbox"/> 1141 <input type="checkbox"/> Debit Card		
Description Utility Bill		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	
Comcast	07/21/2010	<input checked="" type="checkbox"/> Check #	\$170.40	
Street Address Cl A 1500 Market St	City Philadelphia	State PA		Zip Code 19102
Purpose of Expenditure OVHD		<input checked="" type="checkbox"/> 1142 <input type="checkbox"/> Debit Card		
Description Cable Service		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	

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		
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
						\$100.00	
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:		
				<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
Brian Smith	07/16/2010	<input checked="" type="checkbox"/> Check # 1129		
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				\$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				