SEEC FORM 30

Itemized Campaign Finance Disclosure Statement
Candidates for Statewide Offices and General Assembly
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Page 1/08



Electronic Filing

Page 1 of 195

SUMMARY PAGE

1.NAME OF COMMITTEE							2. TYPE OF COMMITTEE				
Foley For Governor, In	с.						x	Candidate Committee Exploratory Committee			
3. TREASURER NAME											
Title	First Larry			MI J	Last Lawrence			Suffix			
4. TREASURER ADDRESS											
Street Address			City			State	2	Zip Code			
40 Brookridge Dr			ст		06830						
5. ELECTION DATE			6. O	FFICE SOUG	GHT (if applicable)		7. DISTR	ICT CODE (if applicable)			
11/02/2010		Governor									
8. CANDIDATE NAME											
Title First MI Last C Foley Suffix											
9. TYPE OF REPORT											
1st Supplemental Statement General Election - Original											
10. PERIOD COVERED											
		Beginning Date			Ending Date						
		10/01/2010	thru	ı	10/21/2010						
			11. CER	TIFICATION							
on this Itemiz	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 Sunghi Frauen 10/22/2010 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	FILING DUE DATE						
Foley For Governor, Inc.								
	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	\$197,856.18							
14. Contributions received from Individuals (Section A and B)	\$288,466.00	\$1,526,896.51						
15. Receipts from Other Committees (Sections C1 + C2)	\$1,600.00	\$4,300.00						
16. Other Monetary Receipts (Section D-I)	\$4,550,000.00	\$9,854,833.76						
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)	\$4,840,066.00	\$11,386,030.27						
19. Subtotals (add totals in line 13 + line 18 in Column A and in lines 12 + 18 in Column B)	\$5,037,922.18	\$11,386,030.27						
20. Expenses Paid by Committee (Section N)	\$3,980,568.14	\$10,328,676.23						
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19)	\$1,057,354.04	\$1,057,354.04						
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$0.00	\$0.00						
23. In-Kind Contributions Received (Section K)	\$0.00	\$10,129.07						
24. Refundable Deposit to Telephone Company (Section L)	\$0.00	\$0.00						
25. Receipts of Organization Expenditures (Section M)	\$0.00	\$412.08						
26. Beginning Loan Balance	\$5,301,000.00	\$5,301,000.00						
26a. + Loans Received (Section D)	\$4,550,000.00	\$9,851,000.00						
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	\$9,851,000.00	\$9,851,000.00						
27. Campaign Expenses Paid By Candidate (Section O)	\$0.00	\$0.00						
28. Expenses Incurred on Committee Credit Card (Section P)	\$663.49	\$63,759.01						
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$663.49							
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$17,558.30							

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE								FILING	G DUE DATE
Foley For Governor, Inc.									
A. Total Contributions from	m Small (Contributors-Received th	is Perio	d ONLY	7				
(See instructions for definition of Small	Contributor)			Sub	total Section A	\$0.00			
		B. Itemized Contributi	ons fron	ı Individu	ıals				
Last Name	First Name		MI		contribution:	ı aı	Contribution	n ID#	Amount of
Freeman	David			Cash Mone	Personal y Order X Credit/E	ebit Card	1343		Contribution
Residential Street Address	•	City	•	State	Zip Code	D	ate Received		
87 River Rd		New Milford		СТ	06776-5511	1	0/01/2010		
Principal Occupation		Name of Employer		•	Is this contribution asso			Yes	
IT Consultant		Accenture			fundraising event listed If yes, list Event #	in Section J	x x	No	
Is contributor a principal of a state contractor	or prospective	Yes X No	Is contrib	utor a lobbyis	t spouse or	Aggra	egate Contribut	ions	
state contractor? Is yes, indicate which branch or branches of				child of a lob	byist?	Aggic	-	50.00	\$50.00
government the contract is with:	<u>. </u>	Executive Legislative	<u> </u>	res X	No				
Last Name	First Name		MI		contribution:	Chaole	Contribution	n ID#	Amount of
O'Connor	Christoph	er		Cash Money	=	ebit Card	1344		Contribution
Residential Street Address		City		State	Zip Code	D	ate Received		
63 Barnett St		New Haven		СТ	06515-2024	1	0/01/2010		
Principal Occupation		Name of Employer		•	Is this contribution asso			Yes	
Contractor		Christopher O'Connor, Inc.			fundraising event listed If yes, list Event #	in Section J)1?	No	
Is contributor a principal of a state contractor	or prospective	Yes X No	Is contrib	utor a lobbyis	t, spouse, or	Aggre	egate Contribut	ions	
state contractor? Is yes, indicate which branch or branches of				child of a lob	obyist?	715510	-	00.00	\$100.00
government the contract is with:		Executive Legislative		res X	No				
Last Name	First Name		MI		contribution:	Chaola	Contribution	n ID#	Amount of
Bogle	Harold			Cash Money	=	ebit Card	1345		Contribution
Residential Street Address	•	City		State	Zip Code	D	ate Received		
15 Eastway		Bronxville		NY	10708-4318	1	0/03/2010		
Principal Occupation		Name of Employer			Is this contribution asso			Yes	
Finance		Credit Suisse			fundraising event listed If yes, list Event #	iii section i	x	No	
Is contributor a principal of a state contractor	or prospective	Yes X No	Is contrib	utor a lobbyis	t. spouse. or	Aggre	egate Contribut	ione	
state contractor? Is yes, indicate which branch or branches of		_	dependent	child of a lob	byist?	Aggic	-	00.00	\$2,000.00
government the contract is with:		Executive Legislative		res X	No				
Last Name	First Name		MI		contribution:	Chaola	Contribution	n ID#	Amount of
Brady	Aidan			Cash Money	=	ebit Card	1346		Contribution
Residential Street Address	•	City		State	Zip Code	D	ate Received		
63 Middle Ridge Rd		New Canaan		СТ	06840-5004	1	0/03/2010		
Principal Occupation		Name of Employer			Is this contribution asso			Yes	
General Contractor		Brady Construction Corp			fundraising event listed If yes, list Event #	in Section J	x	No	
Is contributor a principal of a state contractor	or prospective	Yes X No	Is contrib	utor a lobbyis	t. spouse, or	Agges	egate Contribut	ione	
state contractor? Is yes, indicate which branch or branches of		i es ino		child of a lob	byist?	Aggre	-	00.00	\$500.00
government the contract is with:	\sqcup	Executive Legislative		res X	No		•		·

		I. MONETARY RI	ECEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE							1	FILING	DUE DATE
Foley For Governor, Inc.									
		B. Itemized Contribu	tions fron	ı Individu	ıals				
Last Name Caparco	First Name Beverly		MI	Cash	contribution: Personal Cl y Order X Credit/Deb	heck	Contribution	ID#	Amount of Contribution
Residential Street Address PO Box 278		City Oneco		State CT	Zip Code 06373-0278		e Received /03/2010		
Principal Occupation Business Manager		Name of Employer Thompson Public Schools		•	Is this contribution associa fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggrega	ate Contributio	ons 0.00	\$100.00
Last Name Dineen	First Name Thomas		MI	Cash	contribution: Personal Cl y Order X Credit/Deb	heck	Contribution	ID#	Amount of Contribution
Residential Street Address 11 Penny Royal Ln		City Monroe		State CT	Zip Code 06468-3249		e Received /03/2010		
Principal Occupation Financial Professional		Name of Employer Sturm, Ruger & Company,	Inc.	•	Is this contribution associa fundraising event listed in If yes, list Event #		? 🔲	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggrega	ate Contributio	ons 0.00	\$500.00
Last Name Nicholas	First Name Phyllis		MI	Cash	contribution: Personal Cl y Order X Credit/Deb	heck	Contribution	ID#	Amount of Contribution
Residential Street Address 40 Howard Rd		City Greenwich		State CT	Zip Code 06831-3104		e Received /03/2010		
Principal Occupation Homemaker		Name of Employer Homemaker		•	Is this contribution associa fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggrega	ate Contributio	ons 0.00	\$200.00
Last Name Bucksbaum	First Name Melva		MI	Cash	contribution: Personal Cl y Order X Credit/Deb	heck	Contribution	ID#	Amount of Contribution
Residential Street Address 180 N Wacker Dr Ste 1		City Chicago		State IL	Zip Code 60606-1620		e Received /04/2010		
Principal Occupation Consultant		Name of Employer MB Investments		•	Is this contribution associa fundraising event listed in If yes, list Event # 100	Section J1?	11.		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggrega	ate Contributio \$50	ons 0.00	\$500.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE								FILING	DUE DATE
Foley For Governor, Inc.									
		B. Itemized Contribut	ions fron	ı Individu	ıals				
Last Name Kaner	First Name Abraham		MI A	Cash	contribution: Personal C		Contribution	ı ID#	Amount of Contribution
Residential Street Address 19 Deerwood Ln		City Westport		State CT	Zip Code 06880-2648		te Received /04/2010		
Principal Occupation Business Owner		Name of Employer Morton Williams Supermarke	ets		Is this contribution associa fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggrega	ate Contributi	ions 00.00	\$100.00
Last Name Stenberg	First Name Mark		MI	Cash	contribution: Personal Contribution: y Order X Credit/Deb		Contribution	ı ID#	Amount of Contribution
Residential Street Address 24001 Andrew Blvd		City Brownstown		State MI	Zip Code 48134-9326		te Received /04/2010		
Principal Occupation Financial Planner		Name of Employer Self			Is this contribution associa fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggrega	ate Contributi	ions 25.00	\$25.00
Last Name Ferguson	First Name Ann		MI L	Cash	contribution: X Personal C y Order Credit/Deb		Contribution	ı ID#	Amount of Contribution
Residential Street Address 50 Ledgewood Rd		City West Hartford		State CT	Zip Code 06107-3731		te Received /05/2010		
Principal Occupation Retired Teacher		Name of Employer 2nd Church of Christ, Scientis Hartford (part-tim	st,		Is this contribution associa fundraising event listed in If yes, list Event # 100	Section J1	?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggrega	ate Contributi \$25	ions 50.00	\$250.00
Last Name Ferraro	First Name D		MI	Cash	contribution: Personal Contribution: y Order X Credit/Deb		Contribution	ı ID#	Amount of Contribution
Residential Street Address PO Box 471		City Waterbury		State CT	Zip Code 06720-0471		te Received /05/2010		
Principal Occupation Administrator		Name of Employer CMI		•	Is this contribution associa fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggrega	ate Contributi \$7	ions 75.00	\$75.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE								FILING	DUE DATE
Foley For Governor, Inc.									
		B. Itemized Contributi	ions fron	ı Individu	ıals		•		
Last Name	First Name		MI	Method of	contribution:		Contributio	n ID#	Amount of
Неду	Thomas			Cash Money	y Order X Credit/Deb		1355		Contribution
Residential Street Address		City		State	Zip Code	Da	te Received		
57 Kendrick Ln		Windsor		СТ	06095-1713	10	0/05/2010	1	
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in			Yes	
Buyer Planner		Avery Dennison			If yes, list Event #		х	No	
Is contributor a principal of a state contractor state contractor?	or prospective	Yes X No		utor a lobbyis	-	Aggreg	gate Contribut	tions	
Is yes, indicate which branch or branches of government the contract is with:		Executive Legislative	1 —	child of a lob Yes	-		\$	50.00	\$50.00
Last Name	First Name		MI	Method of	contribution:		Contributio	n ID#	Amount of
Kent	Peter			Cash Money	y Order X Credit/Deb		1357		Contribution
Residential Street Address		City		State	Zip Code	Da	nte Received		
83 Belgo Rd		Lakeville		СТ	06039-1002	10	0/05/2010	1	
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in			Yes	
Manager		Bicron Electronics Co.			If yes, list Event #		х	No	
Is contributor a principal of a state contractor	or prospective	Yes X No	Is contrib	utor a lobbyis	t, spouse, or	Aggreg	gate Contribut	tions	•
state contractor? Is yes, indicate which branch or branches of			I	child of a lob	•		\$1	50.00	\$150.00
government the contract is with:		Executive Legislative	+ -	res x			1		
Last Name McKenna	First Name Brian		MI	Method of Cash	contribution:	heck	Contributio	n ID#	Amount of Contribution
Pickerina	Dilaii			_	y Order X Credit/Deb		1362		Contribution
Residential Street Address		City		State	Zip Code		nte Received		
96 Richmond Hill Rd		New Canaan		СТ	06840-5303	_	0/05/2010	-	
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in		12	100	
VP Institutional Sales		Cantor Fitzgerald & Co.			If yes, list Event #		х	No	
Is contributor a principal of a state contractor	or prospective	Yes X No		utor a lobbyis	-	Aggreg	gate Contribut	tions	
state contractor? Is yes, indicate which branch or branches of		ь с П. 11c	T	child of a lob	-		\$5	00.00	\$500.00
government the contract is with:		Executive Legislative	+ -	1					
Last Name O'Connell	First Name John		MI	Method of Cash	contribution: Personal Cl	heck	Contributio	n ID#	Amount of Contribution
					y Order X Credit/Deb	it Card	1365		Commonion
Residential Street Address		City		State	Zip Code		nte Received		
819 New Britain Ave		Hartford		СТ	06106-3918	_	0/05/2010	_	
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in		1?		
Retired		Retired			If yes, list Event #		х	No	
Is contributor a principal of a state contractor	or prospective	Yes X No		utor a lobbyis		Aggreg	gate Contribut	tions	
Is yes, indicate which branch or branches of		Executive Legislative	1 —	child of a lob	-		\$1	00.00	\$100.00

		I. N	MONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Foley For Governor, Inc.										
		B. It	temized Contributi	ons from	ı Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributi	on ID#	Amount of
Shealy	Alan				Cash Money	y Order		1366		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
2153 E Solitude Ct		Boise			ID	83712-7575	1	.0/05/201	0	1
Principal Occupation		Name of E	Employer			Is this contribution associ- fundraising event listed in		1.	Yes	
Principal		Self					222010		No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis		Aggre	egate Contrib	utions	
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative		child of a lob res	-		\$1,	00.00	\$1,000.00
Last Name	First Name			MI	Method of	contribution:		Contributi	on ID#	Amount of
Smith	Cameron			0	Cash Money	y Order Personal C		1367		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
1 Great Elm Rd		Sharon			СТ	06069-2248	1	.0/05/201	0	1
Principal Occupation		Name of E	mployer			Is this contribution associ- fundraising event listed in		1.2	Yes	
Sabbatical		N/A				If yes, list Event # 100			No	
Is contributor a principal of a state contractor	or prospective	<u>I</u>	Yes X No	Is contrib	utor a lobbyis	t, spouse, or	Aggre	egate Contrib	utions	†
state contractor? Is yes, indicate which branch or branches of			П	1 m	child of a lob	•		\$1,	00.00	\$1,000.00
government the contract is with:		Executive	Legislative	<u> </u>				1		1
Last Name Smith	First Name Liza			MI V	Method of Cash	contribution:	Check	Contributi	on ID#	Amount of Contribution
Sinci	Liza					y Order Credit/Del	bit Card	1368		Contribution
Residential Street Address		City			State	Zip Code		ate Received		
1 Great Elm Rd		Sharon			СТ	06069-2248	1	.0/05/201	0	1
Principal Occupation		Name of E Homem				Is this contribution associ- fundraising event listed in		J1?	Yes	
Homemaker		Поппепп	akei			If yes, list Event # 100	092010	<u>)A</u> L	No	
Is contributor a principal of a state contractor	or prospective	•	Yes X No		utor a lobbyis		Aggre	egate Contrib	utions	Ī
state contractor? Is yes, indicate which branch or branches of	П	Executive	Legislative		child of a lob			\$1,	00.00	\$1,000.00
government the contract is with:	First Name	Executive	Legisiative	I MI	1			I		1
Last Name Lesesne	Cap			В	Cash	contribution: X Personal C	Check	Contributi	on ID#	Amount of Contribution
	·				Mone	y Order Credit/Del	bit Card	1301		
Residential Street Address		City			State	Zip Code		ate Received		
2 Mercia Ln		Greenwi			СТ	06830-7068		.0/05/201		+
Principal Occupation Plastic & Reconstructive Surgeon		Name of E Self	mployer			Is this contribution associ- fundraising event listed in		J1?	Yes	
Trastic & Neconstructive Surgeon						If yes, list Event # 10	032010	<u>)A</u> L	No	[
Is contributor a principal of a state contractor state contractor?	or prospective		Yes X No		utor a lobbyis		Aggre	egate Contrib	utions	
Is yes, indicate which branch or branches of		Executive	Legislative		child of a lob	-		\$1,	00.00	\$1,000.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE							1	FILING	DUE DATE
Foley For Governor, Inc.									
		B. Itemized Contributi	ons fron	Individu	ıals				
Last Name Henry	First Name Elaine		MI	Method of Cash	contribution:	neck	Contribution	ID#	Amount of Contribution
		T		Money	y Order X Credit/Debi	it Card			
Residential Street Address PO Box 157		City Gaylordsville		State CT	Zip Code 06755-0157		e Received /05/2010		
Principal Occupation Professor		Name of Employer University of Miami		•	Is this contribution associal fundraising event listed in S If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggrega	ate Contributio	ons 00.00	\$50.00
Last Name Noujaim	First Name Selim		MI G	Cash	contribution: X Personal Cl y Order Credit/Debi	neck	Contribution 1363	ID#	Amount of Contribution
Residential Street Address 104 Dinatali Dr		City Waterbury		State CT	Zip Code 06705-3704		te Received /05/2010		
Principal Occupation Executive Vice President		Name of Employer Noujaim Tool Co.			Is this contribution associate fundraising event listed in 1 If yes, list Event # 100	Section J13	1 1		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggrega	ate Contributio	ons 50.00	\$150.00
Last Name Knickerbocker	First Name Richard		MI	Cash	contribution: Personal Ch y Order X Credit/Debi	neck	Contribution	ID#	Amount of Contribution
Residential Street Address 110 Capen St		City Windsor		State CT	Zip Code 06095-3109		e Received /05/2010		
Principal Occupation Receiver		Name of Employer ARAMARK		•	Is this contribution associate fundraising event listed in the second of the second second in the second se			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggrega	ate Contributio	ons 25.00	\$25.00
Last Name Knickerbocker	First Name Richard		MI	Cash	contribution: Personal Ch y Order X Credit/Debi	neck	Contribution 1359	ID#	Amount of Contribution
Residential Street Address 110 Capen St		City Windsor		State CT	Zip Code 06095-3109		te Received /05/2010		
Principal Occupation Receiver		Name of Employer ARAMARK		•	Is this contribution associate fundraising event listed in the second of the second second in the second se		? x	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggrega	ate Contributio	ons !5.00	\$25.00

		I. MONETARY RI	ECEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE							F	FILING	DUE DATE
Foley For Governor, Inc.									
		B. Itemized Contribut	tions fron	ı Individu	ıals				
Last Name Knickerbocker	First Name Richard		MI	Cash	contribution: Personal Cl y Order X Credit/Deb	heck	Contribution I	ID#	Amount of Contribution
Residential Street Address 110 Capen St		City Windsor		State CT	Zip Code 06095-3109		e Received '05/2010		
Principal Occupation Receiver		Name of Employer ARAMARK			Is this contribution associa fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregat	te Contribution \$525		\$25.00
Last Name O'Connell	First Name John		MI	Cash	contribution: Personal Cl y Order X Credit/Deb	heck	Contribution I	ID#	Amount of Contribution
Residential Street Address 283 1/2 1st Ave		City Milford		State CT	Zip Code 06460-5209		e Received '05/2010		
Principal Occupation Consultation		Name of Employer OMS, Inc.		•	Is this contribution associa fundraising event listed in If yes, list Event #		X N	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregat	te Contribution		\$50.00
Last Name Tomasso	First Name Michael		MI W	Cash	contribution: X Personal Cl y Order Credit/Deb	heck	Contribution I	ID#	Amount of Contribution
Residential Street Address 1 Eton Pl		City Farmington		State CT	Zip Code 06032-1546		e Received '05/2010		
Principal Occupation Manager		Name of Employer Tomasso Bros., Inc.			Is this contribution associa fundraising event listed in If yes, list Event # 100	Section J1?	1 1 .		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob res	byist?	Aggregat	te Contribution \$1,000		\$1,000.00
Last Name Vincent	First Name Robert		MI A	Cash	contribution: Personal Cl y Order X Credit/Deb	heck	Contribution I	ID#	Amount of Contribution
Residential Street Address 112 County Home Rd		City Thompson		State CT	Zip Code 06277-2814		e Received '05/2010		
Principal Occupation Executive		Name of Employer David Clark Co.		•	Is this contribution associa fundraising event listed in If yes, list Event #		x N	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob	byist?	Aggregat	te Contribution \$50	ns 0.00	\$50.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE								FILING	G DUE DATE
Foley For Governor, Inc.									
		B. Itemized Contribut	ions fron	ı Individu	ıals		•		
Last Name Eagles	First Name David		MI	Cash	contribution: Personal Cl y Order X Credit/Deb		Contribution	n ID#	Amount of Contribution
Residential Street Address 15 New St Apt 311		City West Hartford		State CT	Zip Code 06107-4231		te Received 0/06/2010		
Principal Occupation Vice President		Name of Employer Oakleaf Global Holdings			Is this contribution associa fundraising event listed in If yes, list Event # 100		? <u>—</u>	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggreg	ate Contribut	ions 50.00	\$250.00
Last Name Nimons	First Name Richard		MI	Cash	contribution: Personal Cl y Order X Credit/Deb		Contribution	n ID#	Amount of Contribution
Residential Street Address 2 Sheridan St Unit 503		City Danbury		State CT	Zip Code 06810-3701		te Received 0/06/2010		
Principal Occupation Director, Global Operations		Name of Employer Amphenol Corp.		•	Is this contribution associa fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggrega	ate Contribut	ions 10.00	\$10.00
Last Name Bannon	First Name Mark		MI	Cash	contribution: Personal Cl y Order X Credit/Deb		Contribution	n ID#	Amount of Contribution
Residential Street Address 1 Alyssa Dr		City Cheshire		State CT	Zip Code 06410-7105		te Received 0/06/2010		
Principal Occupation Retired		Name of Employer Retired			Is this contribution associa fundraising event listed in If yes, list Event #		, Ц	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob res	byist?	Aggreg	ate Contribut	ions 00.00	\$100.00
Last Name Lehrman	First Name Lewis		MI	Cash	contribution: Personal Cl y Order X Credit/Deb		Contribution	n ID#	Amount of Contribution
Residential Street Address 1 Fawcett Pl Ste 130		City Greenwich		State CT	Zip Code 06830-6553		te Received 0/06/2010		
Principal Occupation Senior Partner		Name of Employer L.E. Lehrman & Co.		•	Is this contribution associa fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob	byist?	Aggrega	ate Contribut	ions 00.00	\$3,500.00

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE							FILING	G DUE DATE	
Foley For Governor, Inc.									
B. Itemized Contributions from Individuals									
Last Name Sicilian	First Name James		MI	Cash	contribution: Personal C	heck 1376	ition ID#	Amount of Contribution	
Residential Street Address 59 Berwyn Rd		City West Hartford		State CT	Zip Code 06107-1106	Date Receive 10/07/20			
Principal Occupation Attorney		Name of Employer Day Pitney LLP			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X N Executive Legislative		ntributor a lobbyis dent child of a lob Yes	byist?	Aggregate Contri	butions \$250.00	\$250.00	
Last Name Surowiec, Jr.	First Name Frank		MI	Cash	contribution: Personal Contribution: y Order X Credit/Deb	heck 1377	tion ID#	Amount of Contribution	
Residential Street Address 163 Ashland Ave		City Newington		State CT	Zip Code 06111-2807	Date Receive 10/07/20			
Principal Occupation Retired		Name of Employer UTC		·	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes X No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X N Executive Legislative		ntributor a lobbyis dent child of a lob Yes	byist?	Aggregate Contri	butions \$30.00	\$30.00	
Last Name Thorne	First Name Oakleigh		MI	Cash	contribution: Personal Contribution: y Order X Credit/Deb	heck 1378	ition ID#	Amount of Contribution	
Residential Street Address 270 E Westminster FI 2		City Lake Forest		State IL	Zip Code 60045-1899	Date Receive 10/07/20			
Principal Occupation CEO		Name of Employer Thorndale Farm LLC		·	Is this contribution associa fundraising event listed in If yes, list Event # 100	Section J1?	X Yes No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X N Executive Legislative	Is cor depen	ntributor a lobbyis dent child of a lob Yes	byist?	Aggregate Contri	butions ,500.00	\$3,500.00	
Last Name Towers	First Name Richard		MI	Cash	contribution: Personal Contribution: y Order X Credit/Deb	heck 1379	tion ID#	Amount of Contribution	
Residential Street Address 12 Greens Farms Holw		City Westport		State CT	Zip Code 06880-6138	Date Receive			
Principal Occupation Retired		Name of Employer Retired		•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes X No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X N Executive Legislative		ntributor a lobbyis dent child of a lob Yes	byist?	Aggregate Contri	butions \$50.00	\$50.00	

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE							FILIN	NG DUE DATE		
Foley For Governor, Inc.										
B. Itemized Contributions from Individuals										
Last Name Blanchet	First Name Sheila		MI M	Cash	contribution: Personal Cl y Order X Credit/Deb	heck 13	ontribution ID #	Amount of Contribution		
Residential Street Address 98 Prospect Hill Rd		City Guilford		State CT	Zip Code 06437-2013		deceived 7/2010			
Principal Occupation RN		Name of Employer Gladeview Healthcare Center	r		Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate (Contributions \$60.00	\$50.00		
Last Name Szeps	First Name Frank		MI	Cash	contribution: Personal Cl y Order X Credit/Deb	heck 13	ontribution ID#	Amount of Contribution		
Residential Street Address 260 France St		City Rocky Hill		State CT	Zip Code 06067-2916		teceived 8/2010			
Principal Occupation Analyst		Name of Employer Northeast Utilities		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate (Contributions \$100.00	\$100.00		
Last Name Whelan	First Name Claire		MI	Cash	contribution: X Personal Cl y Order Credit/Deb	heck 13	ontribution ID #	Amount of Contribution		
Residential Street Address 33 Vineyard Ln		City Greenwich		State CT	Zip Code 06831-3713		deceived 9/2010			
Principal Occupation Homemaker		Name of Employer Homemaker			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate (Contributions \$1,000.00	\$1,000.00		
Last Name Chrust	First Name Sharon		MI	Cash	contribution: X Personal Cl y Order Credit/Deb	heck 13	ontribution ID#	Amount of Contribution		
Residential Street Address 107 Saddle Rock Rd		City Stamford		State CT	Zip Code 06902-8228		deceived 9/2010			
Principal Occupation Account Appraisal		Name of Employer Self	_		Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate (Contributions \$3,500.00	\$3,500.00		

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE							FILING	G DUE DATE		
Foley For Governor, Inc.										
		B. Itemized Contribut	ions fron	Individu	ıals					
Last Name Albert	First Name Burt		MI	Cash	contribution: X Personal Cl	heck 1381	tion ID#	Amount of Contribution		
Residential Street Address 635 Breakneck Hill Rd		City Middlebury		State CT	Zip Code 06762-1410	Date Receive				
Principal Occupation Business		Name of Employer Albert Bros, Inc.			Is this contribution associa fundraising event listed in If yes, list Event # 100	Section J1?	X Yes No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Contri	butions \$300.00	\$300.00		
Last Name Alexsavich	First Name Bruce		MI R	Cash	contribution: X Personal Cl / Order Credit/Debi	heck 1382	tion ID#	Amount of Contribution		
Residential Street Address 71 Williams St		City Bristol		State CT	Zip Code 06010-4143	Date Receive				
Principal Occupation Retired		Name of Employer Retired		•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Contri	butions \$25.00	\$25.00		
Last Name Chase	First Name Cheryl		MI A	Cash	contribution: X Personal Cl y Order Credit/Debi	heck 1383	tion ID#	Amount of Contribution		
Residential Street Address 84 High Ridge Rd		City West Hartford		State CT	Zip Code 06117-1813	Date Receive 10/09/20				
Principal Occupation Business Owner		Name of Employer Chase Enterprises			Is this contribution associa fundraising event listed in If yes, list Event # 100	Section J1?	X Yes No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Contri \$1	butions ,000.00	\$1,000.00		
Last Name Faenza, Jr.	First Name Angelo		MI	Cash	contribution: Personal Cl / Order X Credit/Deb	heck 1385	tion ID#	Amount of Contribution		
Residential Street Address 177 N Main St		City West Hartford		State CT	Zip Code 06107-1258	Date Receive				
Principal Occupation GM - EDSSG Division		Name of Employer ASSA ALBOY			Is this contribution associa fundraising event listed in If yes, list Event # 100	Section J1?	X Yes No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob res	byist?	Aggregate Contri	butions \$250.00	\$250.00		

		I. MONI	ETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Foley For Governor, Inc.										
		B. Itemize	ed Contributi	ons fron	Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributi	on ID#	Amount of
Gibbons	Mary			Р	Cash Money	y Order		1386		Contribution
Residential Street Address		City			State	Zip Code		Date Received		
1130 Prospect Ave		Hartford			СТ	06105-1124	1	.0/09/201	0	
Principal Occupation		Name of Employer Homemaker				Is this contribution associ fundraising event listed in		J1?		
Homemaker		Homemaker				If yes, list Event #		<u> </u>	No	
Is contributor a principal of a state contractor state contractor?	or prospective		ves x No		utor a lobbyis		Aggre	egate Contrib	utions	
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	I -	res x	•		\$2	250.00	\$250.00
Last Name	First Name			MI	Method of	contribution:		Contributi	on ID#	Amount of
Hoffman	Paul				Cash Money	y Order X Personal C		1387		Contribution
Residential Street Address		City			State	Zip Code	D	Date Received		
829 Glenbrook Rd		Orange			СТ	06477-1515		.0/09/201	0	
Principal Occupation		Name of Employer Orange Resea	rch Inc			Is this contribution associ fundraising event listed in		J1?	Yes	
President		Orange Resea	icii iiic.	_		If yes, list Event # 10	062010	<u>DA</u> L	No	
Is contributor a principal of a state contractor state contractor?	or prospective		es X No		utor a lobbyis	-	Aggre	egate Contrib	utions	
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	l	res x	•		\$	150.00	\$150.00
Last Name	First Name			MI		contribution:		Contributi	on ID #	Amount of
Luglio	John				Cash	Personal Q		1388	on 12	Contribution
Residential Street Address		City			State	y Order X Credit/De		Date Received		
141 Patrick Dr		Fairfield			СТ	06824-5611		.0/09/201		
Principal Occupation		Name of Employer			•	Is this contribution associ			Yes	
IT Manager		DataViz, Inc.				fundraising event listed in If yes, list Event #	1 Section .	J1?	No	
Is contributor a principal of a state contractor	or prospective		res X No	Is contrib	utor a lobbyis	t, spouse, or	Aggre	egate Contrib	utions	
state contractor? Is yes, indicate which branch or branches of					child of a lob	-		-	100.00	\$100.00
government the contract is with:	 	Executive	Legislative		1		<u> </u>	1		
Last Name Tuozzolo	First Name John			MI	Method of Cash	contribution: X Personal C	Check	Contributi	on ID#	Amount of Contribution
		ī			Mone	y Order Credit/De	bit Card	1389		
Residential Street Address		City			State	Zip Code		Date Received		
PO Box 298		Falls Village			СТ	06031-0298 Is this contribution associ		.0/09/201		
Principal Occupation Retired		Name of Employer Retired				fundraising event listed in		J1?	_	
						If yes, list Event #		L	No	
Is contributor a principal of a state contractor state contractor?	or prospective		ves x No		utor a lobbyis		Aggre	egate Contrib		
Is yes, indicate which branch or branches of		Executive	Legislative		res X	-		\$	150.00	\$150.00

		I. MONETARY	RECEI	PTS (Section	n A-I)			
NAME OF COMMITTEE							FIL	ING DUE DATE
Foley For Governor, Inc.								
		B. Itemized Contr	ibutions f	rom Individu	ials			
Last Name Turmel	First Name Ron		MI	Method of o	contribution: X Personal C	heck	Contribution ID #	Amount of Contribution
Residential Street Address 19 Robindale Dr		City Prospect		State CT	Zip Code 06712-1440		e Received /09/2010	
Principal Occupation LP/GM Mfg.		Name of Employer H&T Waterbury			Is this contribution associa fundraising event listed in If yes, list Event # 100	Section J1?	1 1	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X 1 Executive Legislative		ontributor a lobbyist endent child of a lobbyist Yes	byist?	Aggrega	ste Contributions \$150.00	\$150.00
Last Name Alexander	First Name James		MI	Method of o	contribution: Personal C	heck	Contribution ID #	Amount of Contribution
Residential Street Address 123 Edgehill Rd		City New Haven		State CT	Zip Code 06511-1319		e Received /10/2010	
Principal Occupation Retired		Name of Employer Retired		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X		ontributor a lobbyist endent child of a lobbyist Yes	byist?	Aggrega	ste Contributions \$3,500.00	\$3,500.00
Last Name Turner	First Name Amber		MI	Method of c	contribution: Personal C	heck	Contribution ID #	Amount of Contribution
Residential Street Address 54 Pecksland Rd		City Greenwich		State CT	Zip Code 06831-3738		e Received /10/2010	
Principal Occupation Homemaker		Name of Employer Homemaker		·	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X	No Is co	ontributor a lobbyist endent child of a lobbyist Yes	byist?	Aggrega	\$1,000.00	\$1,000.00
Last Name Beeby	First Name Robert		MI	Method of c Cash Money	contribution: Personal Contribution: Order X Credit/Deb	heck	Contribution ID #	Amount of Contribution
Residential Street Address 77 Beachside Ave Box 146		City Greens Farms		State CT	Zip Code 06838		e Received /11/2010	
Principal Occupation Retired		Name of Employer Retired			Is this contribution associa fundraising event listed in If yes, list Event # 101	ted with a Section J1?	x Yes	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X 1		ontributor a lobbyist	byist?	Aggrega	ate Contributions \$500.00	\$500.00

		I. MONETARY RI	ECEIPT	S (Sectio	n A-I)				
NAME OF COMMITTEE							F	FILING	DUE DATE
Foley For Governor, Inc.									
		B. Itemized Contribu	tions fron	n Individu	ıals				
Last Name Belfonti	First Name Michael		MI	Cash	contribution: Personal C y Order X Credit/Deb		Contribution II	ID#	Amount of Contribution
Residential Street Address 2319 Whitney Ave Ste 1A		City Hamden		State CT	Zip Code 06518-3534	- 1	ate Received 0/11/2010		
Principal Occupation Real Estate		Name of Employer MCR Property Management	, Inc.		Is this contribution associa fundraising event listed in If yes, list Event #		Ц Т	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	butor a lobbyis at child of a lob Yes	byist?	Aggreg	gate Contribution \$100	1	\$100.00
Last Name Bevan	First Name Susan		MI	Cash	contribution: Personal C y Order X Credit/Deb		Contribution II	ID#	Amount of Contribution
Residential Street Address 90 Field Point Cir		City Greenwich		State CT	Zip Code 06830-7011	- 1	ate Received 0/11/2010		
Principal Occupation Homemaker		Name of Employer Homemaker			Is this contribution associa fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis at child of a lob Yes	byist?	Aggreg	gate Contribution \$1,000	1	\$1,000.00
Last Name Bowditch	First Name Charles		MI	Cash	contribution: Personal C y Order X Credit/Deb		Contribution II	ID#	Amount of Contribution
Residential Street Address 16 Old Parish Rd		City Darien	•	State CT	Zip Code 06820-4318	- 1	ate Received 0/11/2010		
Principal Occupation Broker		Name of Employer MJLF & Associates			Is this contribution associa fundraising event listed in If yes, list Event #		Y	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis at child of a lob Yes	byist?	Aggreg	gate Contributior \$25	ns 5.00	\$25.00
Last Name Boyko	First Name Gregory		MI A	Cash	contribution: Personal C y Order X Credit/Deb		Contribution II	ID#	Amount of Contribution
Residential Street Address 100 Barbourtown Rd		City Collinsville		State CT	Zip Code 06019-3704	- 1	ate Received 0/11/2010		
Principal Occupation President & CEO		Name of Employer Hartford Life Insurance K.K		•	Is this contribution associa fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	butor a lobbyis at child of a lob	byist?	Aggreg	gate Contribution \$2,000		\$2,000.00

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE								FILING	DUE DATE	
Foley For Governor, Inc.										
		B. Itemized Contribu	tions fron	ı Individu	ıals		•			
Last Name	First Name		MI		contribution:	h l .	Contribution	ID#	Amount of	
Cosenza	Christine			Cash Mone	y Order X Credit/Deb		1399		Contribution	
Residential Street Address 218 Opening Hill Rd		City Branford		State CT	Zip Code 06405-2258		te Received			
Principal Occupation		Name of Employer		101	Is this contribution associa			Yes		
Disabled		None			fundraising event listed in If yes, list Event #	Section J1				
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggrega	ate Contributio	ons 55.00	\$5.00	
Last Name	First Name		MI		contribution:	heck	Contribution	ID#	Amount of	
Horne	Eugene	1		Cash Money	y Order X Credit/Deb		1401		Contribution	
Residential Street Address 24 Newfield St		City Norwalk		State CT	Zip Code 06850-2526		te Received /11/2010			
Principal Occupation Operations Manager		Name of Employer ELS Transportation		•	Is this contribution association fundraising event listed in If yes, list Event # 101	Section J1	? <u> </u>			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggrega	ate Contributio	ons 50.00	\$250.00	
Last Name Dunn	First Name Julia		MI	Cash	contribution: Personal Contribution: y Order X Credit/Deb		Contribution 1400	ID#	Amount of Contribution	
Residential Street Address 26 North St	•	City Greenwich	I	State CT	Zip Code 06830-4726		te Received			
Principal Occupation Homemaker		Name of Employer Homemaker			Is this contribution associa fundraising event listed in If yes, list Event #			Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggrega	ate Contributio		\$1,000.00	
Last Name Krystyna	First Name Cyganows	ski	MI	Cash	contribution: Personal Contribution: y Order X Credit/Deb		Contribution 1402	ID#	Amount of Contribution	
Residential Street Address 238 Walnut Tree Hill Rd		City Shelton	'	State CT	Zip Code 06484-2525		te Received /11/2010			
Principal Occupation Bookkeeper		Name of Employer Unemployed		ļ	Is this contribution associa fundraising event listed in If yes, list Event #		1 1	Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggrega	ate Contributio	ons 10.00	\$10.00	

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE									FILING	G DUE DATE
Foley For Governor, Inc.										
		B. Iten	nized Contributio	ons from	Individu	ıals				
Last Name Mulligan	First Name John			MI	Cash	contribution: Personal C y Order X Credit/De		Contributi	on ID#	Amount of Contribution
Residential Street Address 862 Towne House Rd		City Fairfield			State CT	Zip Code 06824-1819		Oate Received		
Principal Occupation Corporate Finance		Name of Empi Altria Grou	-			Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob res	byist?	Aggre	egate Contrib	utions 300.00	\$300.00
Last Name Nilsen	First Name Nils			MI	Cash	contribution: Personal (y Order X Credit/De		Contributi	on ID#	Amount of Contribution
Residential Street Address 70 Duncan Dr		City Greenwich			State CT	Zip Code 06831-3645		ate Received .0/11/201		
Principal Occupation Businessman/Investor		Name of Empl	loyer Securities Capital P	t		Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	-	Yes X No Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggre	egate Contrib	utions 000.00	\$1,000.00
Last Name Pinto	First Name Michael			MI	Cash	contribution: Personal C y Order X Credit/De		Contributi	on ID#	Amount of Contribution
Residential Street Address 20 Faith Ln		City Danbury			State CT	Zip Code 06810-7122		Date Received		
Principal Occupation Senior Crude Oil Trader		Name of Empi Statoil Mar	loyer rketing and Trading	ı		Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggre	egate Contrib	utions 100.00	\$100.00
Last Name Ricks	First Name Brianna			MI	Cash	contribution: Personal (y Order X Credit/De		Contributi	on ID#	Amount of Contribution
Residential Street Address 320 Fleming Ln		City Fairfield			State CT	Zip Code 06824-1903		ate Received .0/11/201		
Principal Occupation Director of Programs - Fitness		Name of Empi The Edge I	-	_		Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggre	egate Contrib	utions 250.00	\$250.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE							F	ILING	DUE DATE
Foley For Governor, Inc.									
		B. Itemized Contribut	ions fron	n Individu	ıals				
Last Name Wilkie	First Name Dean		MI	Cash	contribution: Personal C y Order x Credit/Deb		Contribution II	D#	Amount of Contribution
Residential Street Address 8872 W Ranch Dr		City Orangevale		State CA	Zip Code 95662-2126		ate Received 0/11/2010		
Principal Occupation Accountant		Name of Employer Interstate Construction			Is this contribution associa fundraising event listed in If yes, list Event #				
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	bbyist?	Aggre	gate Contribution \$25		\$25.00
Last Name Alfieri	First Name Michael		MI J	Cash	contribution: X Personal C y Order Credit/Deb		Contribution II	D#	Amount of Contribution
Residential Street Address 184 Deerbrooke Cir		City Southington		State CT	Zip Code 06489-4343		ate Received 0/12/2010		
Principal Occupation CPA		Name of Employer Budwitz & Meyerjack P.C.		•	Is this contribution associa fundraising event listed in If yes, list Event #		1 1	es Io	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggre	gate Contribution \$150		\$150.00
Last Name Amato	First Name Alan		MI	Cash	contribution: X Personal C y Order Credit/Deb		Contribution II	D#	Amount of Contribution
Residential Street Address 745 S Brooksvale Rd		City Cheshire		State CT	Zip Code 06410-3518		ate Received 0/12/2010		
Principal Occupation Engineer & Pilot		Name of Employer PPC & Tradewind		•	Is this contribution association fundraising event listed in If yes, list Event # 100	Section J	1?		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	bbyist?	Aggre	gate Contribution \$1,000		\$1,000.00
Last Name Auchincloss	First Name Edgar		MI S	Cash	contribution: X Personal C y Order Credit/Deb		Contribution II	D#	Amount of Contribution
Residential Street Address 276 Beach St		City Litchfield		State CT	Zip Code 06759-2313		ate Received 0/12/2010		
Principal Occupation Senior Banking Officer		Name of Employer First National Bank of Litchfi	eld	1	Is this contribution association fundraising event listed in	ated with a	a X Y		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggre	gate Contribution \$150		\$150.00

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE									FILING	G DUE DATE
Foley For Governor, Inc.										
		B. It	emized Contributi	ons fron	ı Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributi	on ID#	Amount of
Barnes	Carlyle			F	Cash Money	y Order X Personal C		1413		Contribution
Residential Street Address	•	City		-	State	Zip Code	D	ate Received		
400 Peacedale St		Bristol			СТ	06010-2392	1	0/12/201	0	
Principal Occupation		Name of Er	mployer		-	Is this contribution associ		1^	Yes	
Manufactuing		Barnes (Group Inc.			fundraising event listed in If yes, list Event # 10	1 Section J 082010		No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis		Aggre	gate Contribu	ıtions	ĺ
state contractor? Is yes, indicate which branch or branches of	П	Executive	L anialativa	I '─	child of a lob	•		\$!	500.00	\$500.00
government the contract is with:		Executive	Legislative	+-				1		<u> </u>
Last Name Barnes	First Name Elizabeth			MI	Cash	contribution: X Personal (Check	Contribution	on ID #	Amount of Contribution
					Money	y Order Credit/De	bit Card	1414		
Residential Street Address		City			State	Zip Code	D	ate Received		
400 Peacedale St		Bristol			СТ	06010-2392	1	0/12/201	0	
Principal Occupation		Name of E				Is this contribution associ fundraising event listed in		1^	Yes	
Homemaker		Homema	aker			If yes, list Event # 10			No	
Is contributor a principal of a state contractor	or prospective	<u> </u>	Yes X No	Is contrib	utor a lobbyis	t, spouse, or	Aggre	gate Contribu	ıtions	İ
state contractor? Is yes, indicate which branch or branches of				I —	child of a lob	-		-	500.00	\$500.00
government the contract is with:	<u> </u>	Executive	Legislative	'	res x	No		1		
Last Name	First Name Thomas			MI	Method of Cash	contribution:	Theck	Contributi	on ID#	Amount of
Barnes	THOMAS	1			_	y Order Credit/De		1415		Contribution
Residential Street Address		City			State	Zip Code		ate Received		
1900 Perkins St		Bristol			СТ	06010-8924	1	0/12/201	0	ļ
Principal Occupation		Name of E				Is this contribution associ fundraising event listed in			Yes	
Chairman of the Board		Barnes C	Group Inc.			If yes, list Event # 10			No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis		Aggre	gate Contribu	ıtions	
state contractor? Is yes, indicate which branch or branches of					child of a lob	•		\$:	100.00	\$100.00
government the contract is with:		Executive	Legislative	+ -	res x		<u> </u>	1		<u> </u>
Last Name Baxter	First Name Frank			MI E	Method of Cash	contribution:	Check	Contributi	on ID#	Amount of Contribution
Baxter	ITAIK			-		y Order Credit/De		1416		Contribution
Residential Street Address	-	City			State	Zip Code	D	ate Received		
11100 Santa Monica Blvd Fl 11		Los Ange	les		CA	90025-3384	1	0/12/201	0	
Principal Occupation		Name of E	mployer			Is this contribution associ			Yes	
Retired		Retired				fundraising event listed in If yes, list Event #	i Section J	x	No	
Is contributor a principal of a state contractor	or prospective	I	Yes X No	Is contrib	utor a lobbyis	t. spouse, or	Aggra	gate Contribu	utions	†
state contractor? Is yes, indicate which branch or branches of				dependent	child of a lob	byist?	Aggie	-	500.00	\$3,500.00
government the contract is with:		Executive	Legislative	L 1	res x	No	<u> </u>			

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE							FILING	G DUE DATE		
Foley For Governor, Inc.										
		B. Itemized Contribu	tions fron	ı Individu	ıals					
Last Name Bell	First Name Martin	,	MI	Cash	contribution: X Personal C	heck 1417	ition ID#	Amount of Contribution		
Residential Street Address 5 Covlee Dr		City Westport		State CT	Zip Code 06880-6406	Date Receive 10/12/20				
Principal Occupation Self Employed		Name of Employer Prescients LLC			Is this contribution associa fundraising event listed in If yes, list Event # 101	Section J1?	X Yes No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate Contri	butions ,000.00	\$1,000.00		
Last Name Bobowski	First Name Sandra		MI B	Cash	contribution: X Personal Contribution: y Order Credit/Deb	heck 1419	tion ID#	Amount of Contribution		
Residential Street Address 45 Terry Rd		City Hartford		State CT	Zip Code 06105-1110	Date Receive				
Principal Occupation Property Manager		Name of Employer Self		•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes X No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate Contri	butions \$25.00	\$25.00		
Last Name Bouton III	First Name William		MI W	Cash	contribution: X Personal C y Order Credit/Deb	heck 1420	tion ID#	Amount of Contribution		
Residential Street Address 18 Rivercove Dr		City Cromwell		State CT	Zip Code 06416-1518	Date Receive 10/12/20				
Principal Occupation Attorney		Name of Employer Hinckley Allen Snyder LLP		•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes X No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate Contri	butions \$250.00	\$250.00		
Last Name Brandt	First Name Glendine		MI	Cash	contribution: X Personal City Order Credit/Deb	heck 1421	tion ID#	Amount of Contribution		
Residential Street Address 490 Hulls Farm Rd		City Southport		State CT	Zip Code 06890-1030	Date Receive				
Principal Occupation Retired		Name of Employer Retired		•	Is this contribution associa fundraising event listed in If yes, list Event # 101	Section J1?	X Yes No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate Contri	butions \$250.00	\$250.00		

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE							FILING	G DUE DATE		
Foley For Governor, Inc.										
		B. Itemized Contribut	tions fron	ı Individu	ıals					
Last Name Butterly	First Name William		MI J	Cash	contribution: X Personal C	heck 1423	ution ID#	Amount of Contribution		
Residential Street Address 5 South Mdw		City Woodbury		State CT	Zip Code 06798-3223	Date Receiv				
Principal Occupation Internet Marketing Analyst		Name of Employer Self			Is this contribution associa fundraising event listed in If yes, list Event #		Yes No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	utor a lobbyis child of a lob Yes	byist?	Aggregate Conti	sibutions \$150.00	\$150.00		
Last Name Cafero	First Name Donald		MI	Cash	contribution: X Personal Contribution: y Order Credit/Deb	heck 1424	ution ID#	Amount of Contribution		
Residential Street Address 245 Range Rd		City Southport		State CT	Zip Code 06890-1085	Date Receiv 10/12/20				
Principal Occupation Insurance Broker		Name of Employer Highland Capital		•	Is this contribution associa fundraising event listed in If yes, list Event # 101	Section J1?	X Yes No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate Conti	ibutions \$250.00	\$250.00		
Last Name Cafero Tartaglia	First Name Lorraine		MI	Cash	contribution: X Personal C y Order Credit/Deb	heck 1425	ution ID#	Amount of Contribution		
Residential Street Address 245 Range Rd		City Southport		State CT	Zip Code 06890-1085	Date Receiv				
Principal Occupation Homemaker		Name of Employer Homemaker			Is this contribution associa fundraising event listed in If yes, list Event # 101	Section J1?	X Yes No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate Conti	ibutions \$250.00	\$250.00		
Last Name Carlson III	First Name Joseph		MI	Cash	contribution: X Personal City Order Credit/Deb	heck 1427	ution ID#	Amount of Contribution		
Residential Street Address 349 Park Ave		City Naugatuck		State CT	Zip Code 06770-2650	Date Receiv				
Principal Occupation President		Name of Employer G&R Manufacturing		•	Is this contribution associa fundraising event listed in If yes, list Event # 100	Section J1?	X Yes No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyist child of a lob	byist?	Aggregate Conti	ibutions \$150.00	\$150.00		

		I. MONI	ETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE									FILING	DUE DATE
Foley For Governor, Inc.										
		B. Itemize	ed Contributi	ons from	Individu	ıals				
Last Name Carrier	First Name Jake			MI	Cash	contribution: Personal C Order X Credit/De		Contribution 1428	ID#	Amount of Contribution
Residential Street Address 19 Winston Ct		City Bristol			State CT	Zip Code 06010-2691		Oate Received		
Principal Occupation Builder/Developer		Name of Employer JFC Endeavors	Inc.			Is this contribution associ fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	_	Yes X No	dependent	utor a lobbyis child of a lob Yes	byist?	Aggre	egate Contribution \$10	ons 00.00	\$100.00
Last Name Caruso	First Name Daniel			MI	Cash	contribution: X Personal (Contribution 1429	ID#	Amount of Contribution
Residential Street Address 160 Fairfield Woods Rd		City Fairfield			State CT	Zip Code 06825-3351		oate Received 0/12/2010		
Principal Occupation Attorney		Name of Employer Owens, Schine	e & Nicola P.C.		•	Is this contribution associ fundraising event listed in If yes, list Event # 10	n Section J			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive 1	ves X No	dependent	utor a lobbyis child of a lob Yes	byist?	Aggre	egate Contributi \$25	ons 50.00	\$250.00
Last Name Cicchetti	First Name Alan			MI	Cash	contribution: X Personal C		Contribution 1430	ID#	Amount of Contribution
Residential Street Address 1886 Asylum Ave		City West Hartford			State CT	Zip Code 06117-3001		Oate Received		
Principal Occupation Deputy Banking Commissioner		Name of Employer State of Conne	ecticut			Is this contribution associ fundraising event listed in If yes, list Event # 10	n Section J			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective		res X No	dependent	utor a lobbyis child of a lob es x	byist?	Aggre	egate Contributi \$25	ons 50.00	\$250.00
Last Name Click, Jr.	First Name Jim			MI	Cash	contribution: X Personal C Order Credit/De		Contribution 1431	ı ID#	Amount of Contribution
Residential Street Address 6403 E Miramar Dr		City Tucson			State AZ	Zip Code 85715-3118		oate Received 0/12/2010		
Principal Occupation President		Name of Employer Jim Click Auto	motive Team			Is this contribution associ fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	_	Yes X No	dependent	utor a lobbyis child of a lob	byist?	Aggre	gate Contributi		\$3,500.00

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE							FILIN	G DUE DATE		
Foley For Governor, Inc.										
		B. Itemized Contribut	tions fron	ı Individu	ıals					
Last Name Collins	First Name J. Barclay	,	MI	Cash	contribution: Personal Cl y Order X Credit/Deb	heck 1433	oution ID #	Amount of Contribution		
Residential Street Address PO Box 1127		City Sharon		State CT	Zip Code 06069-1127	Date Recei 10/12/2				
Principal Occupation Attorney		Name of Employer Self			Is this contribution associa fundraising event listed in If yes, list Event # 100		X Yes No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate Conf	ributions \$500.00	\$500.00		
Last Name Connolly	First Name John		MI J	Cash	contribution: X Personal Cl y Order Credit/Deb	heck 1434	oution ID#	Amount of Contribution		
Residential Street Address PO Box		City Waccabuc		State NY	Zip Code 10597	Date Recei 10/12/2				
Principal Occupation President		Name of Employer Homestead Insurance Co.		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate Cont	ributions \$200.00	\$200.00		
Last Name Davia	First Name Carl		MI	Cash	contribution: X Personal Cl	heck 1436	oution ID #	Amount of Contribution		
Residential Street Address 180 Morgan Ave		City East Haven		State CT	Zip Code 06512-4519	Date Recei 10/12/2				
Principal Occupation Self Employed		Name of Employer Harbor Associates		•	Is this contribution associa fundraising event listed in If yes, list Event # 101	Section J1?	X Yes No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate Cont	ributions	\$1,000.00		
Last Name DeGraff	First Name Sandra		MI	Cash	contribution: Personal Cl y Order X Credit/Deb	heck 1438	oution ID#	Amount of Contribution		
Residential Street Address 160 Hunter Dr		City West Hartford		State CT	Zip Code 06107-1017	Date Recei 10/12/2				
Principal Occupation Homemaker		Name of Employer Homemaker		•	Is this contribution associa fundraising event listed in If yes, list Event # 100	Section J1?	X Yes No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate Cont	ributions \$500.00	\$500.00		

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE							FILING	G DUE DATE		
Foley For Governor, Inc.										
		B. Itemized Contributi	ions fron	Individu	ıals					
Last Name Demsey	First Name Kim		MI	Cash	contribution: X Personal C	heck 1439	tion ID#	Amount of Contribution		
Residential Street Address 90 Cannon Ridge Dr		City Watertown		State CT	Zip Code 06795-2461	Date Receive 10/12/20				
Principal Occupation Executive		Name of Employer Demsey Manufacturing			Is this contribution associa fundraising event listed in If yes, list Event # 100	Section J1?	X Yes No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Contri	butions \$300.00	\$300.00		
Last Name Demsey	First Name Patricia		MI A	Cash	contribution: X Personal Contribution: y Order Credit/Deb	heck 1440	ition ID#	Amount of Contribution		
Residential Street Address 60 Cayuga Rd		City Watertown		State CT	Zip Code 06795-2329	Date Receive 10/12/20				
Principal Occupation Executive		Name of Employer Demsey Manufacturing			Is this contribution associa fundraising event listed in If yes, list Event # 100	Section J1?	X Yes			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Contri	butions \$150.00	\$150.00		
Last Name Demsey	First Name Richard		MI A	Cash	contribution: X Personal Contribution: y Order Credit/Deb	heck 1441	ition ID#	Amount of Contribution		
Residential Street Address 60 Cayuga Rd		City Watertown		State CT	Zip Code 06795-2329	Date Receive 10/12/20				
Principal Occupation Executive		Name of Employer Demsey Manufacturing		•	Is this contribution associa fundraising event listed in If yes, list Event # 100	Section J1?	X Yes No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Contri	butions \$150.00	\$150.00		
Last Name Devivo	First Name Michael		MI	Cash	contribution: X Personal C	heck 1444	tion ID#	Amount of Contribution		
Residential Street Address 231 Park Rd		City Waterbury		State CT	Zip Code 06708-2344	Date Receive 10/12/20				
Principal Occupation Safety Consultant		Name of Employer Self Employed J&M Safety Co	onsulting,	•	Is this contribution associa fundraising event listed in If yes, list Event # 100	Section J1?	X Yes No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob res	byist?	Aggregate Contri	butions \$150.00	\$150.00		

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)						
NAME OF COMMITTEE								FILING	DUE DATE		
Foley For Governor, Inc.											
B. Itemized Contributions from Individuals											
Last Name Doard	First Name John		MI B	Cash	contribution: X Personal Cl y Order Credit/Deb		Contribution 1445	n ID#	Amount of Contribution		
Residential Street Address 9 Walbridge Rd		City West Hartford		State CT	Zip Code 06119-1344		ite Received 0/12/2010				
Principal Occupation Homemaker		Name of Employer Homemaker			Is this contribution associa fundraising event listed in If yes, list Event #		ı? <u>'</u>	Yes No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggreg	gate Contribut \$2	ions 50.00	\$250.00		
Last Name Dunn	First Name Olivia		MI	Cash	contribution: X Personal Cl y Order Credit/Deb		Contribution	n ID#	Amount of Contribution		
Residential Street Address 580 Sasco Hill Rd		City Fairfield		State CT	Zip Code 06824-6366		te Received 0/12/2010				
Principal Occupation Self Employed		Name of Employer Self Employed			Is this contribution associa fundraising event listed in If yes, list Event # 101	Section J1	ı? ഥ	Yes No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggreg	gate Contribut	ions 50.00	\$250.00		
Last Name Farnen	First Name Brian		MI	Cash	contribution: Personal Cl y Order X Credit/Deb		Contribution	n ID#	Amount of Contribution		
Residential Street Address 511 Riverside Dr		City Fairfield		State CT	Zip Code 06824-6963		ite Received 0/12/2010				
Principal Occupation Attorney		Name of Employer Sikorsky			Is this contribution associa fundraising event listed in If yes, list Event #		_{1?}	Yes No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis t child of a lob Yes	byist?	Aggreg	gate Contribut \$2	ions 50.00	\$250.00		
Last Name Fischetti	First Name Joseph		MI A	Cash	contribution: X Personal Cl y Order Credit/Deb		Contribution	n ID#	Amount of Contribution		
Residential Street Address 226 S Main St		City West Hartford		State CT	Zip Code 06107-3452		te Received 0/12/2010				
Principal Occupation Admin Judge		Name of Employer US Department of Commerce	e	•	Is this contribution associa fundraising event listed in If yes, list Event # 100	Section J1		Yes No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggreg	gate Contribut	ions 50.00	\$250.00		

I. MONETARY RECEIPTS (Section A-I)											
NAME OF COMMITTEE							FILIN	G DUE DATE			
Foley For Governor, Inc.											
B. Itemized Contributions from Individuals											
Last Name Frahm	First Name Donald		MI	Cash	contribution: X Personal Chry Order Credit/Debi	neck 1450	ution ID#	Amount of Contribution			
Residential Street Address 145 Deercliff Rd		City Avon		State CT	Zip Code 06001-2852	Date Receiv					
Principal Occupation Retired		Name of Employer Retired			Is this contribution associate fundraising event listed in St. If yes, list Event # 100		X Yes No				
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Cont	ributions 1,000.00	\$1,000.00			
Last Name Goldfrank III	First Name Lionel		MI	Cash	contribution: Personal Ch y Order X Credit/Debi	neck 1453	ution ID#	Amount of Contribution			
Residential Street Address PO Box 188		City Sharon		State CT	Zip Code 06069-0188	Date Receiv					
Principal Occupation Retired		Name of Employer Retired		•	Is this contribution associat fundraising event listed in S If yes, list Event #		Yes No				
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Cont	ributions 1,000.00	\$1,000.00			
Last Name Greenberg	First Name Mark		MI	Cash	contribution: X Personal Character Credit/Debi	neck 1455	ution ID#	Amount of Contribution			
Residential Street Address 184 Fern Ave		City Litchfield		State CT	Zip Code 06759-2721	Date Receiv					
Principal Occupation Real Estate		Name of Employer Morg Co., LLC		•	Is this contribution associat fundraising event listed in S If yes, list Event # 100	Section J1?	X Yes No				
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate Cont	ributions 1,000.00	\$1,000.00			
Last Name Griswold	First Name E. Bulkele	ey	MI	Cash	contribution: X Personal Che y Order Credit/Debi	neck 1456	ution ID#	Amount of Contribution			
Residential Street Address 47 Keelers Ridge Rd		City Wilton		State CT	Zip Code 06897-1608	Date Receiv					
Principal Occupation Financial Executive		Name of Employer L&L Capital Partners			Is this contribution associat fundraising event listed in S If yes, list Event #		Yes X No				
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Cont	ributions 1,000.00	\$1,000.00			

		I. M	IONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Foley For Governor, Inc.										
		B. It	emized Contributi	ions fron	ı Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributi	on ID#	Amount of
Griswold	Lila			К	Cash Money	y Order X Personal C		1457		Contribution
Residential Street Address	-	City			State	Zip Code	D	ate Received		
47 Keelers Ridge Rd		Wilton			СТ	06897-1608	1	0/12/201	0	
Principal Occupation		Name of Er				Is this contribution associ fundraising event listed in			Yes	
Homemaker		Homema	iker			If yes, list Event #		×	No	
Is contributor a principal of a state contractor	or prospective		Yes X No		outor a lobbyis	-	Aggre	gate Contribu	utions	
state contractor? Is yes, indicate which branch or branches of	П	Executive	Legislative	1 —	t child of a lob Yes	•		\$1,0	00.00	\$1,000.00
government the contract is with: Last Name	First Name	Zaccuare	дедилите	MI		contribution:		Contribution	ID //	<u> </u>
Harney	Elyse			D	Cash	X Personal C		1461	on ID#	Amount of Contribution
					Money	y Order Credit/De				
Residential Street Address 11 E Main St		City Salisbury	,		State	Zip Code 06068-1820		ate Received		
		 			Ci	Is this contribution associ				ł
Principal Occupation Real Estate and Tea Co.		Name of Er Self Emp				fundraising event listed in			Yes	
		·	,			If yes, list Event # 10	092010	<u>A</u> L	No	
Is contributor a principal of a state contractor state contractor?	or prospective		Yes X No		outor a lobbyis t child of a lob	-	Aggre	gate Contribu	utions	
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative		res x	-		\$2	250.00	\$250.00
Last Name	First Name			MI	Method of	contribution:		Contributi	on ID #	A
Harrington	Laura				Cash	X Personal C		1462	on no #	Amount of Contribution
		ī			Money	y Order Credit/De				
Residential Street Address		City	24		State	Zip Code		ate Received		
156 Lakeview Ave		Waterbur	<u> </u>		СТ	06705-2130				†
Principal Occupation Account Executive		Name of Er	nployer Staffing Resources			Is this contribution associ fundraising event listed in		J1?	_	
Account Executive		1.00.00	caning resources			If yes, list Event #		LX	No	
Is contributor a principal of a state contractor	or prospective		Yes X No		outor a lobbyis	, 1	Aggre	gate Contribu	utions	
state contractor? Is yes, indicate which branch or branches of	П	Executive	Legislative	1 m	t child of a lob Yes	•		\$:	150.00	\$150.00
government the contract is with: Last Name	First Name	LACCULIVE	Legislative	МІ	1	contribution:	<u> </u>	1	"	
Hayden	Harvey			IVII	Cash	x Personal C	Check	Contribution 1463	on ID#	Amount of Contribution
					Money	y Order Credit/De	bit Card	1403		
Residential Street Address		City			State	Zip Code		ate Received		
PO Box 386		Sharon			СТ	06069-0386	1	0/12/201	0	ļ
Principal Occupation		Name of Er	mployer			Is this contribution associ fundraising event listed in		1^	Yes	
Veterinarian		Self				If yes, list Event # 10			No	
Is contributor a principal of a state contractor	or prospective		Yes X No	Is contrib	outor a lobbyis	t, spouse, or	Aggre	gate Contribu	utions	†
state contractor? Is yes, indicate which branch or branches of					t child of a lob	-		-	500.00	\$500.00
government the contract is with:	니	Executive	Legislative	1	res X	No	1			

		I. MONETARY I	RECEIPT	TS (Sectio	n A-I)				
NAME OF COMMITTEE							F	FILING	DUE DATE
Foley For Governor, Inc.									
		B. Itemized Contrib	outions fro	m Individu	ıals		•		
Last Name	First Name		MI	Method of	contribution:	(Contribution I	ID#	Amount of
Hayden	Myrtle			Cash Money	y Order		1464		Contribution
Residential Street Address		City		State	Zip Code		e Received		
PO Box 386		Sharon		СТ	06069-0386	10/	/12/2010		
Principal Occupation Violinist		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event # 100		, X Y		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative		ibutor a lobbyis ent child of a lob Yes	byist?	Aggregat	te Contribution \$500	1	\$500.00
Last Name Hayden	First Name Patrick		MI	Cash	contribution: X Personal Contribution: y Order Credit/Deb	heck	Contribution I	ID#	Amount of Contribution
Residential Street Address 89 W View Rd		City Southbury		State CT	Zip Code 06488-2300		e Received /12/2010		
Principal Occupation President		Name of Employer Donham Craft Inc.		•	Is this contribution associa fundraising event listed in If yes, list Event # 100	Section J1?	, X Y	1	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative		ibutor a lobbyis ent child of a lob Yes	byist?	Aggregat	te Contribution	1	\$150.00
Last Name Henry	First Name Brian		MI J	Cash	contribution: X Personal Contribution: y Order Credit/Deb	heck	Contribution I	ID#	Amount of Contribution
Residential Street Address 500 Old Academy Rd		City Fairfield	<u> </u>	State CT	Zip Code 06824-7140		e Received /12/2010		
Principal Occupation Executive		Name of Employer Terex Corp.		•	Is this contribution associa fundraising event listed in If yes, list Event # 101	Section J1?	1 1	1	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative		ibutor a lobbyis ent child of a lob Yes	byist?	Aggregat	te Contribution \$250	1	\$250.00
Last Name Hergenhan	First Name Joyce		MI	Cash	contribution: Personal C y Order X Credit/Deb	heck	Contribution I	ID#	Amount of Contribution
Residential Street Address 715 Sasco Hill Rd		City Fairfield		State CT	Zip Code 06824-6376		e Received /12/2010		
Principal Occupation Retired		Name of Employer Retired			Is this contribution associa fundraising event listed in If yes, list Event # 101	Section J1?	1 1		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative		ibutor a lobbyis ent child of a lob Yes	byist?	Aggregat	te Contribution \$500	1	\$500.00

I. MONETARY RECEIPTS (Section A-I)											
NAME OF COMMITTEE							FILIN	G DUE DATE			
Foley For Governor, Inc.											
B. Itemized Contributions from Individuals											
Last Name Higgins	First Name Jon		MI	Cash	contribution: Personal Cl y Order X Credit/Deb	heck 1470	ution ID #	Amount of Contribution			
Residential Street Address 510 Twin Lakes Rd		City Salisbury		State CT	Zip Code 06068	Date Receiv					
Principal Occupation Financial Consultant		Name of Employer Ascendant Compliant Manag Services	ement		Is this contribution associal fundraising event listed in If yes, list Event # 100		X Yes No				
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Cont	sibutions \$500.00	\$500.00			
Last Name Hiscoe	First Name Ken		MI	Cash	contribution: X Personal Cl y Order Credit/Deb	heck 1471	ution ID#	Amount of Contribution			
Residential Street Address 130 Howard St		City Fairfield		State CT	Zip Code 06824-6473	Date Receiv					
Principal Occupation Political Affairs		Name of Employer Pfizer, Inc.		•	Is this contribution associa fundraising event listed in If yes, list Event # 100	Section J1?	X Yes No				
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Cont	ributions \$500.00	\$500.00			
Last Name Howes	First Name Thomas		MI P	Cash	contribution: X Personal Cl y Order Credit/Deb	heck 1473	ution ID#	Amount of Contribution			
Residential Street Address 14 Stoney Point Rd		City Westport		State CT	Zip Code 06880-5924	Date Receiv					
Principal Occupation Engineer		Name of Employer Esterline Corp.		•	Is this contribution associa fundraising event listed in If yes, list Event # 101	Section J1?	X Yes No				
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Cont	ributions \$250.00	\$250.00			
Last Name Johnson	First Name Nancy		MI L	Cash	contribution: X Personal Cl y Order Credit/Deb	heck 1474	ution ID#	Amount of Contribution			
Residential Street Address 141 S Mountain Dr		City New Britain		State CT	Zip Code 06052-1511	Date Receiv					
Principal Occupation Attorney		Name of Employer Baker, Donelson, Bearman, & Berkowitz PC	Caldwell		Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No				
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob ves	byist?	Aggregate Cont	ributions 1,000.00	\$1,000.00			

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)						
NAME OF COMMITTEE								FILING	G DUE DATE		
Foley For Governor, Inc.											
B. Itemized Contributions from Individuals											
Last Name Johnson	First Name Theodore		MI H	Cash	contribution: X Personal Cl		Contributio	n ID#	Amount of Contribution		
Residential Street Address 141 S Mountain Dr		City New Britain		State CT	Zip Code 06052-1511	- 1	nte Received 0/12/2010	١			
Principal Occupation Retired		Name of Employer Retired		•	Is this contribution associa fundraising event listed in If yes, list Event #		1?	Yes No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggreg	gate Contribut \$5	tions 00.00	\$500.00		
Last Name Kloczko	First Name Jame		MI E	Cash	contribution: X Personal Cl y Order Credit/Deb		Contributio	n ID#	Amount of Contribution		
Residential Street Address 171 Woodchuck Ln		City Harwinton		State CT	Zip Code 06791-1512	- 1	nte Received 0/12/2010	١			
Principal Occupation General Manager		Name of Employer Farmington Ready Mix, Inc.			Is this contribution associa fundraising event listed in If yes, list Event # 100	Section J1	1?	Yes No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggreg	gate Contribut \$1	tions 00.00	\$100.00		
Last Name Kowalski	First Name Deron		MI	Cash	contribution: X Personal Cl y Order Credit/Deb		Contributio	n ID#	Amount of Contribution		
Residential Street Address 75 Pierpont Rd Unit 7		City Waterbury		State CT	Zip Code 06705	- 1	nte Received 0/12/2010	١			
Principal Occupation Sales		Name of Employer Mattatuck Industrial Scrap N	1etal, Inc.		Is this contribution associa fundraising event listed in If yes, list Event # 100	Section J1		Yes No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggreg	gate Contribut \$1	tions 50.00	\$150.00		
Last Name LaCapra, Jr.	First Name George		MI A	Cash	contribution: X Personal Cl y Order Credit/Deb		Contributio	n ID#	Amount of Contribution		
Residential Street Address 181 Curtiss Ln		City Watertown		State CT	Zip Code 06795-1366		nte Received 0/12/2010	1			
Principal Occupation Executive Management		Name of Employer Quality Rolling and Deburrin Inc.	g Co.,	•	Is this contribution associa fundraising event listed in If yes, list Event # 100	Section J1	1?	Yes No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggreg	gate Contribut \$1	tions 50.00	\$150.00		

		I. MONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE							I	FILING	DUE DATE
Foley For Governor, Inc.									
		B. Itemized Contributi	ons fron	Individu	ıals				
Last Name LaCapra, Sr.	First Name George		MI A	Cash	contribution: X Personal Cl	heck	Contribution 1	ID#	Amount of Contribution
Residential Street Address 2275 Litchfield Rd		City Watertown		State CT	Zip Code 06795-1006		e Received /12/2010		
Principal Occupation Owner		Name of Employer Quality Rolling and Deburring Inc.	g Co.,		Is this contribution associa fundraising event listed in If yes, list Event # 100				
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggrega	ate Contributio \$150	ons 0.00	\$150.00
Last Name Laurenzi	First Name Richard		MI A	Cash	contribution: X Personal Cl / Order Credit/Debi	heck	Contribution 1	ID#	Amount of Contribution
Residential Street Address 1655 Asylum Ave		City West Hartford		State CT	Zip Code 06117-2719		e Received /12/2010		
Principal Occupation President		Name of Employer Prospect Machine Products, 1	nc.	•	Is this contribution associa fundraising event listed in If yes, list Event # 100	Section J1?	11,		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggrega	ate Contributio	ons 0.00	\$150.00
Last Name Learsy	First Name Raymond		MI J	Cash	contribution: X Personal Cl	heck	Contribution 1	ID#	Amount of Contribution
Residential Street Address PO Box 36		City Sharon		State CT	Zip Code 06069-0036		e Received /12/2010		
Principal Occupation Investor		Name of Employer Self Employed			Is this contribution associa fundraising event listed in If yes, list Event # 100	Section J1?	1 1 .		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggrega	ate Contributio \$500	ons 0.00	\$500.00
Last Name Livingstone	First Name John		MI	Cash	contribution: Personal Cl Order X Credit/Debi	heck	Contribution 1	ID#	Amount of Contribution
Residential Street Address 58 Balfour Dr		City West Hartford		State CT	Zip Code 06117-2901		e Received /12/2010		
Principal Occupation Tax Consultant		Name of Employer PricewaterhouseCoopers LLP			Is this contribution associa fundraising event listed in If yes, list Event # 100	Section J1?	11.		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggrega	ate Contributio \$250	ons 0.00	\$250.00

		I. M	IONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Foley For Governor, Inc.										
		B. It	emized Contributi	ons from	Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributi	on ID#	Amount of
Lynch	Michael				Cash Money	=	rsonal Check redit/Debit Card	1486		Contribution
Residential Street Address		City			State	Zip Code	1	Date Received		
PO Box 502		Sharon			СТ	06069-0502		10/12/201	0	
Principal Occupation Lawyer		Name of Er Guion, S	nployer tevens, & Rybak LLP	i	•	Is this contribution fundraising event If yes, list Event #	listed in Section	J1?	Yes No	
				1			1003201		_	+
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob Yes	byist?	Aggr	egate Contrib	utions 500.00	\$500.00
Last Name	First Name			MI	1	contribution:		Contributi	on ID#	
Maloney	Kevin			В	Cash	X Pe	rsonal Check edit/Debit Card	1488	on ID#	Amount of Contribution
Residential Street Address		City			State	Zip Code	1	Date Received		1
4016 Mountain Rd		West Suf	field		СТ	06093-2118		10/12/201	0	
Principal Occupation		Name of En	mployer			Is this contribution		1^	Yes	
Transportation Executive		Northeas	st Express Transport	ation		fundraising event If yes, list Event #			No	
Is contributor a principal of a state contractor state contractor?	or prospective		Yes X No		utor a lobbyis child of a lob	-	Aggr	egate Contrib	utions	\$1,000.00
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	Y	res X	No		4-7		Ψ1/000.00
Last Name	First Name			MI	Method of	contribution:		Contributi	on ID#	Amount of
Mastropietro	Gerard			L	Cash Money	=	rsonal Check edit/Debit Card	1489		Contribution
Residential Street Address		City			State	Zip Code		Date Received		
72 Bellemeadow Dr		Watertow	/n		СТ	06795-3242		10/12/201	0	<u> </u>
Principal Occupation		Name of En				Is this contribution fundraising event		J1?	Yes	
Senior Vice President		Hubbard	-Hall Inc			If yes, list Event #		х	No	
Is contributor a principal of a state contractor	or prospective		Yes X No	Is contrib	utor a lobbyis	t, spouse, or	Aggr	egate Contrib	utions	†
state contractor? Is yes, indicate which branch or branches of			_	1 î—	child of a lob	•		\$	150.00	\$150.00
government the contract is with:		Executive	Legislative	L \	res X	No		_		
Last Name	First Name			MI		contribution:	rsonal Check	Contributi	on ID#	Amount of
Matthiessen	James			N	Cash Money	=	edit/Debit Card	1490		Contribution
Residential Street Address		City			State	Zip Code	1	Date Received		
208 Fishing Trl		Stamford			СТ	06903-2415		10/12/201	0	
Principal Occupation		Name of En				Is this contribution fundraising event			Yes	
VP-Information Technology		BNC Fina	ancial Group			If yes, list Event #		x	No	
Is contributor a principal of a state contractor of	or prospective		Yes X No	Is contrib	utor a lobbyis	t, spouse, or	Aggr	regate Contrib	utions	İ
state contractor? Is yes, indicate which branch or branches of					child of a lob	-		-	100.00	\$100.00
government the contract is with:	Ш	Executive	Legislative	Y	res X	No				

I. MONETARY RECEIPTS (Section A-I)											
NAME OF COMMITTEE							FILING	G DUE DATE			
Foley For Governor, Inc.											
B. Itemized Contributions from Individuals											
Last Name McAlenney	First Name Paul		MI F	Cash	contribution: X Personal Cl	1491	tion ID#	Amount of Contribution			
Residential Street Address 15 Riverside Rd		City Simsbury		State CT	Zip Code 06070-2514	Date Receive 10/12/20					
Principal Occupation Attorney		Name of Employer Day Pitney LLP			Is this contribution associa fundraising event listed in If yes, list Event # 100	Section J1?	X Yes No				
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Contri	butions \$250.00	\$250.00			
Last Name Meyerjack	First Name William		MI P	Cash	contribution: X Personal Cl y Order Credit/Deb	1495	tion ID#	Amount of Contribution			
Residential Street Address 75 Williamsburg Dr		City Cheshire		State CT	Zip Code 06410-2839	Date Receive					
Principal Occupation CPA		Name of Employer Budwitz & Meyerjack PC		•	Is this contribution associa fundraising event listed in If yes, list Event # 100	Section J1?	Yes No				
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Contri	butions \$150.00	\$150.00			
Last Name Mone	First Name Edmond		MI V	Cash	contribution: X Personal Cl y Order Credit/Deb	1497	tion ID #	Amount of Contribution			
Residential Street Address 100 Woodruff Ave		City Thomaston		State CT	Zip Code 06787-1551	Date Receive 10/12/20					
Principal Occupation First Selectman		Name of Employer Town of Thomaston		•	Is this contribution associa fundraising event listed in If yes, list Event # 100	Section J1?	X Yes No				
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Contri	butions \$150.00	\$150.00			
Last Name Munden	First Name Ryan		MI	Cash	contribution: Personal Cl y Order X Credit/Deb	heck 1498	tion ID#	Amount of Contribution			
Residential Street Address 100 Eagle St		City New Haven		State CT	Zip Code 06511-2632	Date Receive 10/12/20					
Principal Occupation Professor		Name of Employer Fairfield University		•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No				
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggregate Contri	sutions \$25.00	\$25.00			

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE									FILING	G DUE DATE
Foley For Governor, Inc.										
		B. Item	ized Contributio	ons from	Individu	ıals				
Last Name Neis	First Name Arnold			MI	Cash	contribution: X Personal O		Contributi	on ID#	Amount of Contribution
Residential Street Address 159 Westwoods Rd	<u> </u>	City Sharon			State CT	Zip Code 06069	D	ate Received		
Principal Occupation Executive Chairman		Name of Emplo	yer			Is this contribution associ fundraising event listed in If yes, list Event # 10		11? E	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob es	byist?	Aggre	gate Contrib	utions 000.00	\$1,000.00
Last Name Noujaim	First Name George			MI J	Cash	contribution: X Personal (Contributi 1500	on ID#	Amount of Contribution
Residential Street Address 33 Southview Dr		City Watertown			State CT	Zip Code 06795-2059		ate Received		
Principal Occupation President		Name of Emplo	_{yer} Specialty Foods			Is this contribution associ fundraising event listed in If yes, list Event #		11?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob es	byist?	Aggre	gate Contrib	utions 150.00	\$150.00
Last Name Noyes	First Name Jose			MI	Cash	contribution: X Personal C y Order Credit/De		Contributi	on ID#	Amount of Contribution
Residential Street Address 12 Herb Rd		City Sharon			State CT	Zip Code 06069-2326		ate Received		
Principal Occupation Retired		Name of Emplo	yer			Is this contribution associ fundraising event listed in If yes, list Event # 10	n Section J	11? E	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob es	byist?	Aggre	gate Contrib	utions 000.00	\$1,000.00
Last Name Palmer	First Name Joseph			MI	Cash	contribution: X Personal C y Order Credit/De		Contributi	on ID#	Amount of Contribution
Residential Street Address 263 Middlebrook Dr		City Fairfield			State CT	Zip Code 06824-3010		ate Received		
Principal Occupation Sales & Marketing		Name of Emplo Radius Medi	-	_	•	Is this contribution associ fundraising event listed in If yes, list Event # 10	n Section J	112	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob res	byist?	Aggre	gate Contrib	utions 150.00	\$150.00

I. MONETARY RECEIPTS (Section A-I)											
NAME OF COMMITTEE							FILING	G DUE DATE			
Foley For Governor, Inc.											
		B. Itemized Contribut	ions fron	Individu	ıals						
Last Name Pelletier	First Name David		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	heck 1504	ution ID#	Amount of Contribution			
Residential Street Address 132 Country Club Rd		City Cheshire		State CT	Zip Code 06410-1634	Date Receive 10/12/20					
Principal Occupation CPA		Name of Employer Budwitz & Meyerjack P.C.			Is this contribution associa fundraising event listed in If yes, list Event # 100		X Yes No				
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Cont	ributions \$100.00	\$100.00			
Last Name Perisco	First Name Charles		MI J	Cash	contribution: X Personal Cl y Order Credit/Debi	heck 1505	ution ID#	Amount of Contribution			
Residential Street Address 112 Mason St		City Greenwich		State CT	Zip Code 06830-6629	Date Receive 10/12/20					
Principal Occupation Director		Name of Employer Retail Opportunities Investm	nent Corp.		Is this contribution associa fundraising event listed in If yes, list Event #		Yes No				
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Cont	ributions 2,000.00	\$2,000.00			
Last Name Picard	First Name Kathleen		MI	Cash	contribution: X Personal Cl	heck 1506	ution ID#	Amount of Contribution			
Residential Street Address 59 Caruso Dr		City Watertown		State CT	Zip Code 06795-3068	Date Receiv					
Principal Occupation Owner		Name of Employer KIT's Creations			Is this contribution associa fundraising event listed in If yes, list Event # 100	Section J1?	X Yes No				
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Cont	ributions \$250.00	\$250.00			
Last Name Picard	First Name Ronald		MI	Cash	contribution: X Personal Cl	heck 1507	ution ID#	Amount of Contribution			
Residential Street Address 59 Caruso Dr		City Watertown		State CT	Zip Code 06795-3068	Date Receiv					
Principal Occupation CEO		Name of Employer Franklin Products, Inc.			Is this contribution associa fundraising event listed in If yes, list Event # 100	Section J1?	X Yes				
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob res	byist?	Aggregate Cont	ributions \$250.00	\$250.00			

		I. MONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE								FILING	DUE DATE
Foley For Governor, Inc.									
		B. Itemized Contributi	ons fron	Individu	ıals				
Last Name Pincavage	First Name Tamarra		MI R	Cash	contribution: X Personal Characteristics Personal Characteristics Credit/Debit Personal Characteristics Personal Cha		Contribution 1508	ID#	Amount of Contribution
Residential Street Address 3 Nutcracker Ln		City Westport		State CT	Zip Code 06880-1641		e Received /12/2010		
Principal Occupation Realtor		Name of Employer William Pitt Sotheby's Intern Realty	ational		Is this contribution associate fundraising event listed in If yes, list Event # 101		11		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggrega	ate Contributio \$25	ons 50.00	\$250.00
Last Name Price	First Name Charles		MI H	Cash	contribution: X Personal Cl y Order Credit/Debi		Contribution 1510	ID#	Amount of Contribution
Residential Street Address 47425 E Eldorado Dr		City Indian Wells		State CA	Zip Code 92210-8673		te Received /12/2010		
Principal Occupation Retired		Name of Employer Retired		•	Is this contribution associal fundraising event listed in S If yes, list Event #		?	Yes No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggrega	ate Contributio	ons 00.00	\$500.00
Last Name Richards	First Name Timothy		MI	Cash	contribution: X Personal Character Credit/Debit		Contribution	ID#	Amount of Contribution
Residential Street Address 67 Southridge Rd		City Southbury		State CT	Zip Code 06488-1883		te Received /12/2010		
Principal Occupation President		Name of Employer Palm Guitar LLC.			Is this contribution associate fundraising event listed in If yes, list Event # 100	Section J1			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggrega	ate Contributio	ons 50.00	\$150.00
Last Name Rybarczyk	First Name D		MI	Cash	contribution: Personal Cl y Order X Credit/Debi		Contribution 1512	ID#	Amount of Contribution
Residential Street Address Topledge Road		City West Redding		State CT	Zip Code 06896		te Received /12/2010		
Principal Occupation Manager		Name of Employer Crane			Is this contribution associal fundraising event listed in S If yes, list Event #		?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggrega	ate Contributio	ons 75.00	\$75.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE								FILING	G DUE DATE
Foley For Governor, Inc.									
		B. Itemized Contribut	ions fron	ı Individu	ıals				
Last Name Sconziano	First Name Aaron		MI A	Cash	contribution: X Personal Cl y Order Credit/Deb		Contributio	n ID#	Amount of Contribution
Residential Street Address 56 Sabal Dr		City Waterbury		State CT	Zip Code 06708-2150		nte Received 0/12/2010	١	
Principal Occupation Sales		Name of Employer Mattatuck Industrial Scrap N	1etal, Inc.	•	Is this contribution associa fundraising event listed in If yes, list Event # 100		1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggreg	gate Contribut \$1	tions 50.00	\$150.00
Last Name Smith	First Name Jennifer		MI	Cash	contribution: X Personal Cl y Order Credit/Deb		Contributio	n ID#	Amount of Contribution
Residential Street Address 470 Redding Rd		City Fairfield		State CT	Zip Code 06824-1935		nte Received 0/12/2010)	
Principal Occupation Homemaker		Name of Employer Homemaker			Is this contribution associa fundraising event listed in If yes, list Event # 101	Section J	1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggreg	gate Contribut \$2	tions 50.00	\$250.00
Last Name Smyth	First Name Bernard		MI G	Cash	contribution: X Personal Cl y Order Credit/Deb		Contributio	n ID#	Amount of Contribution
Residential Street Address 110 Sunset Farm Rd		City West Hartford		State CT	Zip Code 06107-1316		nte Received 0/12/2010	١	
Principal Occupation Construction Manager		Name of Employer Pavarini North East Construc Corp, Inc.	citon		Is this contribution associa fundraising event listed in If yes, list Event # 100	Section J	1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggreg	gate Contribut \$2	tions 50.00	\$250.00
Last Name Sotirhos	First Name Michael		MI	Cash	contribution: X Personal Cl y Order Credit/Deb		Contributio	n ID#	Amount of Contribution
Residential Street Address 1800 S Ocean Blvd Apt 1310		City Pompano Beach		State FL	Zip Code 33062-7920		nte Received 0/12/2010	1	
Principal Occupation Retired		Name of Employer Retired		•	Is this contribution associa fundraising event listed in If yes, list Event #		1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggreg	gate Contribut \$5	tions 00.00	\$500.00

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE							FILIN	G DUE DATE		
Foley For Governor, Inc.										
		B. Itemized Contribut	ions fron	Individu	ıals					
Last Name Spinella	First Name Elizabeth		MI B	Cash	contribution: X Personal C	heck 151	ribution ID #	Amount of Contribution		
Residential Street Address 43 Castlewood Rd		City West Hartford		State CT	Zip Code 06107-2904	Date Rec				
Principal Occupation RN Supervisor		Name of Employer Covenant Village of Cromwe	11		Is this contribution associa fundraising event listed in If yes, list Event # 100		X Yes No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Co	\$250.00	\$250.00		
Last Name Sprague	First Name John A.		MI A	Cash	contribution: X Personal Contribution: y Order Credit/Deb	heck 152	ribution ID #	Amount of Contribution		
Residential Street Address 770 Park Ave		City New York		State NY	Zip Code 10021-4153	Date Rec. 10/12/				
Principal Occupation Investment Manager		Name of Employer Jupiter Partners LLC.		•	Is this contribution associa fundraising event listed in If yes, list Event # 100	Section J1?	X Yes No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Co	stributions \$1,000.00	\$1,000.00		
Last Name St. Louis	First Name Roland		MI R	Cash	contribution: X Personal Contribution: y Order Credit/Deb	heck 152	ribution ID #	Amount of Contribution		
Residential Street Address 15 Griswold Ave		City Groton		State CT	Zip Code 06340-4007	Date Rec. 10/12/				
Principal Occupation President		Name of Employer Fidelity National Title Inland	Empire		Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Co	stributions \$25.00	\$25.00		
Last Name Stonehill	First Name Robin		MI	Cash	contribution: X Personal Contribution: y Order Credit/Deb	heck 152	ribution ID#	Amount of Contribution		
Residential Street Address 1160 Pequot Ave		City Southport		State CT	Zip Code 06890-1473	Date Rec. 10/12/				
Principal Occupation Investments		Name of Employer Labranche & Co.		•	Is this contribution associa fundraising event listed in If yes, list Event # 101	Section J1?	X Yes No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggregate Co	stributions \$250.00	\$250.00		

		I. MON	ETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Foley For Governor, Inc.										
		B. Itemiz	ed Contributi	ons from	Individu	ıals				
Last Name Strobel	First Name Richard			MI	Cash	contribution: X Personal C		Contributi 1529	on ID#	Amount of Contribution
Residential Street Address 190 Scenic Ct		City Cheshire			State CT	Zip Code 06410-1858		oate Received		
Principal Occupation VP Sales		Name of Employer Marjan Inc.	r		•	Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	_	Yes X No Legislative	dependent	utor a lobbyis child of a lob res	byist?	Aggre	gate Contribi	utions 200.00	\$200.00
Last Name Tanski	First Name John			MI	Cash	contribution: Personal C y Order X Credit/De		Contributi	on ID#	Amount of Contribution
Residential Street Address 1893 Main St		City Glastonbury			State CT	Zip Code 06033-2943		ate Received		
Principal Occupation Attorney		Name of Employer Axinn, Veltrop	, & Harkrider L	LP		Is this contribution associ fundraising event listed in If yes, list Event # 10	n Section J	11? E	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	_	Yes X No	dependent	utor a lobbyis child of a lob es	byist?	Aggre	gate Contrib	utions 250.00	\$250.00
Last Name Tatalias	First Name Michael			MI	Cash	contribution: X Personal C		Contributi	on ID#	Amount of Contribution
Residential Street Address 7 Seir Hill Rd		City Norwalk			State CT	Zip Code 06850-1350		oate Received		
Principal Occupation General Manager		Name of Employer Mattatuck Ind	r Iustrial Scrap M	etal Inc.		Is this contribution associ fundraising event listed in If yes, list Event # 10	n Section J	11? E	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	_	Yes X No Legislative	dependent	utor a lobbyis child of a lob res	byist?	Aggre	egate Contribi	utions 150.00	\$150.00
Last Name Tatalias	First Name Peter			MI	Cash	contribution: X Personal C y Order Credit/De		Contributi 1532	on ID#	Amount of Contribution
Residential Street Address 6 Bear Burrow Rd		City Roxbury			State CT	Zip Code 06783-1227		ate Received		
Principal Occupation Owner		Name of Employer Mattatuck Ind	r lustrial Scrap M	etal Inc.		Is this contribution associ fundraising event listed in If yes, list Event # 10	n Section J	11? E	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	_	Yes X No	dependent	utor a lobbyis child of a lob	byist?	Aggre	gate Contrib	utions 150.00	\$150.00

		I. MONETARY	RECEI	IPTS	(Section	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Foley For Governor, Inc.										
		B. Itemized Contr	ibutions 1	from	Individu	als				
Last Name	First Name		MI		Method of o	contribution:		Contributi	on ID#	Amount of
Traver	Jack				Cash Money	Order Rersonal C		1533		Contribution
Residential Street Address		City	•		State	Zip Code	D	ate Received		
PO Box 1231		Middlebury			СТ	06762-1231	1	0/12/201	0	
Principal Occupation		Name of Employer				Is this contribution associa fundraising event listed in			Yes	
Owner		Traver IDC				If yes, list Event #	occur.	x	No	
Is contributor a principal of a state contractor state contractor?	or prospective	Yes X			or a lobbyist		Aggre	gate Contribu	utions	
Is yes, indicate which branch or branches of government the contract is with:		Executive Legislative		Ye	_	*		\$1	150.00	\$150.00
Last Name	First Name		MI		Method of o	contribution:	•	Contributi	on ID#	Amount of
Ulrich	Barbara		В		Cash Money	Order Rersonal C		1535		Contribution
Residential Street Address	•	City			State	Zip Code	D	ate Received		
22 Pleasant St		West Hartford			СТ	06107-1623	1	0/12/201	0	
Principal Occupation		Name of Employer				Is this contribution associa fundraising event listed in			Yes	
Retired		Retired				If yes, list Event #	occur.	x	No	
Is contributor a principal of a state contractor	or prospective	Yes X			tor a lobbyist		Aggre	gate Contribu	utions	
state contractor? Is yes, indicate which branch or branches of		Executive Legislative	depe	endent c	hild of a lobl	*		\$2	250.00	\$250.00
government the contract is with: Last Name	First Name	Executive Legislative	MI			contribution:	<u> </u>	1	"	
Vance, Jr.	Herbert		A		Cash	X Personal C	heck	Contribution 1536	on ID#	Amount of Contribution
		T			Money	Order Credit/Deb	it Card	1550		
Residential Street Address		City			State	Zip Code		ate Received		
167 Woodford Hills Dr		Avon			СТ	06001-3925		0/12/201	_	
Principal Occupation Consultant/Investments		Name of Employer Self				Is this contribution associa fundraising event listed in		11?	Yes	
Constitution in Control of the Contr						If yes, list Event # 100	82010	<u>A</u> L	No	
Is contributor a principal of a state contractor state contractor?	or prospective	Yes X			tor a lobbyist		Aggre	gate Contribu	utions	
Is yes, indicate which branch or branches of government the contract is with:		Executive Legislative		Ye		-		\$2	200.00	\$200.00
Last Name	First Name	<u> </u>	MI		Method of o	contribution:	<u> </u>	Contributi	on ID#	Amount of
Vollaro	Daniel				Cash	X Personal C		1538		Contribution
D 11 110 111					Money			D : 1		
Residential Street Address 59 Quail Run		City Torrington			State CT	Zip Code 06790-2550		ate Received 0/12/201		
Principal Occupation		Name of Employer				Is this contribution associa	ited with	а Гх	Yes	†
СРА		Budwitz & Meyerjack P.	C.			fundraising event listed in If yes, list Event # 100		11?	No	
Is contributor a principal of a state contractor	or prospective	Yes X	Jo Je o	contribut	tor a lobbyist	-	ı		-4:	1
state contractor? Is yes, indicate which branch or branches of	prospective	Yes X			hild of a lobl	byist?	Aggre	gate Contribu \$:	150.00	\$150.00
government the contract is with:		Executive Legislative	L	Ye	s X	No				

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE								FILING	DUE DATE
Foley For Governor, Inc.									
		B. Itemized Contributi	ions fron	ı Individu	ıals				
Last Name Vrabely	First Name Joseph		MI J	Cash	contribution: X Personal Cl		Contribution	ı ID#	Amount of Contribution
Residential Street Address 333 Carriage Dr		City Glastonbury		State CT	Zip Code 06033-3267		te Received 0/12/2010		
Principal Occupation Metals Distribution		Name of Employer Atlantic Steel & Processing			Is this contribution associa fundraising event listed in If yes, list Event # 100		·?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggreg	ate Contributi \$10	ions 00.00	\$100.00
Last Name Wihbey	First Name Joe		MI	Cash	contribution: Personal Cl y Order X Credit/Debi		Contribution	ı ID#	Amount of Contribution
Residential Street Address 323 Norfolk Rd		City Litchfield		State CT	Zip Code 06759-2528	1	te Received 0/12/2010		
Principal Occupation Manufacturer		Name of Employer Self-Global Machine Brokers Plastics Recy	& Global	•	Is this contribution associa fundraising event listed in If yes, list Event # 100	Section J1	· ·	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggreg	ate Contributi \$15	ions 50.00	\$150.00
Last Name Wilkinson	First Name Alvin		MI	Cash	contribution: X Personal Cl		Contribution	n ID#	Amount of Contribution
Residential Street Address PO Box 1775		City Sharon		State CT	Zip Code 06069-1775		te Received 0/12/2010		
Principal Occupation Financial		Name of Employer Self			Is this contribution associa fundraising event listed in If yes, list Event # 100	Section J1	? E	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggreg	ate Contributi \$50	ions 00.00	\$500.00
Last Name Wollman	First Name Steve		MI	Cash	contribution: X Personal Cl y Order Credit/Debi		Contribution	ı ID#	Amount of Contribution
Residential Street Address 80 Ice Pond Ln		City East Berlin		State CT	Zip Code 06023-1020		te Received 0/12/2010		
Principal Occupation Real Estate		Name of Employer Self-Wollman Realty LLC			Is this contribution associa fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob	byist?	Aggrega	ate Contributi \$15	ions 50.00	\$150.00

		I. MONETARY I	RECEIPT	ΓS (Sectio	n A-I)				
NAME OF COMMITTEE							F	FILING	DUE DATE
Foley For Governor, Inc.									
		B. Itemized Contrib	outions fro	m Individ	ıals				
Last Name Yellowlees	First Name Robert		MI A	Cash	contribution: X Personal C	heck	Contribution I	ID#	Amount of Contribution
Residential Street Address 2696 Habersham Rd NW		City Atlanta		State GA	Zip Code 30305-3574		e Received /12/2010		
Principal Occupation Retired		Name of Employer Retired		•	Is this contribution associa fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative		ributor a lobbyis ent child of a lob Yes	byist?	Aggrega	\$1,000		\$1,000.00
Last Name Zappi	First Name Robert		MI	Cash	contribution: X Personal Contribution: y Order Credit/Deb	heck	Contribution I	ID#	Amount of Contribution
Residential Street Address 3 Charmers Lndg		City Westport		State CT	Zip Code 06880-6441		e Received /12/2010		
Principal Occupation Marketing Consultant		Name of Employer Catalyst Inc.		•	Is this contribution associa fundraising event listed in If yes, list Event # 101	Section J1?	11,		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No		ributor a lobbyis ent child of a lob Yes	byist?	Aggrega	ate Contribution \$500		\$500.00
Last Name Caffray	First Name Patricia		MI	Cash	contribution: X Personal C y Order Credit/Deb	heck	Contribution I	ID#	Amount of Contribution
Residential Street Address 1024 Smith Ridge Rd		City New Canaan		State CT	Zip Code 06840-2330		e Received /12/2010		
Principal Occupation Homemaker		Name of Employer Homemaker			Is this contribution associa fundraising event listed in If yes, list Event # 100	Section J1?	11.		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative		ributor a lobbyis ent child of a lob Yes	byist?	Aggrega	ste Contribution \$2,500		\$2,500.00
Last Name Coci, III	First Name Joseph		MI	Cash	contribution: X Personal Contribution: y Order Credit/Deb	heck	Contribution I	ID#	Amount of Contribution
Residential Street Address PO Box 562		City Westport		State CT	Zip Code 06881-0562		e Received /12/2010		
Principal Occupation Real Estate Devolper		Name of Employer Mountain Development C	orp.		Is this contribution associa fundraising event listed in If yes, list Event # 101	Section J1?	1 1.		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative		ributor a lobbyis ent child of a lob Yes	byist?	Aggrega	ste Contribution		\$250.00

		I. N	IONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Foley For Governor, Inc.										
		B. It	emized Contributi	ions fron	ı Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contribution	on ID#	Amount of
La Grange Johnson	Brenda				Cash Money	y Order		1478		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
34 Stag Ln		Greenwic	ch		СТ	06831-3128	1	0/12/2010	0	_
Principal Occupation Retired		Name of Er Retired	mployer			Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggre	gate Contribu \$3,5	utions 500.00	\$3,500.00
Last Name	First Name			MI	Method of	contribution:	•	Contribution	on ID#	Amount of
Pray	Malcolm				Cash Money	y Order X Personal C		1509		Contribution
Residential Street Address		City		-	State	Zip Code	D	ate Received		
566 Round Hill Rd		Greenwic	ch		СТ	06831-2724	1	0/12/2010	0	
Principal Occupation Retired		Name of Er Retired	mployer			Is this contribution associ fundraising event listed ir If yes, list Event # 10	Section .		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggre	gate Contribu \$3,0	utions	\$2,000.00
Last Name	First Name			MI	Method of	contribution:		Contribution	on ID#	Amount of
Hess	Karen				Cash Money	y Order X Credit/Del		1469		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
11 Charcoal Hill Rd		Westport	:		СТ	06880-1633	1	0/12/2010	0	1
Principal Occupation		Name of E	mployer			Is this contribution associ fundraising event listed in		a x	Yes	
None		None				If yes, list Event # 10			No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggre	gate Contribu	utions	\$500.00
Last Name	First Name			MI	Method of	contribution:		Contribution	on ID#	Amount of
Buckley	Priscilla			L	Cash Money	y Order X Personal C		1422		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
1 Great Elm Rd		Sharon			СТ	06069-2248	1	0/12/2010	0	
Principal Occupation		Name of E	mployer			Is this contribution associ fundraising event listed in		1^	Yes	
Retired		Retired				If yes, list Event # 10			No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of	or prospective		Yes X No	dependent	outor a lobbyis t child of a lob	byist?	Aggre	gate Contribu	utions 500.00	\$500.00
government the contract is with:		Executive	Legislative	Y	res X	No				

		I. MONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE								FILING	G DUE DATE
Foley For Governor, Inc.									
		B. Itemized Contributi	ons fron	Individu	ıals				
Last Name Stevens	First Name Mary Beth	1	MI	Cash	contribution: X Personal C		Contribution 1525	on ID#	Amount of Contribution
Residential Street Address 380 Mount Fair Dr		City Watertown		State CT	Zip Code 06795-1684	- 1	ate Received 0/12/2010)	
Principal Occupation Bank Teller		Name of Employer			Is this contribution associa fundraising event listed in If yes, list Event # 100		1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggre	gate Contribu \$2	tions 250.00	\$250.00
Last Name Stevens	First Name William		MI L	Cash	contribution: X Personal Conder Credit/Deb		Contribution 1526	on ID #	Amount of Contribution
Residential Street Address 380 Mount Fair Dr		City Watertown		State CT	Zip Code 06795-1684		ate Received 0/12/2010)	
Principal Occupation Attorney		Name of Employer Slavin, Stauffacher, & Scott,	LLC	•	Is this contribution associa fundraising event listed in If yes, list Event # 100	Section J	1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es X	byist?	Aggre	gate Contribu \$2	tions 250.00	\$250.00
Last Name Gardner	First Name Bruce		MI W	Cash	contribution: X Personal C		Contribution 1451	on ID#	Amount of Contribution
Residential Street Address PO Box 369		City Windham		State CT	Zip Code 06280-0369		nte Received 0/12/2010)	
Principal Occupation Manager		Name of Employer State of CT			Is this contribution associa fundraising event listed in If yes, list Event # 101	Section J	1? E	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggre	gate Contribu \$2	250.00	\$100.00
Last Name Shimkus, Jr.	First Name Charles		MI	Cash	contribution: X Personal Contribution: y Order Credit/Deb		Contribution 1515	on ID #	Amount of Contribution
Residential Street Address 55 Chapman Rd		City West Hartford		State CT	Zip Code 06107-3309	- 1	ate Received 0/12/2010)	
Principal Occupation Attorney		Name of Employer Shimkus, Murphy, and Roser P.C.	nberger,		Is this contribution associa fundraising event listed in If yes, list Event # 100	Section J	1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggre	gate Contribu \$2	250.00	\$250.00

		I. MONE	TARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE									FILING	DUE DATE
Foley For Governor, Inc.										
		B. Itemize	d Contributi	ons from	Individu	ıals				
Last Name Daniels	First Name Eric			MI	Cash	contribution: X Personal C y Order Credit/Det		Contribution 1435	ı ID#	Amount of Contribution
Residential Street Address 112 Quail Run		City Glastonbury			State CT	Zip Code 06033-2737		ate Received 0/12/2010		
Principal Occupation Attorney		Name of Employer Robinson & Col	e			Is this contribution association fundraising event listed in If yes, list Event # 100	Section J		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive L	es X No	dependent	the child of a lob	byist?	Aggre	gate Contribution \$50	ions 00.00	\$500.00
Last Name Vietor	First Name Rosemary	,		MI S	Cash	contribution: X Personal C Order Credit/Del		Contribution 1537	ı ID#	Amount of Contribution
Residential Street Address 18 Fairchild Rd		City Sharon			State CT	Zip Code 06069		ate Received 0/12/2010		
Principal Occupation Retired		Name of Employer Retired			•	Is this contribution association fundraising event listed in If yes, list Event # 100	Section J		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Ye Executive Le	es X No	dependent	utor a lobbyist	byist?	Aggre	gate Contributi	ions 00.00	\$500.00
Last Name Lyons	First Name Thomas			MI N	Cash	contribution: Personal C		Contribution	ı ID#	Amount of Contribution
Residential Street Address 30 Dorset Ln		City Farmington		•	State CT	Zip Code 06032-2330		Pate Received		
Principal Occupation Attorney		Name of Employer Danaher, Lagne	ese & Sacco, F	PC .	•	Is this contribution association fundraising event listed in If yes, list Event # 102	Section J			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive L	es X No	dependent	utor a lobbyist child of a lob es x	byist?	Aggre	gate Contribution \$10	ions 00.00	\$100.00
Last Name Trischman, Jr.	First Name Harold			MI	Cash	contribution: X Personal C		Contribution 1534	ı ID#	Amount of Contribution
Residential Street Address 76 Steward Hill Cir		City Fairfield			State CT	Zip Code 06824-7015		ate Received 0/12/2010		
Principal Occupation Managing Director - Wealth Management		Name of Employer Morgan Stanley	/ Smith Barne	У		Is this contribution association fundraising event listed in If yes, list Event # 102	Section J		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Ye Executive L	es X No	dependent	utor a lobbyist child of a lob	byist?	Aggre	gate Contribution \$1,50		\$1,500.00

		I. M	ONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Foley For Governor, Inc.										
		B. Ite	emized Contributi	ons from	Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributi	on ID#	Amount of
Steiner	Thomas				Cash Money	y Order X Personal C		1524		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
6815 Gulf of Mexico Dr		Longboat	Key		FL	34228-1305	1	0/12/201	0	
Principal Occupation Consultant		Name of En Baldwin	nployer Bell Green			Is this contribution associ fundraising event listed in If yes, list Event # 10			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob	byist?	Aggre	gate Contribu	utions 500.00	\$500.00
Last Name	First Name			MI	Method of	contribution:		Contribution	on ID#	
Ferguson	Maureen				Cash	y Order Registration X Personal C		1448	OII ID#	Amount of Contribution
Residential Street Address	•	City		•	State	Zip Code	D	ate Received		
6815 Gulf of Mexico Dr		Longboat	Key		FL	34228-1305	1	0/12/201	0	
Principal Occupation		Name of En	nployer		•	Is this contribution associ		1^	Yes	
Account Executive		Amedisy	s	_		fundraising event listed in If yes, list Event # 10			No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob es X	byist?	Aggre	gate Contribu	utions 500.00	\$500.00
Last Name	First Name			MI	Method of	contribution:		Contributi	on ID#	Amount of
Wilson	Barry				Cash Money	y Order X Personal C		1542		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
245 Nod Rd		Avon			СТ	06001-3816	1	0/12/201	0	
Principal Occupation General Manager		Name of En Blue Fox	nployer Enterprises, Inc.			Is this contribution associ fundraising event listed in If yes, list Event #		I1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of	or prospective		Yes X No		utor a lobbyis child of a lob	byist?	Aggre	gate Contribu	utions 250.00	\$250.00
government the contract is with:		Executive	Legislative	L 1	res x	No				
Last Name	First Name			MI		contribution:		Contributi	on ID#	Amount of
Stock	Cathleen	1		U	Cash Money	y Order X Credit/De		1527		Contribution
Residential Street Address		City			State	Zip Code		ate Received		
47 Briar Woods Trl		Stamford			СТ	06903-1733	1	0/12/201	0	
Principal Occupation Homemaker		Name of En Homema				Is this contribution associ fundraising event listed in If yes, list Event # 10	n Section J		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of	or prospective		Yes X No	dependent	utor a lobbyis child of a lob	byist?	Aggre	gate Contribu	utions 500.00	\$3,500.00
government the contract is with:		Executive	Legislative	L 1	res x	No				

		I. MONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE								FILING	G DUE DATE
Foley For Governor, Inc.									
		B. Itemized Contribut	ions fron	Individu	ıals				
Last Name	First Name		MI	Method of	contribution:		Contributio	on ID #	Amount of
Gorra	William			Cash Money	y Order X Personal Cl Credit/Deb		1454		Contribution
Residential Street Address		City		State	Zip Code		ate Received		
80 Soby Dr		West Hartford		СТ	06107-1033	10	0/12/2010)	
Principal Occupation President		Name of Employer Simoniz USA			Is this contribution associa fundraising event listed in If yes, list Event # 100		1? E	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggres	gate Contribu \$6,0	itions 000.00	\$3,500.00
Last Name Barber	First Name Walter		MI L	Cash	contribution: X Personal Cl y Order Credit/Deb		Contribution 1412	on ID#	Amount of Contribution
Residential Street Address 191 Woodruff Ave		City Watertown	1	State CT	Zip Code 06795-2533	Da	L ate Received 0/12/2010)	
Principal Occupation Insurance Broker		Name of Employer Chittenden Group		!	Is this contribution associa fundraising event listed in If yes, list Event #		1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggreg	gate Contribu \$2	itions 250.00	\$150.00
Last Name Merritt	First Name Henry		MI F	Cash	contribution: X Personal Cl y Order Credit/Deb		Contribution 1493	on ID #	Amount of Contribution
Residential Street Address 25 Old Hattertown Rd		City Redding	•	State CT	Zip Code 06896-2114		ate Received)	
Principal Occupation Retired		Name of Employer Retired			Is this contribution associa fundraising event listed in If yes, list Event # 101	Section J	1? 	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggreg	gate Contribu \$6,0	otions 000.00	\$3,500.00
Last Name Merritt	First Name Henry		MI F	Cash	contribution: X Personal Cl y Order Credit/Deb		Contribution 1337	on ID#	Amount of Contribution
Residential Street Address 25 Old Hattertown Rd		City Redding		State CT	Zip Code 06896-2114		ate Received		
Principal Occupation Retired		Name of Employer Retired		•	Is this contribution associa fundraising event listed in If yes, list Event # 101	Section J	1? E	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggreg	gate Contribu \$6,0	otions 000.00	\$1,250.00

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE									FILING	G DUE DATE
Foley For Governor, Inc.										
		B. It	emized Contribut	ions fron	ı Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributi	on ID#	Amount of
Black	Peter			L	Cash Money	y Order X Personal C		1418		Contribution
Residential Street Address		City			State	Zip Code		ate Received		
7 Stone St		Branford			CT	06405-6243		0/12/201		
Principal Occupation		Name of E	mployer		-	Is this contribution associ	iated with	a x	Yes	
Attorney		Self-Em	oloyed			fundraising event listed in If yes, list Event # 10	142010	^{11?}	No	
Is contributor a principal of a state contractor	or prospective	•	Yes X No		utor a lobbyis	-	Aggre	gate Contribu	ıtions	
state contractor? Is yes, indicate which branch or branches of		E	☐ I anistation	Î	child of a lob	•		\$2	250.00	\$100.00
government the contract is with:	<u></u>	Executive	Legislative	+ =			<u> </u>	1		
Last Name Allen	First Name Jacqueline	9		MI T	Cash	contribution: X Personal G	Check	Contribution 1409	on ID #	Amount of Contribution
	·	1			Money	y Order Credit/De	bit Card	1409		
Residential Street Address		City			State	Zip Code		ate Received		
173 Tall Timbers Rd		Glastonb	ury		СТ	06033-3342		0/12/201	0	
Principal Occupation		Name of Er	nployer			Is this contribution associ fundraising event listed in If yes, list Event # 10	n Section .	11? E	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob Yes	byist?	Aggre	gate Contribu	utions 225.00	\$100.00
Last Name	First Name			MI	Method of	contribution:	•	Contributi	on ID#	Amount of
Hall	Denise			В	Cash Money	y Order		1460		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
21 Cedar Ledge Rd		West Har	tford		СТ	06107-1006	1	0/12/201	0	
Principal Occupation		Name of Er				Is this contribution associ fundraising event listed in			Yes	
Banker		Webster	Bank			If yes, list Event #		х	No	
Is contributor a principal of a state contractor	or prospective		Yes X No	Is contrib	utor a lobbyis	t, spouse, or	Aggre	gate Contribu	ıtions	
state contractor? Is yes, indicate which branch or branches of					child of a lob	-		\$7	750.00	\$250.00
government the contract is with:		Executive	Legislative	 	I			1		<u> </u>
Last Name Starr	First Name John			MI H	Method of Cash	contribution:	Check	Contributi	on ID#	Amount of Contribution
Starr	301111					y Order Credit/De	bit Card	1522		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
161 Spring House Rd		Fairfield			СТ	06824-2161	1	0/12/201	0	
Principal Occupation		Name of E				Is this contribution associ fundraising event listed in		1^	Yes	
Investment Banking		Springho	ouse Capital LLC			If yes, list Event # 10			No	
Is contributor a principal of a state contractor	or prospective	<u> </u>	Yes X No	Is contrib	utor a lobbyis	t, spouse, or	Aggre	gate Contribu	utions	İ
state contractor? Is yes, indicate which branch or branches of				1 -	child of a lob	•		-	250.00	\$250.00
government the contract is with:	Ц	Executive	Legislative		res X	No				

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE FILING										
Foley For Governor, Inc.										
		B. Itemized Contribut	ions fron	ı Individu	ıals					
Last Name Miller	First Name Henry S.		MI S	Cash	contribution: Personal C	heck 149	ribution ID #	Amount of Contribution		
Residential Street Address 85 Round Hill Rd		City Greenwich		State CT	Zip Code 06831-3722	Date Reco				
Principal Occupation Executive		Name of Employer Miller Buckfire & Co., LLC			Is this contribution associa fundraising event listed in If yes, list Event # 101		X Yes No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Co	s7,000.00	\$3,500.00		
Last Name Heck	First Name Jaquett		MI	Cash	contribution: X Personal Contribution: y Order Credit/Deb	heck 146	ribution ID #	Amount of Contribution		
Residential Street Address 794 Sasco Hill Rd		City Fairfield		State CT	Zip Code 06824-6345	Date Reco				
Principal Occupation Business Owner		Name of Employer Caring Today		•	Is this contribution associa fundraising event listed in If yes, list Event # 101	Section J1?	X Yes No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate Co	ntributions \$5,000.00	\$1,500.00		
Last Name Denning	First Name Steven		MI A	Cash	contribution: X Personal C y Order Credit/Deb	heck 144	ribution ID#	Amount of Contribution		
Residential Street Address 16 Khakum Dr		City Greenwich		State CT	Zip Code 06831-3727	Date Reco				
Principal Occupation Chairman, Private Equity Company		Name of Employer General Atlantic LLC			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate Co	s7,000.00	\$3,500.00		
Last Name Denning	First Name Roberta		MI B	Cash	contribution: X Personal City Order Credit/Deb	heck 144	ribution ID #	Amount of Contribution		
Residential Street Address 16 Khakum Dr		City Greenwich		State CT	Zip Code 06831-3727	Date Reco				
Principal Occupation Volunteer		Name of Employer Volunteer			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Co	ntributions \$7,000.00	\$3,500.00		

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE								FILING	DUE DATE
Foley For Governor, Inc.									
		B. Itemized Contributi	ions fron	ı Individu	ıals				
Last Name Steigelfest	First Name Jack		MI	Cash	contribution: X Personal Contribution: y Order Credit/Deb		Contribution	n ID#	Amount of Contribution
Residential Street Address 26 Tamarac Dr		City Glastonbury		State CT	Zip Code 06033-1940		nte Received 0/12/2010	ı	
Principal Occupation Attorney		Name of Employer Howard,Kohn,Sprague & Fitz LLP	gerald,	•	Is this contribution associa fundraising event listed in If yes, list Event # 100			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggreg	gate Contribut \$7	tions 50.00	\$250.00
Last Name O'Connor	First Name Kathleen		MI	Cash	contribution: X Personal Contribution: y Order Credit/Deb		Contribution	n ID#	Amount of Contribution
Residential Street Address 94 Garfield Rd		City West Hartford		State CT	Zip Code 06107-2910		nte Received 0/12/2010	ı	
Principal Occupation Attorney		Name of Employer McKenna, Long, & Aldridge L	LP	•	Is this contribution associa fundraising event listed in If yes, list Event # 100	Section J		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggreg	gate Contribut \$5	tions 00.00	\$500.00
Last Name Wolgast	First Name Arnold		MI	Cash	contribution: X Personal C		Contribution 1543	n ID#	Amount of Contribution
Residential Street Address 20 Sturges Cmns		City Westport		State CT	Zip Code 06880-2834		nte Received	l	
Principal Occupation Retired		Name of Employer Retired			Is this contribution associa fundraising event listed in If yes, list Event # 101	Section J		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggreg	gate Contribut \$3	tions 50.00	\$250.00
Last Name Decker	First Name John		MI	Cash	contribution: X Personal Contribution: y Order Credit/Deb		Contribution	n ID#	Amount of Contribution
Residential Street Address 254 S Main St		City West Hartford		State CT	Zip Code 06107-3652		nte Received 0/12/2010	ı	
Principal Occupation President		Name of Employer Whitewind Company			Is this contribution associa fundraising event listed in If yes, list Event #		1? '	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggreg	gate Contribut \$5	tions 00.00	\$250.00

I. MONETARY RECEIPTS (Section A-I)											
NAME OF COMMITTEE FILING I											
Foley For Governor, Inc.											
		B. Itemized Contributi	ions fron	ı Individu	ıals						
Last Name Gladstone	First Name Lorna		MI	Cash	contribution: X Personal Cl	neck 145	ibution ID#	Amount of Contribution			
Residential Street Address 1161 Crest Ln		City McLean		State VA	Zip Code 22101-1805	Date Rece 10/12/2					
Principal Occupation Retired		Name of Employer Retired			Is this contribution associa fundraising event listed in If yes, list Event # 101		X Yes No				
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Cor	\$1,200.00	\$200.00			
Last Name Grondin	First Name Laura		MI T	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 1459	ibution ID #	Amount of Contribution			
Residential Street Address 20 Walbridge Rd		City West Hartford		State CT	Zip Code 06119-1343	Date Rece 10/12/2					
Principal Occupation Executive		Name of Employer Virginia Industries			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No				
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Cor	s500.00	\$500.00			
Last Name Shepardson	First Name Herbert		MI J	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 1514	ibution ID #	Amount of Contribution			
Residential Street Address 49 Westmont St		City West Hartford		State CT	Zip Code 06117-2928	Date Rece 10/12/2					
Principal Occupation Attorney		Name of Employer Cooney, Sculling & Dowling		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No				
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate Con	stributions \$1,250.00	\$250.00			
Last Name Groff	First Name Lesley and	d Ike	MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck 1458	ibution ID #	Amount of Contribution			
Residential Street Address 120 Oak St		City New Canaan		State CT	Zip Code 06840-5841	Date Rece 10/12/2					
Principal Occupation Trader		Name of Employer Greenwich Prime			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No				
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Cor	s3,500.00	\$1,000.00			

		I. M	IONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Foley For Governor, Inc.										
		B. It	emized Contributi	ons fron	ı Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributi	on ID#	Amount of
Horne	Eugene				Cash Money	y Order X Credit/D	Check ebit Card	1472		Contribution
Residential Street Address		City			State	Zip Code		Date Received		1
24 Newfield St		Norwalk			CT	06850-2526		.0/12/201		
Principal Occupation		Name of Er	nployer		-	Is this contribution associated	ciated with	а Б	Yes	†
Operations Manager			sportation			fundraising event listed If yes, list Event # 10	in Section . 0112010	J1? _	No	
To contain the con					. 111 :		1			+
Is contributor a principal of a state contractor of state contractor?	or prospective		Yes X No		utor a lobbyis child of a lob		Aggre	egate Contrib	utions 500.00	\$250.00
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	Y	res X	No		Þ	300.00	\$230.00
Last Name	First Name			MI	Method of	contribution:		Contributi	on ID#	Amount of
McEver	Bruce				Cash Money	y Order X Personal	Check ebit Card	1492		Contribution
Residential Street Address		City			State	Zip Code		Date Received		1
198 Weatogue Rd		Salisbury			СТ	06068	1	.0/12/201	0	
Principal Occupation		Name of Er	nployer		•	Is this contribution associated		1.2	Yes	Ī
Investment Banker		Berkshire	e Capital Securities I	LLC		fundraising event listed If yes, list Event # 10			No	
Is contributor a principal of a state contractor of	r prospective	-	Yes X No		utor a lobbyis		Aggre	egate Contrib	utions	
state contractor? Is yes, indicate which branch or branches of	П	Executive	Legislative		child of a lob	-		\$2,	00.00	\$1,000.00
government the contract is with: Last Name	First Name	Zitedaire		MI	<u> </u>	contribution:		Contributi	ID #	
Meshberg	Emil			"	Cash	x Personal	Check	1494	on ID#	Amount of Contribution
					Money	y Order Credit/D	ebit Card	1454		<u> </u>
Residential Street Address		City			State	Zip Code		Date Received		
665 Sasco Hill Rd		Fairfield			СТ	06824-6376		.0/12/201		+
Principal Occupation Executive		Name of Er Emsar, I				Is this contribution assortiundraising event listed		J1?	Yes	
Lxecutive		Linisar, 1				If yes, list Event # 10	0112010	<u>DA</u> L	No	
Is contributor a principal of a state contractor of	r prospective		Yes X No		utor a lobbyis		Aggre	egate Contrib	utions	
state contractor? Is yes, indicate which branch or branches of	П	Executive	Legislative		child of a lob	-		\$1,	500.00	\$1,500.00
government the contract is with: Last Name	First Name	Executive	Legislative	MI	I	contribution:			ID //	1
Laverack	Cordelia			R	Cash	x Personal	Check	Contributi	on ID#	Amount of Contribution
					Money	y Order Credit/D	ebit Card	1555		
Residential Street Address		City			State	Zip Code		Date Received		
141 Briscoe Rd		New Cana	aan		СТ	06840-2304		.0/12/201		+
Principal Occupation		Name of En				Is this contribution assort fundraising event listed		J1?	Yes	
Homemaker		I HOMEING	inci			If yes, list Event # 10	0142010	DA L	No	
Is contributor a principal of a state contractor of	or prospective	•	Yes X No		utor a lobbyis		Aggre	egate Contrib	utions	Ī
state contractor? Is yes, indicate which branch or branches of		Executive	Legislative	dependent	child of a lob	-		\$7,	00.00	\$3,500.00
government the contract is with:		LACCUUVE	Legislative	'		110				

		I. MONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE							F	FILING	DUE DATE
Foley For Governor, Inc.									
		B. Itemized Contribut	ions fron	ı Individu	ıals				
Last Name Laverack	First Name Cordelia		MI R	Cash	contribution: X Personal C y Order Credit/Deb		Contribution II	D#	Amount of Contribution
Residential Street Address 141 Briscoe Rd		City New Canaan		State CT	Zip Code 06840-2304		ate Received 0/12/2010		
Principal Occupation Homemaker		Name of Employer Homemaker			Is this contribution associa fundraising event listed in If yes, list Event # 101	Section J	1?		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes X	byist?	Aggreg	gate Contribution \$7,000		\$3,500.00
Last Name Laverack, Jr.	First Name William		MI	Cash	contribution: X Personal C y Order Credit/Deb		Contribution II	D#	Amount of Contribution
Residential Street Address 141 Briscoe Rd		City New Canaan		State CT	Zip Code 06840-2304		ate Received 0/12/2010		
Principal Occupation Owner		Name of Employer William Laverack Jr. Co.		•	Is this contribution associa fundraising event listed in If yes, list Event # 101	Section J	1?		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggreg	gate Contribution \$7,000		\$3,500.00
Last Name Laverack, Jr.	First Name William		MI	Cash	contribution: X Personal C y Order		Contribution II	D#	Amount of Contribution
Residential Street Address 141 Briscoe Rd		City New Canaan		State CT	Zip Code 06840-2304		ate Received 0/12/2010		
Principal Occupation Owner		Name of Employer William Laverack Jr. Co.		•	Is this contribution associa fundraising event listed in If yes, list Event # 101	Section J	1? 🗀 r		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggreg	gate Contribution \$7,000		\$3,500.00
Last Name Peterffy	First Name Thomas		MI	Cash	contribution: Personal C y Order X Credit/Deb		Contribution II	D#	Amount of Contribution
Residential Street Address 25 Conyers Farm Dr		City Greenwich		State CT	Zip Code 06831-2736		ate Received 0/13/2010		
Principal Occupation Chairman & CEO		Name of Employer Interactive Brokers Group			Is this contribution associa fundraising event listed in If yes, list Event #			res No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggreg	gate Contribution \$7,000		\$3,500.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE							F	FILING	DUE DATE
Foley For Governor, Inc.									
		B. Itemized Contribut	ions fron	ı Individu	ıals				
Last Name Toma	First Name Raymond	I	MI	Cash	contribution: Personal C y Order X Credit/Deb		Contribution I	D#	Amount of Contribution
Residential Street Address 1536 Glen Erin Dr		City Mount Pleasant		State SC	Zip Code 29464-7752		ate Received 0/13/2010		
Principal Occupation Foreign Service Officer		Name of Employer US Department of State		•	Is this contribution associa fundraising event listed in If yes, list Event #		I Y	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggre	gate Contribution \$75	ns 5.00	\$25.00
Last Name Lambert	First Name Bill		MI	Cash	contribution: X Personal C y Order Credit/Deb		Contribution I	D#	Amount of Contribution
Residential Street Address 9 Hunt Rd		City Columbia		State CT	Zip Code 06237-1500		ate Received 0/13/2010		
Principal Occupation Engineer		Name of Employer Belcan Corp.		•	Is this contribution associa fundraising event listed in If yes, list Event #		I Y	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggre	gate Contribution \$100		\$100.00
Last Name Raymond	First Name Bill		MI	Cash	contribution: Personal C y Order X Credit/Deb		Contribution I	D#	Amount of Contribution
Residential Street Address 4 Pinnacle Ridge Rd		City Farmington	•	State CT	Zip Code 06032-3008		ate Received 0/13/2010		
Principal Occupation Senior Vice President		Name of Employer Connection Concepts, Inc.			Is this contribution associa fundraising event listed in If yes, list Event #		1 Y	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggre	gate Contribution \$200		\$200.00
Last Name Sebastian	First Name David		MI	Cash	contribution: Personal C y Order X Credit/Deb		Contribution I	D#	Amount of Contribution
Residential Street Address 4 Cornelia Dr		City Greenwich		State CT	Zip Code 06830-3906		ate Received 0/13/2010		
Principal Occupation Developer		Name of Employer Greenwich Real Estate Deve	lopment	•	Is this contribution associa fundraising event listed in If yes, list Event #			res No	
Is contributor a principal of a state contractor or prospective								\$250.00	

		I. M	ONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Foley For Governor, Inc.										
		B. It	emized Contributi	ons from	Individu	ıals				
Last Name Votto	First Name Carol			MI	Cash	contribution: Personal C y Order X Credit/De		Contributi 1552	on ID#	Amount of Contribution
Residential Street Address 13 Partridge Ln		City Clinton			State CT	Zip Code 06413-2432		Date Received		
Principal Occupation Senior Financial Analyst		Name of E				Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggre	egate Contrib	ations \$25.00	\$25.00
Last Name Weiss	First Name James			MI	Cash	contribution: Personal C y Order X Credit/De		Contributi	on ID#	Amount of Contribution
Residential Street Address 28 Crestwood Dr		City Avon			State CT	Zip Code 06001-2920		Date Received		
Principal Occupation President		Name of E	mployer Plus, Inc.			Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob Yes	byist?	Aggre	egate Contrib	utions 100.00	\$100.00
Last Name Wessman	First Name William			MI	Cash	contribution: Personal C y Order X Credit/De		Contributi	on ID#	Amount of Contribution
Residential Street Address 452 S Curtis St		City Meriden			State CT	Zip Code 06450-6606		Date Received		
Principal Occupation Retired		Name of E	mployer			Is this contribution associ fundraising event listed in If yes, list Event #		J12 L	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob es x	bbyist?	Aggre	egate Contrib	stions \$50.00	\$50.00
Last Name Bazzano	First Name Gary			MI	Cash	contribution: Personal C y Order X Credit/De		Contributi	on ID#	Amount of Contribution
Residential Street Address 53 Spinners Run		City South W	indsor		State CT	Zip Code 06074-1843		Date Received		
Principal Occupation Sales		Name of E	mployer			Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob	byist?	Aggre	egate Contrib	utions 150.00	\$150.00

		I. MONETAR	Y RECEI	IPTS (Sect	tion	A-I)				
NAME OF COMMITTEE									FILING	DUE DATE
Foley For Governor, Inc.										
		B. Itemized Con	tributions	from Indiv	idua	als				
Last Name Beaumont	First Name Robert		MI	Ca	d of co ash Ioney (ontribution: Personal Cl Order X Credit/Debi		Contribution	ID#	Amount of Contribution
Residential Street Address 25 Maplewood Ave		City Wallingford		State CT		Zip Code 06492-3227		ate Received 0/14/2010		
Principal Occupation Retired	-		Is this contribution associa fundraising event listed in If yes, list Event #			Yes No				
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X Executive Legislativ	dep	contributor a lobb pendent child of a Yes		yist?	Aggre	gate Contribution \$25	ons 50.00	\$250.00
Last Name Garthwait, Jr.	First Name Bob		MI	Ca	d of co ash Ioney	ontribution: Personal Cl Order X Credit/Debi		Contribution 1557	ID#	Amount of Contribution
Residential Street Address PO Box 1367		City Waterbury		State CT		Zip Code 06721-1367		ate Received 0/14/2010		
Principal Occupation Executive		Name of Employer Cly-Del Mfg. Co.		•		Is this contribution associa fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X	dep	contributor a lobboundent child of a		yist?	Aggre	gate Contribution \$1,00		\$1,000.00
Last Name Lucchino	First Name Albert		MI	Ca	d of co ash Ioney (ontribution: Personal Cl Order X Credit/Debi		Contribution	ID#	Amount of Contribution
Residential Street Address 10 Misty Brook Ln		City New Fairfield	•	State CT		Zip Code 06812-2308		ate Received 0/14/2010		
Principal Occupation Business Owner		Name of Employer Harley Davidson of D	anbury	•		Is this contribution associa fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X	dep	contributor a lobb pendent child of a		yist?	Aggre	gate Contributi	ons 50.00	\$250.00
Last Name Nicholas	First Name Phyllis		MI	☐ Ca	d of co ash Ioney	ontribution: Personal Cl Order X Credit/Debi		Contribution 1559	ID#	Amount of Contribution
Residential Street Address 40 Howard Rd		City Greenwich		State CT		Zip Code 06831-3104		ate Received 0/14/2010		
Principal Occupation Homemaker		Name of Employer Homemaker				Is this contribution associa fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X Executive Legislativ	dep	contributor a lobb pendent child of a		yist?	Aggre	gate Contributi	ons 00.00	\$200.00

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE FILING										
Foley For Governor, Inc.										
		B. Itemize	d Contributio	ons from	Individu	ıals				
Last Name Schaefer	First Name James			MI	Cash	contribution: Personal C y Order X Credit/De		Contributi	on ID#	Amount of Contribution
Residential Street Address 28 Schaefer Way		City Charlemont			State MA	Zip Code 01339		ate Received		
Principal Occupation Investment Banker		Name of Employer UBS				Is this contribution associ fundraising event listed in If yes, list Event #		11?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive L	egislative	dependent	utor a lobbyis child of a lob es	byist?	Aggre	gate Contribi	utions 250.00	\$250.00
Last Name Whitman	First Name Richard			MI	Cash	contribution: Personal (y Order X Credit/De		Contributi 1561	on ID#	Amount of Contribution
Residential Street Address 18 Oakledge Cir		City Norwalk			State CT	Zip Code 06854-2514		ate Received		
Principal Occupation Self		Name of Employer Self				Is this contribution associ fundraising event listed in If yes, list Event #		11?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive L	es X No	dependent	utor a lobbyis child of a lob es	byist?	Aggre	gate Contrib	ations \$50.00	\$50.00
Last Name Beckham	First Name Betty			MI	Cash	contribution: Personal C y Order X Credit/De		Contributi 1562	on ID#	Amount of Contribution
Residential Street Address 622 Knollwood St		City Monticello			State AR	Zip Code 71655-4038		ate Received		
Principal Occupation Computer Consultant		Name of Employer Self				Is this contribution associ fundraising event listed in If yes, list Event #		11?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive L	es X No	dependent	child of a lob	byist?	Aggre	gate Contrib	ations \$25.00	\$25.00
Last Name Bernstein	First Name Theodore			MI	Cash	contribution: Personal G y Order X Credit/De		Contributi	on ID#	Amount of Contribution
Residential Street Address 19 Prospect Rdg Apt 58		City Ridgefield			State CT	Zip Code 06877-5131		ate Received		
Principal Occupation Portfolio Manager		Name of Employer UBS Securities	, LLC.	_	•	Is this contribution associ fundraising event listed in If yes, list Event #		112	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive L	es X No	dependent	utor a lobbyis child of a lob es	byist?	Aggre	gate Contrib	utions 100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)											
NAME OF COMMITTEE FILING I											
Foley For Governor, Inc.											
		B. Itemized Contribut	ions fron	Individu	ıals						
Last Name Levy	First Name Leora		MI	Cash	contribution:		ntribution ID #	Amount of Contribution			
Residential Street Address		City		Money State	y Order X Credit/Debi	Date Re		1			
59 Pecksland Rd Principal Occupation		Greenwich Name of Employer		СТ	06831-3711 Is this contribution associa	ted with a	5/2010 Yes	<u> </u> 			
Volunteer		Volunteer			fundraising event listed in If yes, list Event #	Section J1?	X No	_			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate C	\$5,000.00	\$1,000.00			
Last Name Levy	First Name Leora		MI	Cash	contribution: Personal Cl y Order x Credit/Debi	neck 15	ntribution ID #	Amount of Contribution			
Residential Street Address 59 Pecksland Rd		City Greenwich		State CT	Zip Code 06831-3711	Date Re	eceived 5/2010				
Principal Occupation Volunteer		Name of Employer Volunteer			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No				
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate C	Contributions \$5,000.00	\$1,000.00			
Last Name Levy	First Name Leora		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck 15	ntribution ID #	Amount of Contribution			
Residential Street Address 59 Pecksland Rd		City Greenwich		State CT	Zip Code 06831-3711	Date Re	eceived 5/2010				
Principal Occupation Volunteer		Name of Employer Volunteer			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No				
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob yes	byist?	Aggregate C	Contributions \$5,000.00	\$1,000.00			
Last Name Foster	First Name Sherry		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck 15	ntribution ID#	Amount of Contribution			
Residential Street Address 12 Norton Trl		City Plainville		State CT	Zip Code 06062-2600	Date Re	eceived 7/2010				
Principal Occupation Accountant		Name of Employer Self			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No				
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggregate C	Contributions \$250.00	\$250.00			

		I. MONET	ARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Foley For Governor, Inc.										
		B. Itemized (Contributio	ons from	Individu	ıals				
Last Name Klingher	First Name Michael			MI	Cash	contribution: Personal C y Order X Credit/Del		Contribution 1568	on ID#	Amount of Contribution
Residential Street Address 141 Godfrey Rd E		City Weston			State CT	Zip Code 06883-1425		ate Received		
Principal Occupation Investment Management		Name of Employer Westbridge Capita	al			Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes Executive Legis	X No	dependent	utor a lobbyis child of a lob res	byist?	Aggre	gate Contribu \$2	utions 250.00	\$250.00
Last Name Salmore	First Name Emily			MI	Cash	contribution: Personal C y Order X Credit/Del		Contribution 1569	on ID#	Amount of Contribution
Residential Street Address 160 E 84th St Apt 11G		City New York			State NY	Zip Code 10028-0059		ate Received		
Principal Occupation Mother		Name of Employer None				Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes Executive Legis	X No	dependent	utor a lobbyis child of a lob	byist?	Aggre	gate Contribu	utions 200.00	\$200.00
Last Name Scharfman	First Name Scott			MI	Cash	contribution: Personal C y Order X Credit/Del		Contribution 1570	on ID#	Amount of Contribution
Residential Street Address 1550G Tiburon Blvd # 413		City Tiburon			State CA	Zip Code 94920-2521		oate Received		
Principal Occupation Investor		Name of Employer Self				Is this contribution associ fundraising event listed in If yes, list Event #		11?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes Executive Legis	X No	dependent	utor a lobbyis child of a lob res	byist?	Aggre	gate Contribu	utions 199.00	\$199.00
Last Name Argento	First Name Michael			MI	Cash	contribution: X Personal C y Order Credit/Del		Contribution 1571	on ID#	Amount of Contribution
Residential Street Address 726 Woodward Ave		City New Haven			State CT	Zip Code 06512-1944		ate Received		
Principal Occupation Office Manager		Name of Employer CT Republicans				Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes Executive Legis	X No	dependent	utor a lobbyis child of a lob	byist?	Aggre	gate Contribu	tions \$50.00	\$50.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE								FILING	G DUE DATE
Foley For Governor, Inc.									
		B. Itemized Contributi	ons from	Individu	ıals				
Last Name	First Name		MI	Method of	contribution:		Contributio	on ID #	Amount of
Browne	William			Cash Money	Personal Cl x Credit/Debi		1574		Contribution
Residential Street Address		City		State	Zip Code	Da	ate Received		
237 Round Hill Rd		Greenwich		СТ	06831-3301	10	0/18/2010)	
Principal Occupation Investment Advisor		Name of Employer Tweedy Browne Co.			Is this contribution associa fundraising event listed in If yes, list Event # 101		1? C	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggreg	gate Contribu \$1,0	ntions 000.00	\$1,000.00
Last Name	First Name		MI		contribution:		Contribution	on ID #	Amount of
Evans	Bradford			Cash Money	y Order Personal Cl		1577		Contribution
Residential Street Address 791 Park Ave Apt 7B		City New York		State NY	Zip Code 10021-3512		ate Received)	
Principal Occupation		Name of Employer		ļ	Is this contribution associa			Yes	
Banker		Morgan Stanley			fundraising event listed in If yes, list Event # 101		1?] No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggre	gate Contribu \$3,5	itions	\$3,500.00
Last Name	First Name		MI	Method of	contribution:		Contribution	on ID #	Amount of
Filomeno	Joseph		D	Cash Money	y Order X Personal Cl Credit/Debi		1578		Contribution
Residential Street Address		City		State	Zip Code	Da	ate Received		
134 Brookmoor Rd		West Hartford		СТ	06107-3106	10	0/18/2010)	
Principal Occupation CPA		Name of Employer Retired			Is this contribution associa fundraising event listed in If yes, list Event # 102	Section J	1? C	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggre	gate Contribu	itions	\$100.00
government the contract is with: Last Name	First Name		MI	1	contribution:		Contributio	on ID #	Amount of
Fisher	Joseph		Н	Cash Money	y Order X Personal Cl		1579		Contribution
Residential Street Address		City		State	Zip Code		ate Received		
345 W Mountain Rd		West Simsbury		СТ	06092-2910	_	0/18/2010		
Principal Occupation Retired		Name of Employer Retired			Is this contribution associa fundraising event listed in If yes, list Event # 102	Section J	1? E	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggre	gate Contribu \$2	itions 250.00	\$250.00

		I. MONE	TARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Foley For Governor, Inc.										
		B. Itemized	Contributi	ons from	Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributi	on ID#	Amount of
Greer	Nancy				Cash Money	y Order Personal C		1580		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
18 Quail Rd		Greenwich			СТ	06831-3369	1	0/18/201	0	
Principal Occupation		Name of Employer				Is this contribution associ- fundraising event listed in			Yes	
Community Volunteer		Unemployed				If yes, list Event #		×	No	
Is contributor a principal of a state contractor	or prospective	Yes	x No		utor a lobbyis	-	Aggre	gate Contrib	utions	
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive Le	gislative	I —	child of a lob	-		\$1,0	00.00	\$1,000.00
Last Name	First Name			MI	Method of	contribution:	•	Contributi	on ID#	Amount of
Grogan	Richard			Н	Cash Money	Personal C X Credit/Del		1581		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
Old Rickhurst Alfold Road		Dunsfold Surrey	Uk			00484	1	0/18/201	0	1
Principal Occupation		Name of Employer				Is this contribution associ- fundraising event listed in			Yes	
Company Director		Tarisman				If yes, list Event #		х	No	
Is contributor a principal of a state contractor	or prospective	Yes	x No		utor a lobbyis	-	Aggre	gate Contrib	utions	İ
state contractor? Is yes, indicate which branch or branches of		Executive Le	oialativa	1 —	child of a lob	*		\$2,	500.00	\$2,500.00
government the contract is with:	<u></u>	Executive Le	gislative	 			<u> </u>	1		
Last Name Haidinger	First Name Mary Ann			MI	Method of Cash	contribution: X Personal C	Check	Contributi	on ID#	Amount of Contribution
	,	1			Money	y Order Credit/Del	bit Card	1582		
Residential Street Address		City			State	Zip Code		ate Received		
74 Club Rd		Riverside			СТ	06878-2032		0/18/201	_	
Principal Occupation		Name of Employer Homemaker				Is this contribution associ- fundraising event listed in		11? L	Yes	
Homemaker		Homemaker				If yes, list Event # 100	072010	<u>a</u> L	No	
Is contributor a principal of a state contractor	or prospective	Yes	x No		utor a lobbyis		Aggre	gate Contrib	utions	
state contractor? Is yes, indicate which branch or branches of	П	Executive Le	gislative	1 —	child of a lob	•		\$2	200.00	\$200.00
government the contract is with: Last Name	First Name	Executive	Sisterive	I MI		contribution:		Contributi	ID #	
Harris	Aelaide			IVII	Cash	X Personal C	Check	1584	on ID#	Amount of Contribution
		ı			Money	y Order Credit/Del	bit Card	1501		
Residential Street Address PO Box 629		City Salisbury			State CT	Zip Code 06068-0629		ate Received		
					Ci	Is this contribution associ				+
Principal Occupation Homemaker		Name of Employer Homemaker				fundraising event listed in	Section .	11? E	Yes	
						If yes, list Event # 100	<u>092010</u>	<u>A</u> L	No]
Is contributor a principal of a state contractor state contractor?	or prospective	Yes	x No		utor a lobbyis child of a lob		Aggre	gate Contrib		
Is yes, indicate which branch or branches of		Executive Le	gislative	I —	es x	-		\$2,	500.00	\$2,500.00

		I. MONETA	ARY REC	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Foley For Governor, Inc.										
		B. Itemized C	Contributio	ons from	Individu	ıals				
Last Name Hollihan	First Name Mary Ann			MI	Cash	contribution: X Personal C y Order Credit/Det		Contribution 1585	on ID#	Amount of Contribution
Residential Street Address 16 Hollow Brook Ln		City Canaan			State CT	Zip Code 06018-2305		ate Received 0/18/2010		
Principal Occupation Retired		Name of Employer Self		_		Is this contribution association fundraising event listed in If yes, list Event # 100			Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes Executive Legisl	X No	dependent	child of a lob	byist?	Aggre	gate Contribu \$2	250.00	\$250.00
Last Name Huff	First Name Roy			MI	Cash	contribution: Personal C y Order X Credit/Del		Contribution 1586	on ID#	Amount of Contribution
Residential Street Address 750 Road		City Honolulu			State HI	Zip Code 96816		ate Received 0/18/2010		
Principal Occupation Research Meteorologist		Name of Employer RCUH				Is this contribution association fundraising event listed in If yes, list Event #		I1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes Executive Legisl	X No	dependent	utor a lobbyis child of a lob es	byist?	Aggre	gate Contribu	\$7.00	\$7.00
Last Name Hulme	First Name Geoffrey			MI	Cash	contribution: X Personal C y Order Credit/Det		Contribution 1587	on ID#	Amount of Contribution
Residential Street Address 9 Mountain Laurel Dr		City Greenwich			State CT	Zip Code 06831-2741		ate Received	0	
Principal Occupation Analyst		Name of Employer Porter Orlin LLC		_		Is this contribution association fundraising event listed in If yes, list Event # 102	Section J		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes Executive Legisl	X No	dependent	child of a lob	byist?	Aggre	gate Contribu \$1,0	ntions 000.00	\$1,000.00
Last Name Isham	First Name Ralph			MI H	Cash	contribution: Personal C y Order X Credit/Del		Contribution 1588	on ID#	Amount of Contribution
Residential Street Address 1215 5th Ave Apt 12B		City New York			State NY	Zip Code 10029-5211		ate Received 0/18/2010		
Principal Occupation Investment Banker		Name of Employer GH Venture Partne	ers, LLC.			Is this contribution association fundraising event listed in If yes, list Event # 092	Section J		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes Executive Legisl	X No	dependent	utor a lobbyis child of a lob es	byist?	Aggre	gate Contribu \$1,0	ntions	\$1,000.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE							1	FILING	DUE DATE
Foley For Governor, Inc.									
		B. Itemized Contribut	ions fron	Individu	ıals				
Last Name Janelli	First Name Chris		MI P	Cash	contribution: X Personal Cl	heck	Contribution	ID#	Amount of Contribution
Residential Street Address 85 Scoville Ore Mine Rd		City Salisbury		State CT	Zip Code 06068-1515		e Received /18/2010		
Principal Occupation Chairman		Name of Employer Salisbury RTC			Is this contribution associa fundraising event listed in If yes, list Event # 100		11,		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggrega	ate Contributio	ons 0.00	\$100.00
Last Name Jenks	First Name Stephen		MI W	Cash	contribution: X Personal Cl y Order Credit/Debi	heck	Contribution	ID#	Amount of Contribution
Residential Street Address PO Box 429		City Falls Village		State CT	Zip Code 06031-0429		e Received /18/2010		
Principal Occupation Consulting/Biotech		Name of Employer Self		•	Is this contribution associa fundraising event listed in If yes, list Event # 100	Section J1?	11,		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggrega	ate Contributio \$250	ons 0.00	\$250.00
Last Name Ketchum	First Name Thomas		MI B	Cash	contribution: X Personal Cl	heck	Contribution	ID#	Amount of Contribution
Residential Street Address 185 Round Hill Rd		City Greenwich		State CT	Zip Code 06831-3324		e Received /18/2010		
Principal Occupation Investor		Name of Employer Self			Is this contribution associa fundraising event listed in If yes, list Event # 101	Section J1?			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggrega	\$2,00		\$2,000.00
Last Name Kinsey	First Name Silas		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	heck	Contribution	ID#	Amount of Contribution
Residential Street Address 98 Kinsey Rd		City New Hartford		State CT	Zip Code 06057-3308	1	e Received /18/2010		
Principal Occupation Retired		Name of Employer Retired			Is this contribution associa fundraising event listed in If yes, list Event #		? X 1	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggrega	ate Contributio \$50	ons 0.00	\$500.00

		I. M	IONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Foley For Governor, Inc.										
		B. It	emized Contribut	ions fron	ı Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contribution	on ID#	Amount of
Koren	John				Cash Money	y Order Rersonal C		1593		Contribution
Residential Street Address		City		•	State	Zip Code	D	ate Received		
968 Harbor Rd		Southpor	t		СТ	06890-1469	1	0/18/2010	0	
Principal Occupation Banker		Name of Er Self	nployer		•	Is this contribution association fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggre	gate Contribu \$1,0	utions	\$1,000.00
Last Name Lavendier	First Name Raymond			MI	Method of Cash	contribution:	Check	Contribution	on ID#	Amount of Contribution
					_	y Order X Credit/Det	bit Card	1594		Commodition
Residential Street Address		City			State	Zip Code	D	ate Received		
5 Maiden Ln		Farmingt	on		СТ	06032-2212	1	0/18/2010	0	
Principal Occupation Retired		Name of Er Retired	nployer			Is this contribution association fundraising event listed in If yes, list Event # 102	Section .		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggre	egate Contribu	utions 100.00	\$100.00
Last Name	First Name			MI	Method of	contribution:		Contribution	on ID#	Amount of
McArdle	Dolores				Cash Money	y Order Personal C		1595		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
136 Southport Woods Dr Bldg 6		Southpor	t		СТ	06890-1161	1	0/18/2010	0	
Principal Occupation		Name of Er	nployer			Is this contribution association fundraising event listed in		11?	Yes	
Retired		Retired				If yes, list Event # 103			No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of	or prospective		Yes X No		outor a lobbyis t child of a lob	byist?	Aggre	gate Contribu	itions 250.00	\$250.00
government the contract is with:		Executive	Legislative		res X	No				
Last Name McArdle	First Name Kayla			MI	Cash	contribution: X Personal C y Order Credit/Det		Contribution 1596	on ID#	Amount of Contribution
Residential Street Address	1	City			State	Zip Code		ate Received		
44 Alvin St		Fairfield			CT	06825-4305		0/18/2010		
Principal Occupation		Name of Er	mployer		ļ	Is this contribution associa	ated with	а Г х	Yes	İ
Homemaker		Homema				fundraising event listed in If yes, list Event # 102		^{11?}	No No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of	or prospective		Yes X No	dependent	outor a lobbyis	byist?	Aggre	gate Contribu	itions 250.00	\$250.00
government the contract is with:		Executive	Legislative	_ L L 1	res x	No		·		

		I. MONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE								FILING	DUE DATE
Foley For Governor, Inc.									
		B. Itemized Contributi	ons fron	Individu	ıals				
Last Name McCutchen	First Name William		MI W	Cash	contribution: X Personal Cl y Order Credit/Debi		Contribution	ı ID#	Amount of Contribution
Residential Street Address 12 Sandpiper Rd		City Westport		State CT	Zip Code 06880-6927		te Received 1/18/2010		
Principal Occupation Self Employed		Name of Employer Self Employed			Is this contribution associa fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggreg	ate Contributi	ions 00.00	\$100.00
Last Name Mudge	First Name Diane		MI	Cash	contribution: X Personal Cl y Order Credit/Debi		Contribution	ı ID#	Amount of Contribution
Residential Street Address 40 Van Buren Ave		City West Hartford		State CT	Zip Code 06107-2736	1	te Received 1/18/2010		
Principal Occupation Engineer		Name of Employer Agilent Technologies		•	Is this contribution associa fundraising event listed in If yes, list Event # 100	Section J1	? <u></u>	Yes No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggreg	ate Contributi \$25	ions 50.00	\$250.00
Last Name Newbury	First Name Ann		MI F	Cash	contribution: X Personal Cl		Contribution	n ID#	Amount of Contribution
Residential Street Address 23 Hatters Ln		City Farmington		State CT	Zip Code 06032-2331		te Received 1/18/2010		
Principal Occupation Retired		Name of Employer Retired		•	Is this contribution associa fundraising event listed in If yes, list Event # 102	Section J1	?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggreg	ate Contributi	ions 00.00	\$100.00
Last Name Nickerson	First Name Nancy		MI	Cash	contribution: X Personal Cl y Order Credit/Debi		Contribution	ı ID#	Amount of Contribution
Residential Street Address 45 Farmington Ridge Dr		City Farmington		State CT	Zip Code 06032-2457		te Received 1/18/2010		
Principal Occupation Homemaker		Name of Employer Homemaker			Is this contribution associa fundraising event listed in If yes, list Event # 102	Section J1	? <u> </u>	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggreg	ate Contributi	ions 00.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE							FILING	G DUE DATE		
Foley For Governor, Inc.										
		B. Itemized Contribu	tions fron	n Individu	ıals					
Last Name Renz	First Name Todd		MI	Cash	contribution: Personal Contribution: y Order X Credit/Deb	heck 1602	tion ID#	Amount of Contribution		
Residential Street Address 2839 Long Hill Rd		City Guilford	•	State CT	Zip Code 06437-3617	Date Receive 10/18/20				
Principal Occupation Construction		Name of Employer ORL Construction Corp.			Is this contribution associa fundraising event listed in If yes, list Event # 100	Section J1?	X Yes No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	depender	butor a lobbyis at child of a lob Yes	byist?	Aggregate Contri	butions \$150.00	\$150.00		
Last Name Rosenfeld	First Name Eric D.		MI D	Cash	contribution: X Personal Contribution: y Order Credit/Deb	heck 1603	tion ID#	Amount of Contribution		
Residential Street Address 767 Bangall Amenia Rd		City Amenia		State NY	Zip Code 12501-5002	Date Receive				
Principal Occupation Investment Banker		Name of Employer CPI Aerostructures, Inc.		•	Is this contribution associa fundraising event listed in If yes, list Event # 100	Section J1?	X Yes No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	depender	butor a lobbyis at child of a lob Yes	byist?	Aggregate Contri	butions \$500.00	\$500.00		
Last Name Samenuk	First Name Ann		MI	Cash	contribution: X Personal C y Order Credit/Deb	heck 1604	tion ID#	Amount of Contribution		
Residential Street Address 61 Shadow Ln		City Ridgefield		State CT	Zip Code 06877-4911	Date Receive 10/18/20				
Principal Occupation Homemaker		Name of Employer Homemaker			Is this contribution associa fundraising event listed in If yes, list Event # 101	Section J1?	X Yes No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	depender	butor a lobbyis at child of a lob Yes	byist?	Aggregate Contri	butions ,000.00	\$2,000.00		
Last Name Scherl	First Name David		MI A	Cash	contribution: Personal Ci y Order X Credit/Deb	heck 1605	tion ID#	Amount of Contribution		
Residential Street Address 162 Devoe Rd		City Chappaqua		State NY	Zip Code 10514-3604	Date Receive				
Principal Occupation Chairman of Law Firm		Name of Employer Morrison Cohen LLP			Is this contribution associa fundraising event listed in If yes, list Event # 101	Section J1?	X Yes No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	depender	butor a lobbyis at child of a lob Yes	byist?	Aggregate Contri	butions \$500.00	\$500.00		

		I. M	IONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Foley For Governor, Inc.										
		B. It	emized Contributi	ions fron	ı Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributi	on ID#	Amount of
Scocimara	Eriberto			R	Cash Money	y Order X Credit/Del		1606		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
43 Arch St		Greenwic	:h		СТ	06830-6512	1	0/18/201	0	
Principal Occupation Executive		Name of Er Scocima	nployer ra & Co., Inc.		•	Is this contribution associ fundraising event listed in If yes, list Event # 10		11? E	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggre	egate Contribu	utions	\$1,000.00
Last Name	First Name			MI	Method of	contribution:	1	Contributi	on ID#	
Scott	Greg				Cash	Personal C y Order X Credit/Del		1607	on ID#	Amount of Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		1
139 Ironwood Rd		Guilford			СТ	06437-4717	1	0/18/201	0	
Principal Occupation		Name of En	nployer		•	Is this contribution associ			Yes	
Consultant		Ironwood	d Consultants	_		fundraising event listed in If yes, list Event #	Section .	11?	No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggre	gate Contribu	utions 250.00	\$250.00
Last Name	First Name			MI	Method of	contribution:		Contributi	on ID#	Amount of
Smilow	Joel			E	Cash Money	y Order X Credit/Del		1608		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
830 Post Rd E		Westport			СТ	06880-5222	1	0/18/201	0	
Principal Occupation		Name of En	mployer			Is this contribution associ		1^	Yes	
Retired		Trian Aco	quisition Corp.			fundraising event listed in If yes, list Event # 10			No	
Is contributor a principal of a state contractor	or prospective		Yes X No		outor a lobbyis	, 1	Aggre	gate Contribu	utions	
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative		t child of a lob Yes	-		\$1,	500.00	\$1,500.00
Last Name	First Name			MI	Method of	contribution:		Contributi	on ID#	Amount of
Von Gontard	Marie			W	Cash Money	y Order X Personal C		1612		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
530 Round Hill Rd		Greenwic	:h		СТ	06831-2641	1	0/18/201	0	
Principal Occupation		Name of Er	mployer		•	Is this contribution associ			Yes	
Homemaker		Homema	aker			fundraising event listed in If yes, list Event #	Section .	x	No	
Is contributor a principal of a state contractor	or prospective		Yes X No		outor a lobbyis	-	Aggre	gate Contribu	utions	
state contractor? Is yes, indicate which branch or branches of		Executive	Legislative	1 -	t child of a lob Yes	•		\$2,0	00.00	\$1,000.00
government the contract is with:		LACCULIVE	Legislative		ت "	-1.0	1			l

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE								FILING	DUE DATE
Foley For Governor, Inc.									
		B. Itemized Contributi	ions fron	ı Individu	ıals				
Last Name Boeschenstein	First Name Stephen		MI S	Cash	contribution: X Personal Cl		Contribution	ID#	Amount of Contribution
Residential Street Address 30 Valley Rd		City New Canaan		State CT	Zip Code 06840-3808		te Received /18/2010		
Principal Occupation Executive		Name of Employer Stanwich Partners LLC		•	Is this contribution associa fundraising event listed in If yes, list Event # 101		11		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggrega	ate Contribution \$65	ons 50.00	\$250.00
Last Name DaPuzzo	First Name Peter		MI J	Cash	contribution: X Personal Cl y Order Credit/Debi		Contribution	ID#	Amount of Contribution
Residential Street Address Harbor Point, 18 Pilot Rock Ln		City Riverside		State CT	Zip Code 06878		te Received /18/2010		
Principal Occupation Leasing		Name of Employer MJHD Inc.		•	Is this contribution associa fundraising event listed in If yes, list Event # 101	Section J1			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggrega	ate Contribution		\$1,000.00
Last Name Morris	First Name John		MI M	Cash	contribution: Personal Cl y Order X Credit/Debi		Contribution	ID#	Amount of Contribution
Residential Street Address 3533 Hall Meadow Rd		City Norfolk		State CT	Zip Code 06058-1376		te Received /18/2010		
Principal Occupation Insurance Agent		Name of Employer Self-employed			Is this contribution associa fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggrega	ate Contributio	ons 10.00	\$35.00
Last Name Sweitzer	First Name Garrett		MI	Cash	contribution: X Personal Cl y Order Credit/Debi		Contribution	ID#	Amount of Contribution
Residential Street Address 751 Weed St		City New Canaan		State CT	Zip Code 06840-4019		te Received /18/2010		
Principal Occupation Financial Analyst		Name of Employer Vanderbilt University		•	Is this contribution associa fundraising event listed in If yes, list Event # 101	Section J1	? —	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggrega	ate Contributio	ons 50.00	\$750.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE								FILING	G DUE DATE
Foley For Governor, Inc.									
		B. Itemized Contribution	ons from	Individu	ıals				
Last Name Winokur, Jr.	First Name Herbert		MI S	Cash	contribution: X Personal Cl y Order Credit/Deb		Contributio	on ID#	Amount of Contribution
Residential Street Address 341 North St		City Greenwich		State CT	Zip Code 06830-3901		te Received 0/18/2010)	
Principal Occupation Investments		Name of Employer Capricorn Management LLC		•	Is this contribution associa fundraising event listed in If yes, list Event # 101			Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggreg	sate Contribut \$2,5	tions 600.00	\$500.00
Last Name Harpie, Jr.	First Name Joseph		MI	Cash	contribution: X Personal Cl y Order Credit/Deb		Contributio	n ID#	Amount of Contribution
Residential Street Address 36 Baldwin Ct		City Newington		State CT	Zip Code 06111-5325		te Received 0/18/2010)	
Principal Occupation Service & Support		Name of Employer Connecticut Government			Is this contribution associa fundraising event listed in If yes, list Event #		l? 🗀	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggreg	ate Contribut	tions 00.00	\$100.00
Last Name Baden	First Name Wayne		MI	Cash	contribution: X Personal Cl y Order Credit/Deb		Contributio	on ID#	Amount of Contribution
Residential Street Address 145 Wurtemburg Rd		City Rhinebeck		State NY	Zip Code 12572-3538		te Received 0/18/2010)	
Principal Occupation Lawyer		Name of Employer Schlam Stone & Dolan LLP			Is this contribution associa fundraising event listed in If yes, list Event # 101	Section J1	1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggreg	sate Contribut \$2,0	tions 00.00	\$1,000.00
Last Name Stockwell	First Name Beatrice		MI C	Cash	contribution: X Personal Cl y Order Credit/Deb		Contributio	on ID#	Amount of Contribution
Residential Street Address 26 Waterville Rd		City Farmington		State CT	Zip Code 06032-1603		te Received 0/18/2010)	
Principal Occupation Retired		Name of Employer Retired			Is this contribution associa fundraising event listed in If yes, list Event # 102	Section J1	1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggreg	ate Contribut	tions 00.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE							F	FILING	DUE DATE
Foley For Governor, Inc.									
		B. Itemized Contribut	ions fron	ı Individu	ıals				
Last Name Stockwell	First Name Richard		MI M	Cash	contribution: X Personal C y Order Credit/Deb		Contribution II	ID#	Amount of Contribution
Residential Street Address 26 Waterville Rd		City Farmington		State CT	Zip Code 06032-1603	- 1	ate Received 0/18/2010		
Principal Occupation Retired		Name of Employer Retired			Is this contribution association fundraising event listed in If yes, list Event # 102	Section J			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes X	byist?	Aggre	gate Contribution \$100	1	\$100.00
Last Name Colley	First Name Bruce		MI D	Cash	contribution: X Personal C y Order Credit/Deb		Contribution II	ID#	Amount of Contribution
Residential Street Address PO Box 779		City Croton Falls		State NY	Zip Code 10519-0779	- 1	ate Received 0/18/2010		
Principal Occupation Self-employed		Name of Employer Self-Employed		•	Is this contribution association fundraising event listed in If yes, list Event # 101	Section J			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggre	gate Contribution \$1,500	1	\$1,000.00
Last Name Burn	First Name Jean		MI R	Cash	contribution: X Personal C y Order Credit/Deb		Contribution II	ID#	Amount of Contribution
Residential Street Address 11556 Turtle Beach Rd		City North Palm Beach		State FL	Zip Code 33408-3345		ate Received 0/19/2010		
Principal Occupation Homemaker		Name of Employer Homemaker			Is this contribution association fundraising event listed in If yes, list Event # 101	Section J	1?	1	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggre	gate Contribution \$7,000	1	\$3,500.00
Last Name Burn	First Name Jean		MI R	Cash	contribution: X Personal C y Order Credit/Deb		Contribution II	ID#	Amount of Contribution
Residential Street Address 11556 Turtle Beach Rd		City North Palm Beach		State FL	Zip Code 33408-3345	- 1	ate Received 0/19/2010		
Principal Occupation Homemaker		Name of Employer Homemaker		•	Is this contribution associa fundraising event listed in If yes, list Event # 101	Section J	1?	1	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggreg	gate Contribution \$7,000		\$3,500.00

		I. M	IONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Foley For Governor, Inc.										
		B. It	emized Contributi	ions fron	ı Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributi	on ID#	Amount of
Vlock	Michael				Cash Money	y Order X Personal C		1342		Contribution
Residential Street Address	1	City			State	Zip Code		ate Received		1
235 Thimble Rd		Branford			СТ	06405	1	0/19/201	0	
Principal Occupation		Name of Er	mployer			Is this contribution associ		1.7	Yes	Ī
Investor		Self				fundraising event listed in If yes, list Event # 10	Section . 142010		No	
Is contributor a principal of a state contractor	or prospective		Yes X No	Is contrib	utor a lobbyis	t, spouse, or	Aggre	egate Contrib	utions	†
state contractor? Is yes, indicate which branch or branches of				1 —	child of a lob	•		\$7,0	00.00	\$3,500.00
government the contract is with:		Executive	Legislative	+ =				1		<u> </u>
Last Name Vlock	First Name Michael			MI	Method of Cash	contribution:	Check	Contributi	on ID#	Amount of Contribution
						y Order Credit/De	bit Card	1661		Commodulon
Residential Street Address		City			State	Zip Code	D	ate Received		
235 Thimble Rd		Branford			СТ	06405	1	0/19/201	0	
Principal Occupation		Name of Er	mployer			Is this contribution associ fundraising event listed in		1.	Yes	
Investor		Self				If yes, list Event # 10		I	No	
Is contributor a principal of a state contractor	or prospective		Yes X No	Is contrib	utor a lobbyis	t, spouse, or	Aggre	egate Contrib	utions	†
state contractor? Is yes, indicate which branch or branches of					child of a lob	-		\$7,0	00.00	\$3,500.00
government the contract is with:		Executive	Legislative	+-				1		<u> </u>
Last Name Baker	First Name Christoph	er		MI T	Method of Cash	contribution:	Check	Contributi	on ID#	Amount of Contribution
54.0	GScop			·	_	y Order Credit/De	bit Card	1614		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
204 Lukes Wood Rd		New York	C		NY	06840	1	0/19/201	0	
Principal Occupation		Name of Er				Is this contribution associ fundraising event listed in		a 11?	Yes	
Real Estate		The Bak	er Companies			If yes, list Event # 10			No	
Is contributor a principal of a state contractor	or prospective		Yes X No	Is contrib	utor a lobbyis	t, spouse, or	Aggre	egate Contrib	utions	†
state contractor? Is yes, indicate which branch or branches of				1 m	child of a lob	•		\$1,0	00.00	\$1,000.00
government the contract is with:	<u>_</u>	Executive	Legislative	+ -	res X			1		
Last Name Baraglia	First Name Diane			MI	Method of Cash	contribution:	Check	Contributi	on ID#	Amount of Contribution
Burughu	Diane					y Order X Credit/De		1615		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
37 Greenfield Dr		New Brita	ain		СТ	06051-1624	1	0/19/201	0	_
Principal Occupation		Name of Er				Is this contribution associ fundraising event listed in			Yes	
Legal Assistant		Beckett	Law LLC			If yes, list Event #	i pection :	, i :	No	
Is contributor a principal of a state contractor	or prospective	<u> </u>	Yes X No	Is contrib	utor a lobbyis	t, spouse, or	Aggra	egate Contrib	utions	†
state contractor? Is yes, indicate which branch or branches of			_	dependent	child of a lob	byist?	1.5510	-	100.00	\$100.00
government the contract is with:	Ш	Executive	Legislative	1	res x	No				

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE									FILING	G DUE DATE
Foley For Governor, Inc.										
		B. Ite	emized Contributi	ions from	Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributi	on ID#	Amount of
Burke	Robert			P	Cash Money	y Order Registration X Personal (1619		Contribution
Residential Street Address		City		•	State	Zip Code	D	ate Received		
625 Ridgebury Rd		Ridgefield	d		СТ	06877-1111	1	0/19/201	0	
Principal Occupation		Name of Er	mployer		•	Is this contribution assoc		1^	Yes	İ
Self Employed		Self Emp	oloyed			fundraising event listed in If yes, list Event # 10	142010	J1?	No	
Is contributor a principal of a state contractor	or prospective	•	Yes X No		utor a lobbyis		Aggre	egate Contribu	utions	ĺ
state contractor? Is yes, indicate which branch or branches of		Executive	☐ Lastatation	I	child of a lob	•		\$3,	500.00	\$3,500.00
government the contract is with:	<u></u>	Executive	Legislative	+ =	1		<u> </u>	1		
Last Name Cohen	First Name Stanley			MI	Method of Cash	contribution:	Check	Contribution	on ID#	Amount of Contribution
	,				Money	y Order Credit/De	bit Card	1623		
Residential Street Address		City			State	Zip Code		ate Received		
1 N Point Lndg		Avon			СТ	06001-2096	1	0/19/201	0	
Principal Occupation		Name of Er	mployer			Is this contribution assoc fundraising event listed in			Yes	
Lawyer		Self				If yes, list Event #	i bection .	x	No	
Is contributor a principal of a state contractor	or prospective		Yes X No	Is contrib	utor a lobbyis	t, spouse, or	Aggre	egate Contribu	ıtions	İ
state contractor? Is yes, indicate which branch or branches of				1 —	child of a lob	-		\$1,0	00.00	\$1,000.00
government the contract is with:		Executive	Legislative	+ -			<u> </u>	1		<u> </u>
Last Name Cole	First Name Terri			MI	Method of Cash	contribution:	Check	Contributi	on ID #	Amount of Contribution
Core	TCITI				_	y Order Credit/De	bit Card	1624		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
6 Farnham Way		Farmingt	on		СТ	06032-1563	1	0/19/201	0	
Principal Occupation		Name of En	mployer			Is this contribution assoc		a x	Yes	
Business Management		Accentur	re			fundraising event listed in If yes, list Event # 10			No	
Is contributor a principal of a state contractor	or prospective	<u> </u>	Yes X No	Is contrib	utor a lobbyis	at, spouse, or	Aggre	egate Contribu	ıtions	
state contractor? Is yes, indicate which branch or branches of				dependent	child of a lob	byist?	1.55.0	-	250.00	\$250.00
government the contract is with:	<u>. </u>	Executive	Legislative	<u> </u>	res x	No				
Last Name	First Name			MI		contribution:	Ol1-	Contributi	on ID#	Amount of
Cole	Martin	_			Cash Money	y Order Personal Credit/De		1625		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
6 Farnham Way		Farmingt	on		СТ	06032-1563	1	0/19/201	0	
Principal Occupation		Name of Er				Is this contribution assoc fundraising event listed in		1^	Yes	
Business Management		Accentur	re			If yes, list Event # 10			No	
Is contributor a principal of a state contractor	or prospective	<u> </u>	Yes X No	Is contrib	utor a lobbyis	it, spouse, or	Aggra	egate Contribu	ıtions	†
state contractor? Is yes, indicate which branch or branches of	_			dependent	child of a lob	bbyist?	1 -256.0	-	250.00	\$250.00
government the contract is with:	Ш	Executive	Legislative	\	res X	No				

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE FILING DUI										
Foley For Governor, Inc.										
		B. Itemized Contributi	ons from	Individu	ıals					
Last Name Drake	First Name Philip		MI M	Cash	contribution: X Personal Cl	heck 1628	ution ID#	Amount of Contribution		
Residential Street Address PO Box 2505		City Greenwich		State CT	Zip Code 06836-2505	Date Receiv				
Principal Occupation Lawyer		Name of Employer Cummings & Lockwood LLC			Is this contribution associa fundraising event listed in If yes, list Event # 101		X Yes No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Conti	sibutions \$100.00	\$100.00		
Last Name Ensanian	First Name Armand		MI	Cash	contribution: X Personal Cl y Order Credit/Deb	heck 1629	ution ID#	Amount of Contribution		
Residential Street Address 1066 Gridley St		City Bay Shore		State NY	Zip Code 11706-2606	Date Receiv				
Principal Occupation Sales		Name of Employer Exectransport Inc.		•	Is this contribution associa fundraising event listed in If yes, list Event # 101	Section J1?	X Yes No			
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Contr	ributions	\$1,000.00		
Last Name Fearon	First Name Robert		MI S	Cash	contribution: X Personal Cl	heck 1630	ution ID#	Amount of Contribution		
Residential Street Address 55 Vasco Ct		City Mill Valley		State CA	Zip Code 94941-4304	Date Receiv				
Principal Occupation President		Name of Employer Crown Capital Management			Is this contribution associa fundraising event listed in If yes, list Event # 101	Section J1?	X Yes No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Contr	ibutions 3,500.00	\$3,500.00		
Last Name Gardner	First Name John		MI	Cash	contribution: Personal Cl y Order X Credit/Deb	heck 1631	ution ID#	Amount of Contribution		
Residential Street Address 45 Mayapple Rd		City Stamford		State CT	Zip Code 06903-1316	Date Receiv				
Principal Occupation Consultant		Name of Employer Self Employed			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No			
Is contributor a principal of a state contractor a state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggregate Contr	sibutions \$100.00	\$50.00		

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE								FILING	DUE DATE	
Foley For Governor, Inc.										
		B. Itemized Contribut	ions fron	ı Individu	ıals					
Last Name Gardner	First Name John		MI	Cash	contribution: Personal Cl y Order X Credit/Deb		Contribution	n ID#	Amount of Contribution	
Residential Street Address 45 Mayapple Rd		City Stamford		State CT	Zip Code 06903-1316	- 1	te Received 0/19/2010			
Principal Occupation Consultant		Name of Employer Self Employed			Is this contribution associa fundraising event listed in If yes, list Event #		ı? <u>'</u>	Yes No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggreg	gate Contribut \$1	ions 00.00	\$50.00	
Last Name Groves	First Name Thomas		MI	Cash	contribution: X Personal Cl y Order Credit/Deb		Contribution	n ID#	Amount of Contribution	
Residential Street Address 6 Weston Hill Rd		City Riverside		State CT	Zip Code 06878-2117		te Received 0/19/2010			
Principal Occupation Investor		Name of Employer AEA Investors LP			Is this contribution associa fundraising event listed in If yes, list Event # 101	Section J1		Yes No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggreg	gate Contribut \$1,0	ions 00.00	\$1,000.00	
Last Name Hance	First Name Gary		MI	Cash	contribution: X Personal Cl y Order Credit/Deb		Contribution	n ID#	Amount of Contribution	
Residential Street Address 13 Sweetbriar Ln		City Avon		State CT	Zip Code 06001-4536	- 1	te Received 0/19/2010			
Principal Occupation Manager		Name of Employer Bomag USA, LLC			Is this contribution associa fundraising event listed in If yes, list Event # 102	Section J1		Yes No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggreg	gate Contribut \$2	ions 00.00	\$200.00	
Last Name Hartogensis	First Name Gordon		MI	Cash	contribution: X Personal Cl y Order Credit/Deb		Contribution	n ID#	Amount of Contribution	
Residential Street Address 67 Harbor Dr		City Greenwich		State CT	Zip Code 06830-7019		te Received 0/19/2010			
Principal Occupation Software		Name of Employer Auric Technology		•	Is this contribution associa fundraising event listed in If yes, list Event # 101	Section J1		Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggreg	gate Contribut \$1,0	ions 00.00	\$1,000.00	

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE								FILING	DUE DATE
Foley For Governor, Inc.									
		B. Itemized Contribut	ions fron	ı Individu	ıals				
Last Name Humphrey	First Name Steven		MI	Cash	contribution: X Personal Cl y Order Credit/Debi		Contribution	n ID#	Amount of Contribution
Residential Street Address 42 Alvin St		City Fairfield		State CT	Zip Code 06825-4305		te Received 0/19/2010		
Principal Occupation General Manager		Name of Employer Exectransport Inc.			Is this contribution associa fundraising event listed in If yes, list Event # 101			Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggreg	\$1,0	ions 00.00	\$1,000.00
Last Name Humphrey	First Name Walter		MI	Cash	contribution: X Personal Cl y Order Credit/Debi		Contribution	n ID#	Amount of Contribution
Residential Street Address 124 Pasadena Ave		City Stratford		State CT	Zip Code 06614-3449		te Received 0/19/2010		
Principal Occupation President		Name of Employer Medifleet			Is this contribution associa fundraising event listed in If yes, list Event # 101	Section J1		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggreg	ate Contribut \$50	ions 00.00	\$500.00
Last Name Moulle-Berteaux	First Name Cyril		MI	Cash	contribution: Personal Cl y Order X Credit/Debi		Contribution	n ID#	Amount of Contribution
Residential Street Address 17 Skyridge Rd		City Greenwich		State CT	Zip Code 06831-3126		te Received 0/19/2010		
Principal Occupation Investment Advisor		Name of Employer Traxis Partners LP			Is this contribution associa fundraising event listed in If yes, list Event # 101	Section J1		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob res	byist?	Aggreg	sate Contribut \$1,0	ions 00.00	\$1,000.00
Last Name Orthwein	First Name Peter B.		MI B	Cash	contribution: X Personal Cl y Order Credit/Debi		Contribution	n ID#	Amount of Contribution
Residential Street Address 154 Guards Rd		City Greenwich		State CT	Zip Code 06831-2737		te Received 0/19/2010		
Principal Occupation Executive		Name of Employer Thor Industries, Inc.		•	Is this contribution associa fundraising event listed in If yes, list Event # 101	Section J1		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggreg	ate Contribut	ions 00.00	\$3,500.00

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE								FILING	G DUE DATE	
Foley For Governor, Inc.										
		B. Itemized Contribut	ions fron	ı Individu	ıals					
Last Name	First Name		MI	Method of	contribution:	Ī	Contribution	n ID#	Amount of	
Ozanne	James		Н	Cash Money	x Personal Cl y Order Credit/Debi		1654		Contribution	
Residential Street Address		City		State	Zip Code	Dat	te Received			
114 Goodwives River Rd		Darien		СТ	06820-5921	10	/19/2010		•	
Principal Occupation Executive		Name of Employer Financial Security Assurance Ltd.	e Holdings		Is this contribution associa fundraising event listed in If yes, list Event # 101		? ഥ □	Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	 	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggreg	ate Contribut \$1,0	ions 00.00	\$1,000.00	
Last Name Reimers	First Name Arthur		MI	Cash	contribution: X Personal Cl y Order Credit/Debi		Contribution	n ID#	Amount of Contribution	
Residential Street Address 445 Round Hill Rd		City Greenwich	<u> </u>	State CT	Zip Code 06831-2618	Dat	te Received 1/19/2010			
Principal Occupation Retired		Name of Employer Retired		•	Is this contribution associa fundraising event listed in If yes, list Event #		_? <u> </u>	Yes No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggrega	ate Contribut \$3,5	ions 00.00	\$3,500.00	
Last Name Reimers	First Name Lindsay		MI	Cash	contribution: X Personal Cl y Order Credit/Debi		Contribution	n ID#	Amount of Contribution	
Residential Street Address 445 Round Hill Rd	•	City Greenwich	•	State CT	Zip Code 06831-2618		te Received /19/2010			
Principal Occupation Homemaker		Name of Employer Homemaker		•	Is this contribution associa fundraising event listed in If yes, list Event #		? 🔭	Yes No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggreg	ate Contribut \$3,5	ions 00.00	\$3,500.00	
Last Name Skouras, Jr.	First Name Spyros		MI	Cash	contribution: X Personal Cl		Contribution	n ID#	Amount of Contribution	
Residential Street Address 400 Round Hill Rd		City Greenwich		State CT	Zip Code 06830		te Received /19/2010			
Principal Occupation Business Owner		Name of Employer Self		•	Is this contribution associa fundraising event listed in If yes, list Event # 101	Section J1	? □	Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggrega	ate Contribut \$1,0	ions 00.00	\$1,000.00	

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE								FILING	DUE DATE
Foley For Governor, Inc.									
		B. Itemized Contribut	ions fron	Individu	ıals				
Last Name Siegel	First Name Hal		MI	Cash	contribution: X Personal Cl y Order Credit/Debi		Contribution	n ID#	Amount of Contribution
Residential Street Address 244 Colonial Rd		City New Canaan		State CT	Zip Code 06840-2409		te Received 0/19/2010		
Principal Occupation Businessman		Name of Employer Self			Is this contribution associa fundraising event listed in If yes, list Event # 101			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggreg	ate Contribut	ions 50.00	\$1,000.00
Last Name Siegel	First Name Linda		MI	Cash	contribution: X Personal Cl y Order Credit/Debi		Contribution	ı ID#	Amount of Contribution
Residential Street Address 244 Colonial Rd		City New Canaan		State CT	Zip Code 06840-2409		te Received 0/19/2010		
Principal Occupation Attorney		Name of Employer Self			Is this contribution associa fundraising event listed in If yes, list Event # 101	Section J1		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggreg	ate Contribut	ions 50.00	\$1,000.00
Last Name Bitting	First Name Jonathon		MI K	Cash	contribution: X Personal Cl y Order Credit/Debi		Contribution	ı ID#	Amount of Contribution
Residential Street Address 1051 Weed St		City New Canaan		State CT	Zip Code 06840-4026		te Received 0/19/2010		
Principal Occupation Retired		Name of Employer Retired		•	Is this contribution associa fundraising event listed in If yes, list Event # 101	Section J1		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggreg	ate Contribut	ions 00.00	\$100.00
Last Name Merrill	First Name Joseph		MI	Cash	contribution: X Personal Cl y Order Credit/Debi		Contribution	ı ID#	Amount of Contribution
Residential Street Address 726 Weed St		City New Canaan		State CT	Zip Code 06840-4016		te Received 0/19/2010		
Principal Occupation Investments		Name of Employer Northeast Capital			Is this contribution associa fundraising event listed in If yes, list Event # 101	Section J1		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggreg	ate Contribut	ions 50.00	\$1,000.00

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE FILING DU										
Foley For Governor, Inc.										
		B. Itemized Conti	ibutions	s from	Individu	als				
Last Name Huffard	First Name Jay		М	4I	Method of c Cash Money	contribution: X Personal C		Contribution 1641	on ID#	Amount of Contribution
Residential Street Address 8 Maher Ave		City Greenwich			State CT	Zip Code 06830-5617		ate Received		
Principal Occupation Executive		Name of Employer Huffard & Company				Is this contribution associ fundraising event listed in If yes, list Event # 10		11? E	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X Executive Legislative			tor a lobbyist child of a lobbes	byist?	Aggre	gate Contribu	ations 250.00	\$250.00
Last Name McArdle	First Name Kevin		M J		Method of c Cash Money	contribution: X Personal C Order Credit/De		Contribution 1647	on ID#	Amount of Contribution
Residential Street Address 57 Cherrylawn Ln		City Northport			State NY	Zip Code 11768-1170		ate Received		
Principal Occupation East Coast Worldwide		Name of Employer Manager		•		Is this contribution associ fundraising event listed in If yes, list Event # 10	n Section J		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X Executive Legislative			tor a lobbyist	byist?	Aggre	gate Contribu \$4,!	utions 500.00	\$1,000.00
Last Name Johnson	First Name Johnny		M S		Method of o	contribution: X Personal C		Contribution 1644	on ID#	Amount of Contribution
Residential Street Address 12 Tantummaheag Rd		City Old Lyme	-		State CT	Zip Code 06371-1137		ate Received		
Principal Occupation Real Estate		Name of Employer Thames River Propertie	es, LLC	·		Is this contribution associ fundraising event listed in If yes, list Event # 10	n Section J	11?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive Legislative	No Is de		tor a lobbyist child of a lobbes	byist?	Aggre	gate Contribu \$1,0	utions	\$1,000.00
Last Name Levy	First Name Peter		M B		Method of cash Cash Money	ontribution: Personal C Order X Credit/De		Contribution 1645	on ID#	Amount of Contribution
Residential Street Address 18 Mayfair Ln		City Greenwich			State CT	Zip Code 06831-3640		ate Received		
Principal Occupation Real Estate Mgmt		Name of Employer Kamber Management C	Company	•		Is this contribution associ fundraising event listed in If yes, list Event # 10	n Section J		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X Executive Legislative			tor a lobbyist child of a lobbes	byist?	Aggre	gate Contribu \$2,0	utions	\$1,000.00

		I. MONETARY	RECEIP	TS (Sectio	n A-I)			
NAME OF COMMITTEE							FILI	NG DUE DATE
Foley For Governor, Inc.								
		B. Itemized Contri	butions fr	om Individu	ıals			
Last Name Hogan	First Name Jeffrey		MI	Cash	contribution: X Personal C y Order Credit/Deb	heck	Contribution ID #	Amount of Contribution
Residential Street Address 50 Basswood Rd		City Farmington		State CT	Zip Code 06032-1134		e Received 19/2010	
Principal Occupation		Name of Employer Rogers Benefit Group		-	Is this contribution association fundraising event listed in If yes, list Event # 102	Section J1?	X Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X N Executive Legislative		ntributor a lobbyis dent child of a lob Yes	byist?	Aggrega	te Contributions \$200.00	\$200.00
Last Name Nielsen	First Name Bjorn		MI	Cash	contribution: X Personal C y Order Credit/Deb	heck	Contribution ID #	Amount of Contribution
Residential Street Address 205 Round Hill Rd		City Greenwich		State CT	Zip Code 06831-3324		e Received /19/2010	
Principal Occupation Self Employed		Name of Employer Self Employed		·	Is this contribution association fundraising event listed in If yes, list Event # 101	Section J1?	X Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X N Executive Legislative		ntributor a lobbyis dent child of a lob Yes	byist?	Aggrega	te Contributions \$7,000.00	\$3,500.00
Last Name Nielsen	First Name Bjorn		MI	Cash	contribution: X Personal C y Order Credit/Deb	heck	Contribution ID #	Amount of Contribution
Residential Street Address 205 Round Hill Rd		City Greenwich	•	State CT	Zip Code 06831-3324		e Received /19/2010	
Principal Occupation Self Employed		Name of Employer Self Employed		-	Is this contribution association fundraising event listed in If yes, list Event # 101	Section J1?	X Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X N Executive Legislative		ntributor a lobbyis dent child of a lob Yes	byist?	Aggrega	te Contributions \$7,000.00	\$3,500.00
Last Name Nielsen	First Name Deborah		MI	Cash	contribution: X Personal C y Order Credit/Deb	heck	Contribution ID #	Amount of Contribution
Residential Street Address 205 Round Hill Rd		City Greenwich		State CT	Zip Code 06831-3324		e Received 19/2010	
Principal Occupation Homemaker		Name of Employer Homemaker			Is this contribution association fundraising event listed in If yes, list Event # 101	Section J1?	1 1	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X N Executive Legislative		ntributor a lobbyis dent child of a lob	byist?	Aggrega	te Contributions \$7,000.00	\$3,500.00

I. MONETARY RECEIPTS (Section A-I)											
NAME OF COMMITTEE FILING DUE											
Foley For Governor, Inc.											
		B. Itemized Contribut	ions fron	ı Individu	ıals						
Last Name Nielsen	First Name Deborah		MI	Cash	contribution: X Personal Cl	heck 1341	oution ID#	Amount of Contribution			
Residential Street Address 205 Round Hill Rd		City Greenwich		State CT	Zip Code 06831-3324	Date Recei 10/19/2					
Principal Occupation Homemaker		Name of Employer Homemaker			Is this contribution associa fundraising event listed in If yes, list Event # 101		X Yes No				
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	utor a lobbyis child of a lob Yes	byist?	Aggregate Con	ributions 7,000.00	\$3,500.00			
Last Name De Chazal	First Name Guy		MI	Cash	contribution: X Personal Cl y Order Credit/Deb	heck 1339	oution ID#	Amount of Contribution			
Residential Street Address 68 Wheatley Rd		City Glen Head		State NY	Zip Code 11545-2922	Date Recei 10/19/2					
Principal Occupation Investor		Name of Employer Self-employed		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No				
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	utor a lobbyis child of a lob Yes	byist?	Aggregate Con	ributions 7,000.00	\$2,300.00			
Last Name De Chazal	First Name Guy		MI	Cash	contribution: X Personal Cl	heck 1626	oution ID#	Amount of Contribution			
Residential Street Address 68 Wheatley Rd		City Glen Head		State NY	Zip Code 11545-2922	Date Recei 10/19/2					
Principal Occupation Investor		Name of Employer Self-employed		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No				
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate Con	ributions 7,000.00	\$2,300.00			
Last Name Heims	First Name William		MI	Cash	contribution: Personal Cl y Order X Credit/Deb	heck 1639	oution ID#	Amount of Contribution			
Residential Street Address 92 Sagamore Trl		City New Canaan		State CT	Zip Code 06840-6026	Date Recei 10/19/2					
Principal Occupation Private Investor		Name of Employer Self		•	Is this contribution associa fundraising event listed in If yes, list Event # 101	Section J1?	X Yes No				
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	utor a lobbyis child of a lob Yes	byist?	Aggregate Con	ributions 1,000.00	\$1,000.00			

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE								FILING	DUE DATE	
Foley For Governor, Inc.										
		B. Itemized Contributi	ons fron	Individu	ıals					
Last Name Bellows	First Name Arthur		MI	Cash	contribution: Personal Cl y Order X Credit/Debi		Contribution	ı ID#	Amount of Contribution	
Residential Street Address 15 Upper Cross Rd		City Greenwich		State CT	Zip Code 06831-2755		te Received 1/19/2010			
Principal Occupation Retired		Name of Employer Retired		•	Is this contribution associa fundraising event listed in If yes, list Event # 101		· 日	Yes No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggreg	ate Contributi \$1,00		\$1,000.00	
Last Name Harrison	First Name Anne		MI	Cash	contribution: X Personal Cl y Order Credit/Debi		Contribution	ı ID#	Amount of Contribution	
Residential Street Address 74 Vineyard Ln		City Greenwich		State CT	Zip Code 06831-3714	1	te Received 1/19/2010			
Principal Occupation Retired		Name of Employer Retired		•	Is this contribution associa fundraising event listed in If yes, list Event #			Yes No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggreg	ate Contributi \$1,80		\$1,800.00	
Last Name Harrison	First Name William		MI	Cash	contribution: X Personal Cl		Contribution	n ID#	Amount of Contribution	
Residential Street Address 74 Vineyard Ln		City Greenwich		State CT	Zip Code 06831-3714		te Received 1/19/2010			
Principal Occupation Retired		Name of Employer Retired			Is this contribution associa fundraising event listed in If yes, list Event #			Yes No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggreg	ate Contributi \$1,80		\$1,800.00	
Last Name Delano	First Name Lyman &	Diana	MI	Cash	contribution: X Personal Cl y Order Credit/Debi		Contribution	ı ID#	Amount of Contribution	
Residential Street Address 143 Old Church Rd		City Greenwich		State CT	Zip Code 06830-4861		te Received /19/2010			
Principal Occupation Money Manager		Name of Employer Beck, Mack & Oliver, LLC			Is this contribution associa fundraising event listed in If yes, list Event # 101	Section J1	· 日	Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggrega	ate Contributi \$4,00	ions 00.00	\$1,000.00	

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE									FILING	G DUE DATE
Foley For Governor, Inc.										
		B. It	emized Contributi	ions fron	ı Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributi	on ID#	Amount of
Tregurtha	Paul			R	Cash Money	y Order X Personal C		1660		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received	l	
248 Long Neck Point Rd		Darien			СТ	06820-5816	1	0/19/201	0	
Principal Occupation		Name of Er	mployer			Is this contribution associ		1.2	Yes	
Chairman & CEO		Moran To	owing Corporation			fundraising event listed in If yes, list Event # 10	142010	I	No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis	-	Aggre	egate Contrib	utions	
state contractor? Is yes, indicate which branch or branches of		.		1 m	t child of a lob Tes	•		\$1,	500.00	\$500.00
government the contract is with:		Executive	Legislative	+-	1			1		<u> </u>
Last Name Carrabino	First Name Joseph D.			MI	Method of Cash	contribution:	Check	Contributi	on ID#	Amount of Contribution
Carrabino	зозерп В				_	y Order Credit/De	bit Card	1621		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received	ļ	
92 Rosebrook Rd		New Can	aan		СТ	06840-3721	1	0/19/201	0	
Principal Occupation		Name of Er	mployer			Is this contribution associ			Yes	
Private Equity		AIE Inve	storsLP			fundraising event listed in If yes, list Event #	i Section .)1? X	No	
Is contributor a principal of a state contractor	or prospective		Yes X No		outor a lobbyis	-	Aggre	egate Contrib	utions	
state contractor? Is yes, indicate which branch or branches of		Executive	Legislative		t child of a lob Yes	-		\$7,0	00.00	\$3,500.00
government the contract is with:	<u></u>	Executive	Legislative	+-	I			1		<u> </u>
Last Name Carrabino	First Name Julie			MI	Method of Cash	contribution:	Check	Contributi	on ID#	Amount of Contribution
Carrabino	Julie					y Order Credit/De	bit Card	1622		Controlation
Residential Street Address		City			State	Zip Code	D	ate Received		
92 Rosebrook Rd		New Can	aan		СТ	06840-3721	1	0/19/201	0	_
Principal Occupation		Name of Er	mployer			Is this contribution associ			Yes	
Homemaker		Homema	aker			fundraising event listed in If yes, list Event #	i Section .)1?	No	
Is contributor a principal of a state contractor	or prospective		Yes X No	Is contrib	outor a lobbyis	t spouse or	Aggra	egate Contrib	utions	†
state contractor? Is yes, indicate which branch or branches of	_		les like		t child of a lob	byist?	Aggie	-	000.00	\$3,500.00
government the contract is with:	Ш	Executive	Legislative	_ L L	res X	No				
Last Name	First Name			MI		contribution:		Contributi	on ID#	Amount of
McNiff	Audrey				Cash Money	y Order Personal C		1648		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
102 Zaccheus Mead Ln		Greenwic	h		СТ	06831-3751	1	0/19/201	0]
Principal Occupation		Name of Er	mployer			Is this contribution associ		1.7	Yes	
Retired		Retired				fundraising event listed in If yes, list Event # 10		I	No	
Is contributor a principal of a state contractor	or prospective	1	Yes X No	Is contrib	outor a lobbyis	t, spouse, or	Aggre	egate Contrib	utions	İ
state contractor? Is yes, indicate which branch or branches of	_			dependent	t child of a lob	byist?	35.0		500.00	\$2,000.00
government the contract is with:		Executive	Legislative		res x	No				

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE								FILING	G DUE DATE	
Foley For Governor, Inc.										
		B. Itemized Contribut	ions fron	ı Individu	ıals					
Last Name Lynch	First Name Susan		MI E	Cash	contribution: Personal Cl y Order X Credit/Deb		Contribution	n ID#	Amount of Contribution	
Residential Street Address 8 Bayberry Ln		City Greenwich		State CT	Zip Code 06831-3008		te Received 0/19/2010			
Principal Occupation None		Name of Employer None			Is this contribution associa fundraising event listed in If yes, list Event # 101			Yes No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggreg	gate Contribut \$4,50	ions 00.00	\$1,000.00	
Last Name Bloch	First Name Stuart		MI M	Cash	contribution: Personal Cl y Order X Credit/Deb		Contribution	n ID#	Amount of Contribution	
Residential Street Address 1743 22nd St NW		City Washington		State DC	Zip Code 20008-1906	1	te Received 0/19/2010			
Principal Occupation Investor/Banker/Attorney		Name of Employer Congressional Bank			Is this contribution associa fundraising event listed in If yes, list Event #		ı? <u>'</u>	Yes No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggreg	gate Contribut \$2,00	ions 00.00	\$1,000.00	
Last Name Groff	First Name Daniel		MI	Cash	contribution: Personal Cl y Order X Credit/Deb		Contribution	n ID#	Amount of Contribution	
Residential Street Address 120 Oak St		City New Canaan		State CT	Zip Code 06840-5841		ite Received 0/19/2010			
Principal Occupation Trader		Name of Employer Greenwich Prime			Is this contribution associa fundraising event listed in If yes, list Event # 101	Section J1		Yes No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggreg	\$1,0	ions 00.00	\$1,000.00	
Last Name DeGraff	First Name Amy		MI H	Cash	contribution: X Personal Cl y Order Credit/Deb		Contribution	n ID#	Amount of Contribution	
Residential Street Address 66 Stoner Dr		City West Hartford		State CT	Zip Code 06107-1308	- 1	te Received 0/20/2010			
Principal Occupation President		Name of Employer WH Republican Women's Clu	np	•	Is this contribution associa fundraising event listed in If yes, list Event # 100	Section J1		Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggreg	gate Contribut \$1	ions 00.00	\$100.00	

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE									FILING	G DUE DATE
Foley For Governor, Inc.										
		B. It	emized Contributi	ions fron	ı Individu	uals				
Last Name	First Name			MI	Method of	contribution:		Contributi	on ID#	Amount of
DeGraff, III	Arthur			С	Cash Money	y Order X Personal Credit/De		1666		Contribution
Residential Street Address		City			State	Zip Code	Е	ate Received		
66 Stoner Dr		West Har	tford		СТ	06107-1308	1	.0/20/201	0	
Principal Occupation		Name of Er	nployer		-	Is this contribution assoc		1.	Yes	
Insurance Underwriter		Traveler	s Insurance			fundraising event listed in If yes, list Event # 10	n Section . 072010	J1? _	No	
Is contributor a principal of a state contractor of	or prospective		Yes X No		utor a lobbyis	-	Aggre	egate Contrib	utions	
state contractor? Is yes, indicate which branch or branches of					child of a lob	•		\$	100.00	\$100.00
government the contract is with:		Executive	Legislative	<u> </u>	res X	No				
Last Name	First Name			MI		contribution:	Chaole	Contributi	on ID#	Amount of
Zimmerman	Chris	,			Cash Money	y Order Credit/De		1678		Contribution
Residential Street Address		City			State	Zip Code	Е	ate Received		
67 Glenville Rd		Greenwic	h		СТ	06831-4427	1	.0/20/201	0	
Principal Occupation		Name of Er	mployer			Is this contribution assoc		1.	Yes	
Investments		Taver Ca	apital			fundraising event listed in If yes, list Event # 10			No	
Is contributor a principal of a state contractor of	or prospective		Yes X No		utor a lobbyis	-	Aggre	egate Contrib	utions	ĺ
state contractor? Is yes, indicate which branch or branches of					child of a lob	-		\$3,	500.00	\$3,500.00
government the contract is with:		Executive	Legislative	1 '	res x	No				
Last Name	First Name			MI		contribution:	Chaole	Contributi	on ID#	Amount of
Ohnell	Ernst	,			Cash Money	y Order Credit/De		1674		Contribution
Residential Street Address		City			State	Zip Code		ate Received		
75 Khakum Wood Rd		Greenwic	:h		СТ	06831-3729	1	.0/20/201	0	1
Principal Occupation		Name of Er	nployer			Is this contribution assoc			Yes	
Partner		Sef-Emp	loyed			fundraising event listed in If yes, list Event #	n Section .) 1 / x	No	
T		<u> </u>				<u> </u>	1			†
Is contributor a principal of a state contractor of state contractor?	or prospective		Yes X No		utor a lobbyis child of a lob		Aggre	egate Contrib		¢3 500 00
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative		res X	No		\$7,0	00.00	\$3,500.00
Last Name	First Name			МІ	Method of	contribution:		Contributi	on ID#	1
Jones II	Paul			Т	Cash	X Personal	Check	1672	on no	Amount of Contribution
					Money	y Order Credit/De	bit Card	10/2		
Residential Street Address		City			State	Zip Code	Б	ate Received		
92 Harbor Dr		Greenwic	:h		СТ	06830-7018	1	.0/20/201	0	1
Principal Occupation		Name of Er	mployer			Is this contribution assoc		1.7	Yes	
Chairman & CEO		Tudor In	vestment Corporation	on		fundraising event listed in If yes, list Event # 10			No	
T (1)		L		1			1			
Is contributor a principal of a state contractor of state contractor?	or prospective		Yes X No		utor a lobbyis child of a lob	-	Aggre	egate Contrib		±2.500.00
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative		res X	-		\$3,	500.00	\$3,500.00
							-			

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE							FILI	NG DUE DATE	
Foley For Governor, Inc.									
B. Itemized Contributions from Individuals									
Last Name	First Name		MI		contribution:		ontribution ID#	Amount of	
Jones	Sonia		М	Cash Money	y Order X Personal Cl	10	671	Contribution	
Residential Street Address		City		State	Zip Code		Received	7	
92 Harbor Dr		Greenwich		СТ	06830-7018		20/2010	_	
Principal Occupation Homemaker		Name of Employer Homemaker			Is this contribution associa fundraising event listed in If yes, list Event # 101		X Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyist child of a lob	byist?	Aggregate	Contributions \$7,000.00	\$3,500.00	
Last Name Bishop	First Name Vincent		MI L	Cash	contribution: X Personal Cl	heck 10	ontribution ID #	Amount of Contribution	
Residential Street Address 14 Main Street Ext		City Tariffville		State CT	Zip Code 06081-9676		Received 10/2010		
Principal Occupation Property Manager		Name of Employer Folly Farm Stables LLC		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate	Contributions \$100.00	\$100.00	
Last Name Creagh	First Name Heather		MI	Cash	contribution: Personal Cl y Order X Credit/Deb	heck 10	ontribution ID #	Amount of Contribution	
Residential Street Address 33 N Pleasant Rise		City Brookfield		State CT	Zip Code 06804-2122		Received		
Principal Occupation Insurance Customer Service Rep		Name of Employer The Lucente Agency		I	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	1	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate	Contributions \$30.00	\$15.00	
Last Name Creagh	First Name Heather		MI	Cash	contribution: Personal Cl y Order X Credit/Deb	heck 10	ontribution ID #	Amount of Contribution	
Residential Street Address 33 N Pleasant Rise		City Brookfield		State CT	Zip Code 06804-2122		Received		
Principal Occupation Insurance Customer Service Rep		Name of Employer The Lucente Agency		·	Is this contribution associa fundraising event listed in If yes, list Event #		Yes		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis t child of a lob	byist?	Aggregate	Contributions \$30.00	\$15.00	

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE							I	FILING	DUE DATE
Foley For Governor, Inc.									
		B. Itemized Contribut	ions fron	Individu	ıals				
Last Name Dunn	First Name Raymond		MI	Cash	contribution: Personal Ch y Order X Credit/Debi	neck	Contribution I	ID#	Amount of Contribution
Residential Street Address 36 Midwood Dr		City Greenwich		State CT	Zip Code 06831-4442		e Received /20/2010		
Principal Occupation Finance		Name of Employer Shipping & Finance LLC			Is this contribution associate fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggrega	ste Contribution \$100		\$100.00
Last Name Harig	First Name Karl		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck	Contribution I	ID#	Amount of Contribution
Residential Street Address 52 Cardinal Dr		City North Kingstown		State RI	Zip Code 02852-6525		e Received /20/2010		
Principal Occupation Senior Vice President		Name of Employer Bank of America			Is this contribution associate fundraising event listed in State of the If yes, list Event #			Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggrega	ite Contribution		\$500.00
Last Name Hoffman	First Name Jeffrey		MI S	Cash	contribution: X Personal Ch y Order Credit/Debi	neck	Contribution I	ID#	Amount of Contribution
Residential Street Address 149 Reverknolls		City Avon		State CT	Zip Code 06001-2045		e Received /20/2010		
Principal Occupation Car Dealer		Name of Employer Self			Is this contribution associal fundraising event listed in If yes, list Event # 100	Section J1?			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggrega	ste Contribution \$1,000		\$1,000.00
Last Name Jacullo III	First Name Peter		MI J	Cash	contribution: X Personal Ch y Order Credit/Debi	neck	Contribution I	ID#	Amount of Contribution
Residential Street Address 61 High Ridge Ave		City Ridgefield		State CT	Zip Code 06877-4901		e Received /20/2010		
Principal Occupation Consultant		Name of Employer Self			Is this contribution associal fundraising event listed in the second of the second second in the second sec		,	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggrega	ste Contribution		\$1,000.00

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE							FILIN	G DUE DATE
Foley For Governor, Inc.								
		B. Itemized Contributi	ons fron	Individu	ıals			
Last Name Keniry	First Name		MI	Method of o	contribution:	heck	oution ID #	Amount of Contribution
Remity	Duli	,			Order Credit/Deb	1673		Contribution
Residential Street Address 5553 Little Falls Rd		City Arlington		State VA	Zip Code 22207-1525	Date Recei 10/20/2		
Principal Occupation TIAA-CREF		Name of Employer TIAA-CREF			Is this contribution associa fundraising event listed in	ted with a	X Yes	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyist child of a lob	byist?	Aggregate Con	ributions \$500.00	\$500.00
Last Name Skinner III	First Name James		MI A	Cash	contribution: X Personal Cl Order Credit/Deb	heck 1675	oution ID#	Amount of Contribution
Residential Street Address 77 Maple Ave		City Greenwich		State CT	Zip Code 06830-5620	Date Recei 10/20/2		
Principal Occupation Investor		Name of Employer Royce & Associates			Is this contribution associa fundraising event listed in If yes, list Event # 101	Section J1?	X Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyist child of a lob res	byist?	Aggregate Con	ributions 1,000.00	\$1,000.00
Last Name Smith	First Name Frederick		MI	Cash	contribution: Personal Cl Order X Credit/Deb	heck 1677	oution ID#	Amount of Contribution
Residential Street Address 118 S Fayette St		City Alexandria		State VA	Zip Code 22314-2919	Date Recei 10/20/2		
Principal Occupation Energy Consultant		Name of Employer U.S.Chamber of Commerce			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyist child of a lob	byist?	Aggregate Con	ributions \$50.00	\$50.00
Last Name Smilow	First Name Joel	,	MI E	Cash	contribution: X Personal Cl	heck 1676	oution ID#	Amount of Contribution
Residential Street Address 830 Post Rd E		City Westport		State CT	Zip Code 06880-5222	Date Recei 10/20/2		
Principal Occupation Retired		Name of Employer Trian Acquisition Corp.			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyist child of a lob es	byist?	Aggregate Con	ributions 2,400.00	\$900.00

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE									FILING	G DUE DATE
Foley For Governor, Inc.										
		B. It	emized Contribution	ons from	Individ	uals				
Last Name	First Name			MI		contribution:		Contributi	on ID#	Amount of
Bliss	Timothy				Cash Mone	Personal C y Order X Credit/De		1680		Contribution
Residential Street Address	•	City		•	State	Zip Code	D	ate Received		
PO Box 50440		Santa Ba	rbara		CA	93150-0440	1	.0/21/201	0	
Principal Occupation		Name of Er	mployer			Is this contribution associ fundraising event listed in		J1?		
Investment Management		1036		_		If yes, list Event #		<u> </u>	No	
Is contributor a principal of a state contractor state contractor?	or prospective		Yes X No		utor a lobbyis		Aggre	egate Contrib	utions	
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	1 m		No		\$3,	500.00	\$3,500.00
Last Name	First Name			MI	Method of	contribution:	•	Contributi	on ID#	Amount of
Jonathan	Wendell				Cash Mone	Personal C x Credit/De		1681		Contribution
Residential Street Address	•	City		•	State	Zip Code	D	ate Received		
22 Turner Dr		Greenwic	h		СТ	06831-4415	1	.0/21/201	0	1
Principal Occupation		Name of En				Is this contribution associ fundraising event listed in		J1?	Yes	
Investor		Nassau i	Point Investors LLC			If yes, list Event #		Ŀ	No	
Is contributor a principal of a state contractor state contractor?	or prospective		Yes X No		utor a lobbyis		Aggre	egate Contrib	utions	
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	I —	child of a lol	No		\$1,	00.00	\$1,000.00
Last Name	First Name			MI	Method of	contribution:	<u> </u>	Contributi	on ID#	Amount of
Leary	John				Cash Mone	Personal C y Order X Credit/De		1682		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
100 Dorman Rd		Oxford			СТ	06478-1642	1	.0/21/201	0	ļ
Principal Occupation Retired		Name of En	mployer			Is this contribution associ fundraising event listed in		J1?		
Retired		Retired				If yes, list Event #	_	Ŀ	No No	
Is contributor a principal of a state contractor state contractor?	or prospective		Yes X No		utor a lobbyis child of a lol		Aggre	egate Contrib	utions	
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative			No		:	\$40.00	\$40.00
Last Name	First Name			MI	Method of	contribution:	•	Contributi	on ID#	Amount of
Somma	Stephen				Cash Mone	Personal C x Credit/De		1683		Contribution
Residential Street Address	•	City			State	Zip Code	D	ate Received	ļ	1
81 Kimberly Ln		Watertow	/n		СТ	06795-3156	1	.0/21/201	0	_
Principal Occupation		Name of En				Is this contribution associ fundraising event listed in		J1?		
Liquor Control Commissioner		State of	Connecticut			If yes, list Event #		<u> </u>	No	
Is contributor a principal of a state contractor	or prospective	•	Yes X No		utor a lobbyis		Aggre	egate Contrib	utions	
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	I —	child of a lol	No		\$	250.00	\$250.00

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE							FIL	LING DUE DATE	
Foley For Governor, Inc.									
	B. Itemized Contributions from Individuals								
Last Name Warmus	First Name Stephanie		MI	Method of o	contribution: Personal Ch Order X Credit/Debi	neck 1	Contribution ID #	# Amount of Contribution	
Residential Street Address 18 Sable Dr		City Ledyard		State CT	Zip Code 06339-1666		Received 21/2010		
Principal Occupation Optometrist		Name of Employer None			Is this contribution associate fundraising event listed in the second of the second se		Yes		
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:		Yes X No Executive Legislative		utor a lobbyist child of a lob es	byist?	Aggregate	e Contributions \$100.0		0.00
Last Name Blanchet	First Name Sheila		MI M	Method of o	contribution: Personal Ch v Order X Credit/Debi	neck 1	Contribution ID #	# Amount of Contribution	
Residential Street Address 98 Prospect Hill Rd		City Guilford		State CT	Zip Code 06437-2013		Received 21/2010		
Principal Occupation RN		Name of Employer Gladeview Healthcare Center			Is this contribution associate fundraising event listed in the second of the second se		Yes		
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:		Yes X No Executive Legislative	dependent	utor a lobbyist child of a lob es X	byist?	Aggregate	e Contributions \$85.0		5.00
						Т	Total of Section	on B \$288,466	5.00
TOTAL OF ALL CONTRIBU	TIONS FI	ROM INDIVIDUALS	(Section	ons A & B)	(Total on Line 14	of Summary	y Page)	\$288,466	6.00

I. I	MONE	TAl	RY RECEIP	ΓS (S	ection A-I)			
NAME OF COMMITTEE							FILING	DUE DATE
Foley For Governor, Inc.								
C1. Co	ntributi	ons	from Other Co	mmit	tees			
Name of Committee Heritage Village Republican Club					Name of Treasurer Veronica Delar	ney		
Address PO Box 2071			Is this contribution a fundraising event l		_	Yes If yes, list Event X No	#	Amount of Contribution
City Southbury	State CT	Zip (Date Re 10/12	eceived 2/2010	Aggregate Contributions	100.00	\$100.00
Name of Committee Morris Republican Town Committee					Name of Treasurer William L. Down	nes		
Address PO Box 32			Is this contribution a fundraising event l		_	Yes If yes, list Event X No	#	Amount of Contribution
City Morris	State CT	Zip (Date Ro 10/12	eceived 2/2010	Aggregate Contributions	250.00	\$250.00
Name of Committee Republican Women Of Westport					Name of Treasurer Joan G. Lasprog	gato		
Address PO Box 2293			Is this contribution a fundraising event l			Yes If yes, list Event X No	#	Amount of Contribution
City Westport	State CT	Zip (Date Ro 10/12	eceived 2/2010	Aggregate Contributions	250.00	\$250.00
Name of Committee Goshen Republican Town Committee		-			Name of Treasurer Anders A. Nygr	en		
Address PO Box 219		•	Is this contribution a fundraising event l			Yes If yes, list Event	#	Amount of Contribution
City Goshen	State CT	Zip (Date Ro 10/19	eceived 1/2010	Aggregate Contributions	500.00	\$500.00
Name of Committee Easton Republican Town Committee					Name of Treasurer David J Boczar			
Address PO Box 408			Is this contribution a fundraising event l			Yes If yes, list Event X No	#	Amount of Contribution
City Easton	State CT	Zip (Date Ro	eceived 1/2010	Aggregate Contributions	250.00	\$250.00

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE							FILING	DUE DATE		
Foley For Governor, Inc.										
C1. Contributions from Other Committees										
Name of Committee Sharon Republican Town Committee					Name of Treasurer Eric C. Seibold					
Address 203 Amenia Rd			Is this contribution a fundraising event			Yes If yes, list Even X No	t #	Amount of Contribution		
City Sharon	State CT	Zip (Date R	eceived 0/2010	Aggregate Contributions	\$250.00	\$250.00		
						Total of	Section C1	\$1,600.00		

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE				FILIN	NG DUE DATE			
Foley For Governor, Inc.								
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		
Foley For Governor, Inc.								
	D. Loans Received this Period							
Name of Lender Mr. Thomas C Foley				Source of Loan:	Is there a cosigner or Guarantor of	Amount Received		
Street Address 62 Khakum Wood Rd	City Greenwich	State CT	Zip Code 06831-3748	X Candidate Individual	this loan?			
Name of Cosigner/Guarantor				Other Committee	X No			
Street Address	City	State	Zip Code	Date Received 10/01/2010		\$1,000,000.00		
Name of Lender Mr. Thomas C Foley				Source of Loan:	Is there a cosigner or Guarantor of	Amount Received		
Street Address 62 Khakum Wood Rd	City Greenwich	State CT	Zip Code 06831-3748	X Candidate Individual	this loan?			
Name of Cosigner/Guarantor				Other Committee	X No			
Street Address	City	State	Zip Code	Date Received 10/08/2010		\$1,000,000.00		
Name of Lender Mr. Thomas C Foley				Source of Loan:	Is there a cosigner or Guarantor of	Amount Received		
Street Address 62 Khakum Wood Rd	City Greenwich	State CT	Zip Code 06831-3748	X Candidate Individual	this loan?			
Name of Cosigner/Guarantor				Other Committee	X No			
Street Address	City	State	Zip Code	Date Received 10/18/2010		\$1,400,000.00		
Name of Lender Mr. Thomas C Foley				Source of Loan:	Is there a cosigner or Guarantor of	Amount Received		
Street Address 62 Khakum Wood Rd	City Greenwich	State CT	Zip Code 06831-3748	X Candidate Individual	this loan?			
Name of Cosigner/Guarantor				Other Committee	X No			
Street Address	City	State	Zip Code	Date Received 10/20/2010		\$1,150,000.00		
Total of Section D								

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE					FILING DUE DATE				
Foley For Governor, Inc.									
	E. Personal Funds of the Candidate Received this Period								
Date Received	Date Received Amount Method of Payment Cash Personal Check Credit/Debit Card								
Total of Section E									

	I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTE	FILING DUE DATE										
Foley For Governor, In											
F. Anonymous Contributions											
Date Received	Amount										

I. Monetary Receipts (Section A-I)										
NAME OF COMMITTEE	FILING DUE DATE									
Foley For Governor, Inc.										
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						
Foley For Governor, Inc.										
H. Public Grant Fu										
Purpose of Grant: Initial Primary General or Special Election	Supplemental/Independent Ex Primary (penditure General or Special Election	Date Received	Amount						
Supplemental/Post Election Deficit General or Special Election	Supplemental/Excess Expendi Primary	iture General or Special Election								
			Total of Section	н						

I. MONETARY RECEIPTS (Section A-K)									
NAME OF COMMITTEE				FILI	NG DUE DATE				
Foley For Governor, Inc.									
I. Miscellaneous Monetary Receipts not Considered Contributions									
Name		Date of Trans	saction		Amount Received				
Street Address	City	State	Zip Code						
Description									
			Total of Sec	ction I					

	II. FUNDRAISING	G EVENT ACTIVITY				
NAME OF					FILING DUE	DATE
COMMITTEE Foley For Governor	r, Inc.					
	J1. Fundra	nising Event Information				
Fundraising Event #	Description	Location: Street Address		City	State	Zip Code
Date of Fundraiser Letter 10/09/2010 A	Reception Event	Moles Hill Farm 201 Millerton Rd		Sharon	СТ	06069-2068
Was this fundraising event ho	osted at a personal residence?		X Yes	No		
Did this fundraiser include ite items donated by an individua	ems donated by a business entity of up to \$100 or al of up to \$50?		Yes	X No		
Was this fundraiser a tag sale	, auction, or other sale of donated items?		Yes	X No		
Fundraising Event # Date of Fundraiser Letter	Description	Location: Street Address		City	State	Zip Code
Date of Fundraiser Letter 10/11/2010 A	Cocktail Event	665 Sasco Hill Rd		Fairfield	СТ	06824-6376
Was this fundraising event he	osted at a personal residence?	•	X Yes	No		
Did this fundraiser include ite items donated by an individua	ems donated by a business entity of up to \$100 or al of up to \$50?		Yes	X No		
Was this fundraiser a tag sale	, auction, or other sale of donated items?		Yes	X No		
Fundraising Event #	Description	Location: Street Address		City	State	Zip Code
Date of Fundraiser Letter 10/14/2010 A	Reception Event	1800 E Putnam Ave		Old Greenwich	СТ	06870-1320
Was this fundraising event he	osted at a personal residence?	•	Yes	X No		
Did this fundraiser include ite items donated by an individua	ems donated by a business entity of up to \$100 or al of up to \$50?		Yes	X No		
Was this fundraiser a tag sale	, auction, or other sale of donated items?		Yes	X No		
Fundraising Event # Date of Fundraiser Letter	Description	Location: Street Address		City	State	Zip Code
10/20/2010 A	Cocktail Event	5 Hatters Ln		Farmington	СТ	06032-2331
Was this fundraising event ho	osted at a personal residence?		X Yes	No		
Did this fundraiser include ite items donated by an individua	ems donated by a business entity of up to \$100 or al of up to \$50?		Yes	X No		
Was this fundraiser a tag sale	, auction, or other sale of donated items?		Yes	X No		

II. FUNDRAISING EVENT ACTIVITY										
NAME OF COMMITTEE							FILIN	G DUE DATE		
Foley For Governor, Inc.										
J2. Proceeds from Tag Sale, Auction, or Other Sale of Donated Items										
Name of the Purchaser Last Name (Individuals ONLY)	First Name	MI	Me	lethod of payment: Cash Per	it Card	Aggregate Amount of Purchases				
Residential Street Address	City	Sta	ite	Zip Code	Date Received	Event #				
Items Purchased	•			•	•	•				
						Total of Sec	ction J2			

II. FUNDRAISING EVENT ACTIVITY										
NAME OF COMMITTEE							FILING	G DUE DATE		
Foley For Governor, Inc.										
J3. In-Ki	nd Donations Not Considered Contributi	ions								
Name of the Donor					Donation G		ess Entity	Fair Market Value of Donation		
Street Address	City		State	Zip	Code	Aggregate value for this even				
Description of Donation		Date F	Receive	ed	Event #					
						Total of Se	ction J3			

	III. NO	NMO	ONETARY RECEIPTS					
NAME OF COMMITTEE							FILING	DUE DATE
Foley For Governor, Inc.								
	K. In-	-Kind	Contributions					
Name						Date Receive	ed	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? If yes, indicate which branch or branches government the contract is with:		ospective state Execu		Yes No Legislative	
Is this contribution associated with a fundilisted in Section J1? If yes, list Event#	raising event Yes	8	escription of In-Kind Contribution			Aggregate contr	ributions	
	_		<u> </u>			Total of	f Section K	

III. Non Monetary Receipts										
NAME OF COMMITTEE		FILING DUE DATE								
Foley For Governor, Inc.										
L. Refundable Deposit to Telephone Company										
Last Name (Individuals Only)	First Name			MI	Date Received		Amount of Deposit			
Street Address	City	City State 2								
Name of Telephone company										
Street Address		City			State	Zip Code				
	L									

III. NONMONETARY RECEIPTS											
NAME OF COMMITTEE				FILING DUE DATE							
Foley For Governor, Inc.											
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	•			Е							
Total of Section M											

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Foley For Governor, Inc.							
	N. Expenses Paid By Commi	ttee				•	
Name of Payee ADP EasyPay Boston 2				Date of Payment	Method of Pay	ment	Amount
Street Address 225 2nd Ave	City Waltham	State MA	Zip Code 02451-1122	Purpose of Expenditure OVHD	X Debit Car	rd	
Description ADP PAYROLL FEES ADP - FEES 2RBIT 762	20044 CCD ID: 9659605001				Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$116.13
Name of Payee				Date of Payment	Method of Pay	ment	Amount
ADP EasyPay Boston 2	1			10/01/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
225 2nd Ave	Waltham	MA	02451-1122	OVHD	X Debit Car	rd	
Description Adp payroll fees ADP - FEES 2RBI 762004	4 CCD ID: 9659605001				Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
X No							\$116.13
Name of Payee				Date of Payment	Method of Pay	ment	Amount
JP Morgan Chase Bank		Π		10/01/2010	Check #		
Street Address	City	State	Zip Code 06830	Purpose of Expenditure	X Debit Car	rd	
3A Pickwick Plz Description	Greenwich	СТ	00030	BNK	Event #	-	
Incoming Domestic Wire Fee					Event#		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes No.	or Other Candidate(s) N	lame		Office Sought			\$15.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Foley For Governor, Inc.							
	N. Expenses Paid By Commi	ttee					
Name of Payee				Date of Payment	Method of Pay	ment	Amount
JP Morgan Chase Bank				10/01/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	X Debit Car	.1	
3A Pickwick Plz	Greenwich	СТ	06830	BNK	 	ď	
Description Incoming Domestic Wire Fee					Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$15.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Emily Duus	<u> </u>			10/01/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	2100		
20 Summer St Ste 200	Stamford	СТ	06901-2304	WAGE	Debit Car	d .	
Description Payroll Expenses - Intern Stipend for weel	c 9/27/10				Event #		
Is this expenditure coordinated with another candidate fo	r Other Candidate(s) N	lame		Office Sought			
which reimbursement is sought? Yes	Outer Candidate(s) is	anic		Office Sought			
X No							\$250.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
David M Hellriegel			_	10/01/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	2099 Debit Car	.d	
20 Summer St Ste 200	Stamford	СТ	06901-2304	WAGE	<u> </u>	u	
Description Payroll Expenses - Intern Stipend for weel	c 9/27/10				Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	ame		Office Sought			
Yes X No							\$150.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILII	NG DUE DATE
Foley For Governor, Inc.							
	N. Expenses Paid By Commi	ttee					
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Torey Shepardson				10/01/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>2104</u>		
49 Westmont St	West Hartford	СТ	06117-2928	WAGE	Debit Car	·d	
Description Payroll Expenses - Intern Stipend for weel	k 9/27/10				Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	or Other Candidate(s) N	lame		Office Sought			
Yes X No							\$240.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Matthew Joiner				10/01/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>2102</u>		
150 Oxoboxo Dam Rd	Oakdale	СТ	06370-1267	WAGE	Debit Car	⁻ d	
Description Payroll Expense - Intern Stipend for week	9/27/10				Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	or Other Candidate(s) N	lame		Office Sought	ļ.		
X No							\$210.00
Name of Payee Michael Roberts				Date of Payment 10/01/2010	Method of Pay	ment	Amount
					X Check # 2103		
Street Address	City	State	Zip Code 06269-6905	Purpose of Expenditure WAGE	Debit Car	rd	
618 Belden Hall Description	Storrs	СТ	06269-6903	WAGE	Event #		
Payroll Expenses - Intern Stipend for weel	k 9/27/10				Event#		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No.	or Other Candidate(s) N	lame		Office Sought			\$250.00
LITT NO							

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Foley For Governor, Inc.							
	N. Expenses Paid By Commi	ttee				•	
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Media Placement Technologies				10/04/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u> </u>		
336 Commerce St	Alexandria	VA	22314-2802	A-OTH	X Debit Car	rd	
Description			•	•	Event #		
Advertising & Promotion - 10-1-10 Inv Oc	t 6-12 Media Buy - Supplemental						
Is this expenditure coordinated with another candidate for which reimbursement is sought?	or Other Candidate(s) N	lame		Office Sought			
Yes X No							\$598,900.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
La Quinta Inn & Suites				10/04/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
65 Columbus Blvd	New Britain	СТ	06051-2226	TRVL	X Debit Car	rd	
Description			•		Event #		
Lodging Expense							
Is this expenditure coordinated with another candidate for	or Other Candidate(s) N	Jame		Office Sought	•		
which reimbursement is sought? Yes	· ·						
X No							\$619.36
Name of Payee				Date of Payment	Method of Pay	ment	Amount
La Quinta Inn & Suites				10/04/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u> </u>		
65 Columbus Blvd	New Britain	СТ	06051-2226	TRVL	X Debit Car	rd	
Description			•		Event #		
Hotel Room							
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	or Other Candidate(s) N	lame		Office Sought			
X No							\$619.36

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Foley For Governor, Inc.							
	N. Expenses Paid By Commi	ttee					
Name of Payee				Date of Payment	Method of Pay	ment	Amount
JP Morgan Chase Bank				10/04/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	X Debit Car		
3A Pickwick Plz	Greenwich	СТ	06830	BNK	 	d	
Description Outgoing Domestic Wire Fee					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$25.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
JP Morgan Chase Bank				10/04/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	_		
3A Pickwick Plz	Greenwich	СТ	06830	BNK	X Debit Car	^r d	
Description			•		Event #		
Outgoing Domestic Wire Fee							
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	or Other Candidate(s) N	lame		Office Sought			
Yes X No							\$25.00
Name of Payee				Date of Payment	Method of Payı	ment	Amount
WashingtonBancard			_	10/04/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
2200 S Dixie Hwy	Miami	FL	33133-2300	BNK	X Debit Car	d	
Description					Event #		
Washington Bankcard - Bank Fees							
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			\$639.66
X No							90.860¢

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Foley For Governor, Inc.							
	N. Expenses Paid By Commi	ttee				•	
Name of Payee WashingtonBancard				Date of Payment 10/04/2010	Method of Paye	ment	Amount
Street Address 2200 S Dixie Hwy	City Miami	State FL	Zip Code 33133-2300	Purpose of Expenditure OVHD	X Debit Car	rd	
Description Bankcard-1203 MTOT DISC 53096044010	0139 CCD ID: 9592126793				Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	or Other Candidate(s) N	lame		Office Sought			\$639.66
Name of Payee INT*Intermedia.net				Date of Payment 10/04/2010	Method of Pay	ment	Amount
Street Address 150 Mathilda Pl Ste 104	City Sunnyvale	State CA	Zip Code 94086-6010	Purpose of Expenditure OVHD	X Debit Car	rd	
Description Computer Network Service Expense		1	1	1	Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	Other Candidate(s) N	Jame		Office Sought			\$562.90
Name of Payee INT*Intermedia.net				Date of Payment 10/04/2010	Method of Pay	ment	Amount
Street Address 150 Mathilda Pl Ste 104	City Sunnyvale	State CA	Zip Code 94086-6010	Purpose of Expenditure OVHD	X Debit Car	rd	
Description U R* INT*Intermedia. 800 10/01U R INT*			•		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	or Other Candidate(s) N	lame		Office Sought	•		\$562.90
X No							\$302.50

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILII	NG DUE DATE
Foley For Governor, Inc.							
	N. Expenses Paid By Commi	ttee					
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Chase Cardmember Service	<u> </u>		<u> </u>	10/05/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	X Debit Car		
PO Box 15153	Wilmington	DE	19886-5153	BNK	 	rd .	
Description CHASE AUTOPAY PPD ID: 4760039224					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
X No							\$2,428.13
Name of Payee				Date of Payment	Method of Pay	ment	Amount
JP Morgan Chase Bank				10/05/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
3A Pickwick Plz	Greenwich	СТ	06830	BNK	X Debit Car	d .	
Description Chase Autopay PPD ID: 4760039224					Event #		
Chase Autopay FFD 1D. 4700035224							
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought	•		
Yes X No							\$2,428.13
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Cablevision of Connecticut				10/05/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
PO Box 9256	Chelsea	MA	02150-9256	OVHD	X Debit Car	·d	
Description Television / Internet Expense					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
x _{No}							\$243.00

	IV. EXPENDITURE	s					
NAME OF COMMITTEE						FILI	NG DUE DATE
Foley For Governor, Inc.							
	N. Expenses Paid By Commi	ittee					
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Cablevision of Connecticut	i		1	10/05/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	X Debit Car	rd.	
PO Box 9256	Chelsea	MA	02150-9256	OVHD		u	
Description U R* CBV*Cablevision 203 10/04U R* CBV	<i>j</i> *				Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$243.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
JP Morgan Chase Bank			_	10/07/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	_		
3A Pickwick Plz	Greenwich	СТ	06830	BNK	X Debit Car	d	
Description Outgoing Domestic Wire Fee					Event #		
Outgoing Domestic Wife Fee							
Is this expenditure coordinated with another candidate for which reimbursement is sought?	or Other Candidate(s) N	Name		Office Sought			
Yes X No							\$25.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Premier Graphics				10/07/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>2125</u>		
860 Honeyspot Rd	Stratford	СТ	06615-7159	PRNT	Debit Car	rd	
Description					Event #		
Postage for 250,000 for Foleys first Piece							
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
x _{No}							\$56,338.45

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Foley For Governor, Inc.							
	N. Expenses Paid By Commi	ttee				•	
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Staples	T		T	10/07/2010	Check #		
Street Address 2299 Summer St	City Stamford	State	Zip Code 06905-4502	Purpose of Expenditure OFFICE	X Debit Car	·d	
Description	Statilloru	<u> </u>	00303 4302	OTTICE	Event #		
Supplies					D.C.I.C.		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$156.86
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Priceline.com				10/07/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
800 Connecticut Ave	Norwalk	СТ	06854-1631	TRVL	X Debit Car	⁻ d	
Description					Event #		
Travel/Lodging Expense							
Is this expenditure coordinated with another candidate for which reimbursement is sought?	or Other Candidate(s) N	lame		Office Sought			
Yes X No							\$189.69
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Media Placement Technologies				10/07/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	_		
336 Commerce St	Alexandria	VA	22314-2802	A-OTH	X Debit Car	·d	
Description					Event #		
Advertising & Promotion - Media Buy Oct	11-1/						
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			\$400.04F.00
X No							\$408,945.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Foley For Governor, Inc.							
	N. Expenses Paid By Commi	ttee					
Name of Payee United States Post Office West Hartford				Date of Payment 10/07/2010	Method of Pays	ment	Amount
Street Address Lasalle Road	City West Hartford	State CT	Zip Code	Purpose of Expenditure POST	X Debit Car	rd	
Description Mail Expense					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$88.00
Name of Payee United States Post Office West Hartford				Date of Payment 10/08/2010	Method of Pay	ment	Amount
	City	Gr. i	7. 0.1		Check #		
Street Address Lasalle Road	City West Hartford	State	Zip Code	Purpose of Expenditure POST	X Debit Car	rd	
Description	West Hartista		1		Event #		
Mail Expense							
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			\$264.00
X No				T	l		<u> </u>
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Matthew Joiner				10/08/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	2110		
150 Oxoboxo Dam Rd	Oakdale	СТ	06370-1267	WAGE	Debit Car	rd	
Description Payroll Expenses - Intern Stipend for weel	< 10/04				Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
X No							\$210.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Foley For Governor, Inc.							
	N. Expenses Paid By Commi	ttee					
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Staples				10/08/2010	Check #		
Street Address 2550 Albany Ave	City West Hartford	State CT	Zip Code 06117-2301	Purpose of Expenditure OFFICE	X Debit Car	·d	
Description		ļ.	1	I	Event #		
Supplies							
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	Jame		Office Sought			
Yes X No							\$27.55
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Torey Shepardson				10/08/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>2111</u>		
49 Westmont St	West Hartford	СТ	06117-2928	WAGE	Debit Car	d d	
Description		-		•	Event #		
Payroll Expenses - Intern Stipend for weel	< 10/04						
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	or Other Candidate(s) N	lame		Office Sought	•		
Yes X No							\$240.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
The Advocate/Greenwich Time				10/08/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
9 Riverbend Dr	Stamford	СТ	06906	Misc *	X Debit Car	^r d	
Description					Event #		
Newspaper							
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	Jame		Office Sought			\$19.99
100							

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Foley For Governor, Inc.							
	N. Expenses Paid By Commi	ttee					
Name of Payee Michael Roberts				Date of Payment 10/08/2010	Method of Pays	ment	Amount
Street Address 618 Belden Hall	City Storrs	State CT	Zip Code 06269-6905	Purpose of Expenditure	2112 Debit Car	·d	
Description Payroll Expenses - Intern Stipend for weel	< 10/04	•	•		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought	•		\$250.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Palace Theater		Ι	1	10/08/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	 		
100 E Main St	Waterbury	СТ	06702-2312	OVHD	X Debit Car	rd .	
Description Event Expense					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
X No							\$3,710.00
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Emily Duus		l		10/08/2010	X Check #		
Street Address 20 Summer St Ste 200	City Stamford	State CT	Zip Code 06901-2304	Purpose of Expenditure WAGE	2108 Debit Car	·d	
Description Payroll Expenses - Intern Stipend for weel		<u> </u>	1		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
X No							\$250.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Foley For Governor, Inc.							
	N. Expenses Paid By Commi	ttee					
Name of Payee David M Hellriegel				Date of Payment 10/08/2010	Method of Pays	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	2109 Debit Car		
20 Summer St Ste 200	Stamford	СТ	06901-2304	WAGE		d	
Description Payroll Expenses - Intern Stipend for weel	< 10/04				Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	ame		Office Sought			
X No							\$150.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Reuben's Deli	T		T	10/08/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
35 Lasalle Rd	West Hartford	СТ	06107-2304	FOOD	X Debit Car	rd	
Description					Event #		
Meal Expense							
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought	•		
Yes X No							\$33.71
Name of Payee				Date of Payment	Method of Pay	ment	Amount
JP Morgan Chase Bank				10/08/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
3A Pickwick Plz	Greenwich	СТ	06830	BNK	X Debit Car	rd	
Description Incoming Domestic Wire Fee			•		Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought	ı		
X No							\$15.00

	IV. EXPENDITURES	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Foley For Governor, Inc.							
	N. Expenses Paid By Commi	ttee					
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Premier Graphics				10/11/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	2129 Debit Car	d	
860 Honeyspot Rd	Stratford	СТ	06615-7159	PRNT		a	
Description Postage for 2nd Mailer dropped 10/12					Event #		
rostage for End Fidurer dropped 10,12							
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	ame		Office Sought			
Yes X No							\$56,338.45
Name of Payee				Date of Payment	Method of Payr	ment	Amount
JP Morgan Chase Bank				10/12/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
3A Pickwick Plz	Greenwich	СТ	06830	BNK	X Debit Car	ď	
Description			•		Event #		
DEPOSIT ITEM RETURNED FEE: 01 000104	4151 # OF ITEMS00001						
Is this expenditure coordinated with another candidate fo	r Other Candidate(s) N	ame		Office Sought	!		
which reimbursement is sought? Yes							
X No					1		\$10.00
Name of Payee				Date of Payment	Method of Payı	ment	Amount
JP Morgan Chase Bank	•			10/12/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	_		
3A Pickwick Plz	Greenwich	СТ	06830	BNK	X Debit Car	d	
Description					Event #		
DEPOSITED ITEM RETURNED 000104151 :	# OF ITEMS00001 (view)						
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	ame		Office Sought			
Yes X No							\$150.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Foley For Governor, Inc.							
	N. Expenses Paid By Commi	ttee					
Name of Payee La Quinta Inn & Suites				Date of Payment 10/12/2010	Method of Paya	ment	Amount
Street Address 65 Columbus Blvd	City New Britain	State CT	Zip Code 06051-2226	Purpose of Expenditure TRVL	X Debit Car	rd	
Description Lodging Expense					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	ame		Office Sought			\$540.68
Name of Payee RadioShack				Date of Payment 10/12/2010	Method of Payr	ment	Amount
Street Address 561 Elm St # 1-1419	City	State CT	Zip Code 06902-5113	Purpose of Expenditure Misc *	X Debit Car	rd	
Description Electronics Expense	Stamford	CI	00902-3113	I'llsc '	Event#		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	ame		Office Sought			\$53.00
Name of Payee CVS Pharmacy				Date of Payment 10/12/2010	Method of Paya	ment	Amount
Street Address 976 Farmington Ave	City West Hartford	State CT	Zip Code 06107-2102	Purpose of Expenditure Misc *	X Debit Car	rd	
Description Supplies					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	ame		Office Sought			\$32.53

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Foley For Governor, Inc.							
	N. Expenses Paid By Commi	ttee					
Name of Payee CVS Pharmacy				Date of Payment	Method of Pay	ment	Amount
Street Address 976 Farmington Ave	City West Hartford	State CT	Zip Code 06107-2102	Purpose of Expenditure Misc *	X Debit Car	·d	
Description Supplies			1		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	Jame		Office Sought			\$25.28
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Harry's Pizza				10/12/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
1003 Farmington Ave	West Hartford	СТ	06107-2191	FOOD	X Debit Car	^r d	
Description Meal Expense					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			\$22.26
X No				1	1		\$22.20
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Town of West Hartford		<u> </u>		10/12/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	X Debit Car	vd.	
20 Isham Rd	West Hartford	СТ	06107-2204	TRVL		<u> </u>	
Description Parking					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No.	r Other Candidate(s) N	lame		Office Sought			\$7.00
LITE No							

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Foley For Governor, Inc.							
	N. Expenses Paid By Commi	ttee					
Name of Payee Gulf Oil			1	Date of Payment 10/13/2010	Method of Payr	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	X Debit Car	v4	
524 Newfield Ave	Stamford	СТ	06905-3713	TRVL		u	
Description Gas Expense					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
X No							\$30.00
Name of Payee				Date of Payment	Method of Payı	ment	Amount
CampaignGrid 1				10/13/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>2143</u>		
223 Summit Ave	Fort Washington	PA	19034-1525	A-OTH	Debit Car	rd	
Description Advertising & Promotion - Invoice#8023-F	Revised				Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
X No							\$75,000.00
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Chatham Light Media	Г	<u> </u>		10/13/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>2146</u>		
PO Box 1330	Stowe	VT	05672-1330	A-OTH	Debit Car	d	
Description Advertising & Promotion - Inv#1548,155	1,1554,1555-58,1561,1571-72				Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
X No							\$84,668.50

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Foley For Governor, Inc.							
	N. Expenses Paid By Commi	ttee					
Name of Payee The Yale Club of New York City				Date of Payment 10/13/2010	Method of Pays	ment	Amount
Street Address 50 Vanderbilt Ave	City New York	State NY	Zip Code 10017-3803	Purpose of Expenditure	2136 Debit Car	·d	
Description Meals and Entertainment - Member ID H6.	55 Foley Events 9/22/10 Luncheon&Bre	eakfas	t		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$4,527.10
Name of Payee Chris Syrek				Date of Payment 10/13/2010	Method of Paye	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	2119		
20 Summer St Ste 200	Stamford	СТ	06901-2304	RCW	Debit Car	·d	
Description Vehicle Miles, Parking, Food, Supplies		ı			Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	ame		Office Sought			\$1,017.62
Name of Payee Sunghi P Frauen				Date of Payment 10/13/2010	Method of Pay	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	X Check # 2126		
20 Summer St Ste 200	Stamford	CT	06901-2304	RCW	Debit Car	rd	
Description Verizon Call Plan Bill		I			Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought	!		\$151.57
X No							Ψ151.57

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Foley For Governor, Inc.							
	N. Expenses Paid By Commi	ttee					
Name of Payee Elizabeth Osborn Poirier			1	Date of Payment 10/13/2010	Method of Pays	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>2127</u>		
20 Summer St Fl 2	Stamford	СТ	06901-2304	RCW	Debit Car	rd	
Description Vehicle Miles, Parking, Supplies					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			\$1,581.64
X No				1	ı		\$1,301.04
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Courtney Weaver	1			10/13/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>2113</u>		
20 Summer St Fl 2	Stamford	СТ	06901-2304	RCW	Debit Car	rd	
Description Vehicle Miles, Parking, Meals					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			\$1,287.94
x No				T	1		Ψ1/20/13 ·
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Chris Bandecchi				10/13/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	2123		
20 Summer St Fl 2	Stamford	СТ	06901-2304	RCW	Debit Car	rd	
Description Vehicle Miles, Aircard					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
x No							\$208.86

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Foley For Governor, Inc.							
	N. Expenses Paid By Commi	ttee				•	
Name of Payee Chris Covucci			1	Date of Payment 10/13/2010	Method of Payr	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	2120 Debit Car	-d	
20 Summer St Fl 2	Stamford	СТ	06901-2304	RCW		a	
Description Vehicle Miles, Parking, Meals					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			\$809.39
X No				1	<u> </u>		·
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Verizon Wireless 1				10/13/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>2134</u>		
PO Box 15062	Albany	NY	12212-5062	OVHD	Debit Car	rd	
Description			•		Event #		
Telephone Expense - Acct#381433731-00	0002, Inv#2460648725						
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
X No							\$287.39
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Premier Graphics		_		10/13/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>2130</u>		
860 Honeyspot Rd	Stratford	СТ	06615-7159	PRNT	Debit Car	rd	
Description TG03 Postage-57318 Hartford Drop1,Walli	ingford Drop2				Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
X No							\$63,400.25

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Foley For Governor, Inc.							
	N. Expenses Paid By Commi	ttee				•	
Name of Payee Premier Graphics				Date of Payment 10/13/2010	Method of Paye	ment	Amount
Street Address 860 Honeyspot Rd	City Stratford	State CT	Zip Code 06615-7159	Purpose of Expenditure PRNT	2131 Debit Car	rd	
Description Postage Inv56964 TFG04,Inv56966 TFG05			!		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$176,101.90
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Premier Graphics				10/13/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	2132		
860 Honeyspot Rd	Stratford	СТ	06615-7159	PRNT	Debit Car	rd	
Description Mailers Inv56957,56961,56962,56963,569	965,56967 TFG01-06				Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$175,521.37
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Dean Pagani				10/13/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	2118		
309 Holland Ln Ste 226	Alexandria	VA	22314-6104	RCW	Debit Car	rd	
Description Parking, Train					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$996.60

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Foley For Governor, Inc.							
	N. Expenses Paid By Commi	ttee					
Name of Payee West Park - Stamford LLC				Date of Payment 10/13/2010	Method of Pays	ment	Amount
Street Address 108 Prospect St	City Stamford	State CT	Zip Code 06901-1202	Purpose of Expenditure OVHD	2142 Debit Car	rd	
Description Stamford Office Rent Expense	Stamora	<u>[</u> -	1		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$2,862.00
Name of Payee				Date of Payment	Method of Payı	ment	Amount
James O'Connell		I		10/13/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	2122 Debit Car	rd.	
20 Summer St Ste 200 Description	Stamford	СТ	06901-2304	RCW	Event #	u	•
Vehicle Miles, Utilities					Event#		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$731.77
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Justin R Clark	Γ	1	Т	10/13/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>2121</u>		
20 Summer St Ste 200	Stamford	СТ	06901-2304	RCW	Debit Car	rd	
Description Vehicle Miles					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$565.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Foley For Governor, Inc.							
	N. Expenses Paid By Commi	ttee					
Name of Payee Debi Schatzle Baker				Date of Payment 10/13/2010	Method of Payı	ment	Amount
Street Address 20 Summer St Ste 200	City Stamford	State CT	Zip Code 06901-2304	Purpose of Expenditure	2115 Debit Car	ď	
Description Vehicle Miles, Waterbury HQ Opening		<u>I</u>	!		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought	•		\$136.33
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Len Greene 1				10/13/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	2114		
20 Summer St Ste 200	Stamford	СТ	06901-2304	RCW	Debit Car	d	
Description Vehicle Miles,RTC Picnic					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
X No							\$225.50
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Chris O'Brien		Ι		10/13/2010	X Check #		
Street Address 20 Summer St Ste 200	City Stamford	State CT	Zip Code 06901-2304	Purpose of Expenditure RCW	2117 Debit Car	rd	
Description Vehicle Miles, Parking, Meals			1		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
X No							\$322.25

	IV. EXPENDITURES	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Foley For Governor, Inc.							
	N. Expenses Paid By Commi	ttee					
Name of Payee Ben Hartman Street Address 20 Summer St Ste 200 Description Vehicle Miles, Parking, Meals	City Stamford	State CT	Zip Code 06901-2304	Date of Payment 10/13/2010 Purpose of Expenditure RCW	Method of Payr X Check # 2116 Debit Car Event #		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	ame		Office Sought			\$1,043.03
Name of Payee				Date of Payment	Method of Payr	ment	Amount
Shawn Takatsu				10/13/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>2135</u>		
45 Beth Dr	Fairfield	СТ	06825-2701	OVHD	Debit Car	d	
Description Computer and Internet Expenses - Inv#152,153,155							
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes No	r Other Candidate(s) N	ame		Office Sought			\$200.00
Name of Payee				Date of Payment	Method of Payr	ment	Amount
Capitol Report Media Group, LLC				10/13/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>2147</u>		
c/o Tom Dudchik 314 Town St	East Haddam	СТ	06423	A-OTH	Debit Car	d	
Description Advertising & Promotion - Monthly Banner	Placement Sep 1-Nov 2, 2010				Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	ame		Office Sought			\$5,000.00
X No							75,555.50

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Foley For Governor, Inc.							
	N. Expenses Paid By Commi	ttee				•	
Name of Payee Handmaid Design & Graphics				Date of Payment 10/14/2010	Method of Paye	ment	Amount
Street Address	City	State	Zip Code 06350-0142	Purpose of Expenditure PRNT	2149 Debit Car	rd.	
PO Box 142 Description Event Invites: 9/23, 10/3, 10/6, 10/7, 10/8, 1	0/9,10/11,10/20	СТ	00330-0142	FRNI	Event #	<u>.</u>	
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$1,372.42
Name of Payee				Date of Payment	Method of Pay	ment	Amount
AT&T			1	10/14/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	2160 Debit Car	.d	
208 S Akard St	Dallas	TX	75202-4206	OVHD	_	u	
Description Telephone Expenses - Acct #860-570-489	4-573 Billing Date 9/23/10				Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
X No				T	1		\$1,613.09
Name of Payee				Date of Payment	Method of Pay	ment	Amount
DMI, Inc	<u> </u>		1	10/14/2010	X Check #		
Street Address 1145 W Collins Ave	City Orange	State CA	Zip Code 92867-5445	Purpose of Expenditure PRNT	2155 Debit Car	·d	
Description	1 3-		+	<u> </u>	Event #		
Printing & Reproduction Inv 10251							
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$863.20

	IV. EXPENDITURE	s					
NAME OF COMMITTEE						FILI	NG DUE DATE
Foley For Governor, Inc.							
	N. Expenses Paid By Commi	ttee					
Name of Payee TVEyes Inc.				Date of Payment 10/14/2010	Method of Pays	ment	Amount
	City	C+-+-	Zin Code		X Check # 2154		
Street Address 2150 Post Rd	Fairfield	State CT	Zip Code 06824-5669	Purpose of Expenditure OVHD	Debit Car	·d	
Description	T. Gilliani	<u> </u>		<u> </u>	Event #		
Computer and Internet Expenses - Inv 20	10-X725 Oct 2010 Media monitoring						
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$300.00
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Comcast				10/14/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>2158</u>		
PO Box 1577	Newark	NJ	07101-1577	OVHD	Debit Car	⁻ d	
Description			•		Event #		
Computer & Internet Expenses - Acct 877.	3402000691101 Norwich office due 10/	18/10)				
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$337.80
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Comcast				10/14/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	2159		
PO Box 1577	Newark	NJ	07101-1577	OVHD	Debit Car	d .	
Description					Event #		
Computer & Internet Expenses - Acct#877	73-40-381-0777338 Danbury Office Du	e 10/2	26/10				
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$106.17
No No							

NAME OF COMMITTEE Foley For Governor, Inc. N. Expenses Paid By Committee Date of Payment Method of Payment Method of Payment	E DATE
N. Expenses Paid By Committee	
Name of Payee Date of Payment Method of Payment	
Connecticut Light & Power 10/14/2010 x Check #	Amount
Street Address City State Zip Code Purpose of Expenditure 2161 PO Box 150493 Hartford CT 06115-0493 OVHD Debit Card	
Description Utilities - Acct#5194935021 - 56 Padanarum Rd, Danbury Event #	
Is this expenditure coordinated with another candidate for Other Candidate(s) Name Office Sought which reimbursement is sought? Yes X No	\$55.14
Name of Payee Date of Payment Method of Payment	Amount
SWC Office Furniture 10/14/2010 X Check # Street Address City State Zin Code Purpose of Expenditure 2151	
Street Address City State Zip Code Purpose of Expenditure 2151 Debit Card Debit Card	
Description Event #	
Rent Expense - Inv#SWC69718, #SWC6719	
Is this expenditure coordinated with another candidate for Other Candidate(s) Name Office Sought which reimbursement is sought? Yes No	\$1,113.00
Name of Payee Date of Payment Method of Payment	Amount
Stevens & Schriefer Group 10/14/2010 X Check #	
Street Address City State Zip Code Purpose of Expenditure 2152 2120 L St NW Ste 510 Washington DC 20037-1534 TRVL Debit Card	
ZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZ	
Description Travel Expense - Inv#Foley18 Travel, Postage	
Is this expenditure coordinated with another candidate for Other Candidate(s) Name Office Sought which reimbursement is sought? Yes No	\$523.69

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Foley For Governor, Inc.							
	N. Expenses Paid By Commi	ttee					
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Thomas Daffron		Г		10/14/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	2153 Debit Car	.d	
PO Box 31	Shady Side	MD	20764-0031	CNSLT	 	ď	
Description Professional Fees - Sep 2010 Consulting					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$2,000.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
JP Morgan Chase Bank				10/14/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
3A Pickwick Plz	Greenwich	СТ	06830	BNK	X Debit Car	·d	
Description					Event #		
Outgoing Domestic Wire Fee							
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$25.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Target				10/14/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
21 Broad St	Stamford	СТ	06901-2309	Misc *	X Debit Car	^r d	
Description			•		Event #		
Supplies							
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$50.28
No No							

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Foley For Governor, Inc.							
	N. Expenses Paid By Commi	ttee					
Name of Payee RNL LLC				Date of Payment 10/14/2010	Method of Pays	ment	Amount
Street Address 40 Pleasant Dr	City Southbury	State CT	Zip Code 06488-3231	Purpose of Expenditure OVHD	2163 Debit Car	·d	
Description Rent Expense - Oct 18-Nov 7 Rent - Lease	e ends 11/17/10	Į.	•		Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			#000.00
X No				ı	1		\$900.00
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Media Placement Technologies				10/14/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u> </u>		
336 Commerce St	Alexandria	VA	22314-2802	A-OTH	X Debit Car	rd	
Description Advertising & Promotion - Media Buy Oct 1	18-24 + Inv1002 (\$385)		•		Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
X No							\$477,490.00
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Campaign Solutions		ı —		10/14/2010	X Check #		
Street Address 118 N Saint Asaph St	City Alexandria	State VA	Zip Code 22314-3110	Purpose of Expenditure OVHD	2157 Debit Car	·d	
Description Computer & Internet Expenses - Inv #791			1		Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
X No							\$5,068.88

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Foley For Governor, Inc.							
	N. Expenses Paid By Commi	ttee					
Name of Payee Axiom Strategies				Date of Payment 10/14/2010	Method of Paye	ment	Amount
Street Address 1251 NW Briarcliff Pkwy Ste 85	City Kansas City	State MO	Zip Code 64116-1780	Purpose of Expenditure	2144 Debit Car	rd	
Description Professional Fees - Invoice#1195, #1234	Transac Gity	1			Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$13,528.01
Name of Payee				Date of Payment	Method of Pay	ment	Amount
MagmaCreative Incorporated				10/14/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>2156</u>		
PO Box 382	Roseville	CA	95678-0382	OVHD	Debit Car	rd	
Description Professional Fees - Inv 58.144 TFG2 Foley	Boughton Walk				Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			\$1,250.00
X No				<u> </u>	<u> </u>		. ,
Name of Payee				Date of Payment 10/14/2010	Method of Pay	ment	Amount
Revolvis					X Check # 2150		
Street Address 7185 Navajo Rd Ste P	City San Diego	State	Zip Code 92119-1695	Purpose of Expenditure OVHD	Debit Car	rd	
Description Description	Sall Diego	C/ \	32113 1033	O VIIIS	Event #		
Professional Fees - Inv#R10-09-041 Inde	p Proofreading Svcs				Break #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$50.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Foley For Governor, Inc.							
	N. Expenses Paid By Commi	ttee					
Name of Payee Poland Spring Direct				Date of Payment 10/14/2010	Method of Pays	ment	Amount
Street Address PO Box 856192	City Louisville	State KY	Zip Code 40285-6192	Purpose of Expenditure	X Debit Car	rd	
Description Water					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	ame		Office Sought			\$82.41
Name of Payee				Date of Payment	Method of Pay	ment	Amount
United States Post Office West Hartford	<u> </u>	Ι		10/14/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	X Debit Car		
Lasalle Road	West Hartford	СТ		POST		ra	
Description Mail Expense					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
X No							\$220.00
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Fedex Kinko's		ı		10/14/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	X Debit Car	,	
544 Farmington Ave	Hartford	СТ	06105-3049	OFFICE		ra	
Description Office Services Expense					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
X No							\$19.08

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Foley For Governor, Inc.							
	N. Expenses Paid By Commi	ttee					
Name of Payee Jackson-Alvarez Group			,	Date of Payment 10/14/2010	Method of Pays	ment	Amount
Street Address 777 Leesburg Pike Ste 407N	City Falls Church	State VA	Zip Code 22043	Purpose of Expenditure OVHD	2148 Debit Car	·d	
Description Professional Fees - 9-28-10 Invoice: CT Re		<u> </u>	122013	Jovins	Event#		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	ame		Office Sought			\$7,500.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Torey Shepardson		<u> </u>		10/15/2010	X Check # 2140		
Street Address 49 Westmont St	City	State CT	Zip Code 06117-2928	Purpose of Expenditure WAGE	Debit Car	·d	
Description Description	West Hartford	<u> </u>	00117-2920	WAGE	Event #		
Payroll Expenses - Intern Stipend for weel	< 10/11				Dvent "		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
X No							\$240.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Matthew Joiner	Г			10/15/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>2141</u>		
150 Oxoboxo Dam Rd	Oakdale	СТ	06370-1267	WAGE	Debit Car	·d	
Description Payroll Expenses - Intern Stipend for weel	< 10/11				Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
X No							\$210.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Foley For Governor, Inc.							
	N. Expenses Paid By Commi	ttee					
Name of Payee MagmaCreative Incorporated				Date of Payment 10/15/2010	Method of Pays	ment	Amount
Street Address PO Box 382	City Roseville	State CA	Zip Code 95678-0382	Purpose of Expenditure OVHD	2164 Debit Car	rd	
Description Professional Fees - Inv58.143, 58.163-168		<u>[</u> -			Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	ame		Office Sought			\$8,750.00
Name of Payee Michael Roberts				Date of Payment 10/15/2010	Method of Paye	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	2139 Debit Car	rd.	
Description Payroll Expenses - Intern Stipend for weel	Storrs < 10/11	СТ	06269-6905	WAGE	Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$250.00
Name of Payee Chatham Light Media				Date of Payment 10/15/2010	Method of Paye	ment	Amount
Street Address PO Box 1330	City Stowe	State VT	Zip Code 05672-1330	Purpose of Expenditure A-OTH	2166 Debit Car	·d	
Description Advertising & Promotion - Inv1578, 1579			•		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought	•		\$17,275.00
X No							+ 1. /2. 3.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Foley For Governor, Inc.							
	N. Expenses Paid By Commi	ttee					
Name of Payee Tony D's Restaurant				Date of Payment 10/15/2010	Method of Pay	ment	Amount
Street Address 92 Huntington St	City New London	State CT	Zip Code 06320-6618	Purpose of Expenditure	X Debit Car	·d	
Description Meal Expense	New London	<u> </u>	00320 0010	<u> 1005</u>	Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$867.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Emily Duus				10/15/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>2138</u>		
20 Summer St Ste 200	Stamford	СТ	06901-2304	WAGE	Debit Car	·d	
Description Payroll Expenses - Intern Stipend for week	< 10/11		•		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$250.00
No No					1		
Name of Payee				Date of Payment	Method of Pay	ment	Amount
David M Hellriegel				10/15/2010	X Check # 2137		
Street Address 20 Summer St Ste 200	City Stamford	State	Zip Code 06901-2304	Purpose of Expenditure WAGE	Debit Car	·d	
Description Description	Starriord	<u> </u>	00301 2301	III/IGE	Event #		
Payroll Expense - Intern Stipend for week	10/11				Break #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes No.	r Other Candidate(s) N	Vame		Office Sought			\$150.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Foley For Governor, Inc.							
	N. Expenses Paid By Commi	ttee					
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Secretary of the State ATTN: Ted Bromley	· r		<u> </u>	10/16/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>2175</u>		
30 Trinity St	Hartford	СТ	06106-1634	PRNT	Debit Car	·d	
Description Printing & Reproduction - Voter File Disk					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought	ı		
Yes X No							\$300.00
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Stamps.com				10/18/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	_		
12959 Coral Tree Pl	Los Angeles	CA	90066-7020	POST	X Debit Car	d .	
Description					Event #		
Stamps Expense							
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$15.99
Name of Payee				Date of Payment	Method of Pay	ment	Amount
JP Morgan Chase Bank				10/18/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	_		
3A Pickwick Plz	Greenwich	СТ	06830	BNK	X Debit Car	d .	
Description					Event #		
Outgoing Domestic Wire Fee							
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	Jame		Office Sought			\$25.00
No No							İ

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Foley For Governor, Inc.							
	N. Expenses Paid By Commi	ittee				•	
Name of Payee JP Morgan Chase Bank				Date of Payment	Method of Pay	ment	Amount
Street Address 3A Pickwick Plz	City Greenwich	State CT	Zip Code 06830	Purpose of Expenditure	X Debit Car	rd	
Description Incoming Domestic Wire Fee					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	or Other Candidate(s) N	Name		Office Sought			\$15.00
Name of Payee Starbucks				Date of Payment 10/18/2010	Method of Pay	ment	Amount
Street Address 96 Broad St	City Stamford	State CT	Zip Code 06901-2312	Purpose of Expenditure	X Debit Car	rd	
Description Coffee			•	1	Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	or Other Candidate(s) N	Vame		Office Sought	I		\$40.00
Name of Payee Sunoco				Date of Payment 10/18/2010	Method of Pays	ment	Amount
Street Address 240 Riverside Ave	City Westport	State CT	Zip Code 06880-4608	Purpose of Expenditure	X Debit Car	rd	
Description Gas Expense					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	or Other Candidate(s) N	Name		Office Sought			\$43.44
X No							¥ 15.111

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Foley For Governor, Inc.							
	N. Expenses Paid By Commi	ttee					
Name of Payee La Quinta Inn & Suites				Date of Payment 10/18/2010	Method of Pays	ment	Amount
Street Address 65 Columbus Blvd	City New Britain	State CT	Zip Code 06051-2226	Purpose of Expenditure	X Debit Car	rd	
Description Lodging Expense					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	ame		Office Sought			\$474.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Gyro Palace				10/18/2010	Check #		
Street Address 7 S Main St	City West Hartford	State CT	Zip Code 06107-2447	Purpose of Expenditure	X Debit Car	rd	
Description	West Hartista	<u> </u>			Event #		
Meal Expense							
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
X No							\$23.30
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Media Placement Technologies	Г			10/18/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
336 Commerce St	Alexandria	VA	22314-2802	A-OTH	X Debit Car	rd	
Description Advertising & Promotion - Media Buy Oct 2	20-26				Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$626,770.00

	IV. EXPENDITURE	s					
NAME OF COMMITTEE						FILI	NG DUE DATE
Foley For Governor, Inc.							
	N. Expenses Paid By Commi	ttee				•	
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Lox Stock and Bagel	i			10/18/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
332 N Main St	West Hartford	СТ	06117-2510	FOOD	X Debit Car	·d	
Description Meal Expense					Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
X No							\$17.87
Name of Payee				Date of Payment	Method of Pays	ment	Amount
Town of West Hartford				10/18/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
20 Isham Rd	West Hartford	СТ	06107-2204	TRVL	X Debit Car	d .	
Description					Event #		
Parking							
Is this expenditure coordinated with another candidate for which reimbursement is sought?	or Other Candidate(s) N	lame		Office Sought			
Yes X No							\$6.75
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Wendy's				10/18/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
306 Prospect Ave	Hartford	СТ	06106-2028	FOOD	X Debit Car	d .	
Description					Event #		
Meal Expense							
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	ame		Office Sought			\$6.88
X No							Ф 0.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Foley For Governor, Inc.							
	N. Expenses Paid By Commi	ittee				•	
Name of Payee Buffalo Wild Wings				Date of Payment 10/18/2010	Method of Paye	ment	Amount
Street Address 208 Summer St	City Stamford	State CT	Zip Code 06901	Purpose of Expenditure	X Debit Car	rd	
Description Meal Expense					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	or Other Candidate(s) N	lame		Office Sought			\$56.82
X No				Τ	1		\$30.02
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Town of West Hartford				10/18/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
20 Isham Rd	West Hartford	СТ	06107-2204	TRVL	X Debit Car	rd	
Description Parking					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	or Other Candidate(s) N	Vame		Office Sought			
Yes X No							\$5.25
Name of Payee				Date of Payment	Method of Pays	ment	Amount
Town of West Hartford	•			10/18/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
20 Isham Rd	West Hartford	СТ	06107-2204	TRVL	X Debit Car	rd	
Description Parking					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	or Other Candidate(s) N	Name		Office Sought			
Yes X No							\$7.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Foley For Governor, Inc.							
	N. Expenses Paid By Commi	ttee					
Name of Payee Town of West Hartford				Date of Payment 10/18/2010	Method of Pays	ment	Amount
Street Address 20 Isham Rd	City West Hartford	State CT	Zip Code 06107-2204	Purpose of Expenditure	X Debit Car	rd	
Description Parking					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$7.00
Name of Payee Harry's Pizza				Date of Payment 10/18/2010	Method of Paya	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	X Debit Car	rd.	
1003 Farmington Ave Description Mod Expanse	West Hartford	СТ	06107-2191	FOOD	Event #	·u	
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$32.33
Name of Payee				Date of Payment	Method of Pay	ment	Amount
CVS Pharmacy Street Address	City	State	Zip Code	10/18/2010 Purpose of Expenditure	Check #		
976 Farmington Ave	West Hartford	СТ	06107-2102	OFFICE	X Debit Car	rd	
Description Supplies					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
X No							\$16.84

	IV. EXPENDITURE	s					
NAME OF COMMITTEE						FILI	NG DUE DATE
Foley For Governor, Inc.							
	N. Expenses Paid By Commi	ttee					
Name of Payee Revolvis				Date of Payment 10/20/2010	Method of Pays	ment	Amount
Street Address 7185 Navajo Rd Ste P	City	State	Zip Code 92119-1695	Purpose of Expenditure OVHD	2176 Debit Car	d	
Description Professional Fees - Inv#R10-10-037 Indep	San Diego Proofreading Services (7)	<u>L</u>	92119 1033	OVIID	Event #	-	
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	ame		Office Sought			\$350.00
Name of Payee				Date of Payment	Method of Payi	ment	Amount
Chatham Light Media	as:	L		10/20/2010	X Check # 2180		
Street Address PO Box 1330	City Stowe	State VT	Zip Code 05672-1330	Purpose of Expenditure A-OTH	Debit Car	d	
Description Advertising & Promotion - Inv1581,1584,1		IV.	03072 1330	K OIII	Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$17,846.50
Name of Payee Hartford Publications				Date of Payment 10/20/2010	Method of Payr	ment	Amount
Street Address 563 Franklin Ave	City Hartford	State CT	Zip Code 06114-3019	Purpose of Expenditure A-NEWS	X Debit Car	d	
Description Ledger Publication	TIGITOTU	<u> </u>			Event#		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			\$1,000.00
X No							φ1,000.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Foley For Governor, Inc.							
	N. Expenses Paid By Commi	ttee					
Name of Payee AT Conference				Date of Payment 10/20/2010	Method of Payr	ment	Amount
Street Address PO Box 2939	City Southampton	State NY	Zip Code 11969-2939	Purpose of Expenditure Misc *	X Debit Car	·d	
Description Conference Call Service Expense		•	,		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	Jame		Office Sought			\$442.68
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Handmaid Design & Graphics				10/20/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>2172</u>		
PO Box 142	Hanover	СТ	06350-0142	PRNT	Debit Car	rd	
Description Printing & Reproduction - Invites for Event	s on 10/14,10/26,10/27		-		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$455.80
Name of Payee Premier Graphics				Date of Payment 10/20/2010	Method of Payr	ment	Amount
·	City	Ct-t-	7: C- 1-	Purpose of Expenditure	X Check # 2178		
Street Address 860 Honeyspot Rd	Stratford	State CT	Zip Code 06615-7159	PRNT	Debit Car	rd	
Description Printing & Reproduction - Inv56508 Walkin			-		Event#		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	Jame		Office Sought	•		\$2,876.57

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Foley For Governor, Inc.							
	N. Expenses Paid By Commi	ttee					
Name of Payee Tarrance Group	I		I	Date of Payment 10/20/2010	Method of Paya X Check # 2162	ment	Amount
Street Address	City	State VA	Zip Code 22314-2642	Purpose of Expenditure OVHD	Debit Car	rd	
201 N Union St	Alexandria	VA	22314-2042	OVHD			
Description Professional Fees - Inv8753 Survey 9/28-2	29,Inv8775 Survey 10/3-28				Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	or Other Candidate(s) N	ame		Office Sought			\$128,656.00
X No				1	1		\$120,030.00
Name of Payee				Date of Payment	Method of Payı	ment	Amount
JP Morgan Chase Bank	1			10/20/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	_		
3A Pickwick Plz	Greenwich	СТ	06830	BNK	X Debit Car	rd	
Description Incoming Domestic Wire Fee					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	or Other Candidate(s) N	ame		Office Sought			\$15.00
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Sprint				10/20/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>2179</u>		
PO Box 660075	Dallas	TX	75266-0075	OVHD	Debit Car	rd	
Description Computer & Internet Expenses - Acct #78	746693 Billing 9/8/10-10/10/10		•		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	or Other Candidate(s) N	ame		Office Sought			\$122.92
X No							Ψ122.92

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Foley For Governor, Inc.							
	N. Expenses Paid By Commi	ttee					
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Mr. Richard H. Witmer				10/20/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure Misc *	2165 Debit Car	rd.	
16 Fort Hill Ln Description	Greenwich	СТ	06831-3719	MISC *	Event #	u	
Reversal of Contribution - Contribution Ret	turn for Check #599 deposited 12/31/0	9			Event#		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	ame		Office Sought			
Yes X No							\$3,500.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Verizon Wireless				10/21/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
PO Box 15062	Albany	NY	12212-5062	OVHD	X Debit Car	⁻ d	
Description			•		Event #		
AirCard Expense							
Is this expenditure coordinated with another candidate for which reimbursement is sought?	Other Candidate(s) N	ame		Office Sought			
Yes X No							\$60.07
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Staples				10/21/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	_		
2299 Summer St	Stamford	СТ	06905-4502	OFFICE	X Debit Car	rd	
Description Office Cumpling					Event #		
Office Supplies							
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	ame		Office Sought			
Yes X No							\$73.13

	IV. EXPENDITURE	s					
NAME OF COMMITTEE						FILI	NG DUE DATE
Foley For Governor, Inc.							
	N. Expenses Paid By Commi	ttee				•	
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Media Placement Technologies				10/21/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure]		
336 Commerce St	Alexandria	VA	22314-2802	A-OTH	X Debit Car	·d	
Description					Event #		
Advertising & Promotion - Oct20-26(\$400,	,550),Oct25-Nov2(\$515,620),Inv#385	Media	Buy				
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought	•		
Yes X No							\$916,555.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Lox Stock and Bagel				10/21/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u> </u>		
332 N Main St	West Hartford	СТ	06117-2510	FOOD	X Debit Car	d d	
Description				•	Event #		
Meal Expense							
Is this expenditure coordinated with another candidate fo	r Other Candidate(s) N	lame		Office Sought			
which reimbursement is sought?							
Yes X No							\$17.87
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Remo's				10/21/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u></u>		
35 Bedford St	Stamford	СТ	06901-1908	FOOD	X Debit Car	^r d	
Description					Event #		
Meal Expense							
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$35.35

	IV. EXPENDITURE	s					
NAME OF COMMITTEE						FILI	NG DUE DATE
Foley For Governor, Inc.							
	N. Expenses Paid By Commi	ttee					
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Max'S Oyster Bar		Π		10/21/2010	Check #		
Street Address 964 Farmington Ave	City West Hartford	State CT	Zip Code 06107-2102	Purpose of Expenditure FOOD	X Debit Car	·d	
Description			-		Event #		
Meal Expense							
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$59.89
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Town of West Hartford				10/21/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure]		
20 Isham Rd	West Hartford	СТ	06107-2204	TRVL	X Debit Car	d d	
Description			•		Event #		
Parking							
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought	•		
Yes Yes							4= 00
X No					•		\$7.00
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Town of West Hartford				10/21/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
20 Isham Rd	West Hartford	СТ	06107-2204	TRVL	X Debit Car	d	
Description					Event #		
Parking							
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$7.00
No No							1

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Foley For Governor, Inc.							
	N. Expenses Paid By Commi	ttee					
Name of Payee Wireless One				Date of Payment 10/21/2010	Method of Paya	ment	Amount
Street Address 1269 E Putnam Ave	City Riverside	State CT	Zip Code 06878-1522	Purpose of Expenditure OVHD	X Debit Car	·d	
Description MiFi Expense			•		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	or Other Candidate(s) N	lame		Office Sought			\$212.00
Name of Payee Diane L. Browne Catering				Date of Payment 10/21/2010	Method of Paye	ment	Amount
Street Address 865 Post Rd	City Darien	State CT	Zip Code 06820-4603	Purpose of Expenditure FOOD	2182 Debit Car	rd	
Description Meals & Entertainment - 10/4/10 Invoice - 9/27/10 Foley Event, Stapletons							
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	or Other Candidate(s) N	lame		Office Sought			\$3,884.90
****					Total of Sec	ction N	\$3,980,568.14

	IV.	EXPENDITURES						
NAME OF COMMITTE	EE						FILING	DUE DATE
Foley For Governor, I	nc.							
	O. Cam	paign Expenses Paid By Candidate						
Name of Payee				Date of Paymo		Is Reimbur Claimed?	rsement	Amount
Street Address		City	State	Zip Code			es	
Purpose of Expenditure	Description			•	Event #	ŧ		
						Total of	Section O	

		IV. EXPENDITURES				
NAME OF COMMITTEE						FILING DUE DATE
Foley For Governor, Inc.						
	P. I	Expenses Incurred on Commit	tee Credit (Card		
Name of Issuing Institution Chase Cardmember Service			Type of Credit X Visa Other	Card: Master Card	Discover	American
Name of Vendor The Counter					Date of Transaction 10/01/2010	Amount
Street Address 50 Memorial Rd		City West Hartford	State CT	Zip Code 06107-2207		
Purpose of Expenditure FOOD	Description staff & volunteer	lunch			Event #	
						\$67.77
Name of Issuing Institution Chase Cardmember Service			Type of Credit X Visa Other	Card: Master Card	Discover	American
Name of Vendor Fedex Kinko's			<u> </u>		Date of Transaction 10/01/2010	Amount
Street Address 544 Farmington Ave		City Hartford	State CT	Zip Code 06105-3049	1	
Purpose of Expenditure POST	Description postage				Event #	
						\$0.73
Name of Issuing Institution Chase Cardmember Service	ı		Type of Credit X Visa Other	Card: Master Card	Discover	American
Name of Vendor Hartford Parking Authority					Date of Transaction 10/03/2010	Amount
Street Address 155 Morgan St		City Hartford	State CT	Zip Code 06103-1309		
Purpose of Expenditure TRVL	Description parking				Event#	
	ĺ					¢3.75

		IV. EXPENDITURES				
NAME OF COMMITTEE						FILING DUE DATE
Foley For Governor, Inc.						
	P. I	Expenses Incurred on Commit	tee Credit (Card		
Name of Issuing Institution Chase Cardmember Service			Type of Credit X Visa Other	Card: Master Card	Discover	American
Name of Vendor Hartford Parking Authority					Date of Transaction 10/03/2010	Amount
Street Address 155 Morgan St		City Hartford	State CT	Zip Code 06103-1309		
Purpose of Expenditure TRVL	Description parking				Event #	
			ı			\$7.00
Name of Issuing Institution Chase Cardmember Service			Type of Credit X Visa Other	Card: Master Card	Discover	American
Name of Vendor Staples			<u> </u>		Date of Transaction 10/03/2010	Amount
Street Address 2299 Summer St		City Stamford	State CT	Zip Code 06905-4502	1	
Purpose of Expenditure OFFICE	Description printer ink, paper	, toner			Event#	
						\$317.98
Name of Issuing Institution Chase Cardmember Service			Type of Credit X Visa Other	Card: Master Card	Discover	American
Name of Vendor Hartford Parking Authority					Date of Transaction 10/03/2010	Amount
Street Address 155 Morgan St		City Hartford	State CT	Zip Code 06103-1309		
Purpose of Expenditure TRVL	Description parking				Event #	
	1				- 1	\$3.00

		IV. EXPENDITURES				
NAME OF COMMITTEE						FILING DUE DATE
Foley For Governor, Inc.						
	P. I	Expenses Incurred on Commit	tee Credit Ca	rd		
Name of Issuing Institution Chase Cardmember Service			Type of Credit Ca X Visa Other	ard: Master Card	Discover	American
Name of Vendor Hartford Parking Authority		•			Date of Transaction 10/04/2010	Amount
Street Address 155 Morgan St		City Hartford	State CT	Zip Code 06103-1309		
Purpose of Expenditure TRVL	Description parking				Event#	
						\$5.25
Name of Issuing Institution Chase Cardmember Service			Type of Credit Co	ard: Master Card	Discover	American
Name of Vendor Hyatt Hotel & Resorts: Hyatt	: Regenc				Date of Transaction 10/11/2010	Amount
Street Address 1800 E Putnam Ave		City Old Greenwich	State CT	Zip Code 06870-1320		
Purpose of Expenditure TRVL	Description hotel room				Event#	
						\$224.68
Name of Issuing Institution Chase Cardmember Service			Type of Credit Ca X Visa Other	ard: Master Card	Discover	American
Name of Vendor JP Morgan Chase Bank				_	Date of Transaction 10/12/2010	Amount
Street Address 3A Pickwick Plz	-	City Greenwich	State CT	Zip Code 06830		
Purpose of Expenditure BNK	Description interest charge pa	ayment			Event#	
						\$33.33
					Total of Section	P \$663.49

IV. EXPENDITURES									
NAME OF COMMITTEE				FILING D	UE DATE				
Foley For Governor, Inc.									
Q. Expenses Incurred By Committee but Not Paid During this Period									
Name of Creditor Chase Cardmember Service		Date Incurred 10/21/2010	Event #		Amount Incurred (Estimate or				
Street Address PO Box 15153	City Wilmington		State DE	Zip Code 19886-5153	Actual)				
Purpose of Expenditure CCP Description payment to campaign card									
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No	te(s) Name	Office Sought			\$663.49				
			Total of	Section Q	\$663.49				

IV. E	XPENDITURES						
NAME OF COMMITTEE					FILIN	NG DUE DATE	
Folev For Governor. Inc.							
R. Itemization of Reimbursements to Committee Workers and Consultants							
Name of Worker/Consultant Ben Hartman Secondary Payee	1		Date of Payment 10/13/2010 Purpose of Expenditure		ent	Amount	
Wendy's	ı	FOOD	1	Debit Card	1		
Street Address 306 Prospect Ave	City Hartford		State CT	Zip Code 06106-2028	3		
Description Phone Bank Dinner				Event #			
Is this expenditure coordinated with another candidate for Other Candi which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$16.28	
Name of Worker/Consultant Ben Hartman			Date of Payment 10/13/2010		ent	Amount	
Secondary Payee Verizon Wireless		Purpose of	of Expenditure	2116 Debit Card			
Street Address PO Box 15062	City Albany		State NY	Zip Code 12212-5062	2		
Description Cell Phone				Event#			
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	1		\$174.30	

IV. E	XPENDITURES							
NAME OF COMMITTEE					FILI	NG DUE DATE		
Foley For Governor, Inc.								
R. Itemization of Reimbursements to Committee Workers and Consultants								
Name of Worker/Consultant			Date of Payment		ent	Amount		
Ben Hartman		10/13/	2010	X Check # 2116				
Secondary Payee Universal Discount		Purpose of Expenditure FOOD		Debit Card	i			
Street Address 680 W Main St	City Norwich		State CT	Zip Code 06360-6045	5			
Description Phone Bank Refreshments	•		•	Event #				
which reimbursement is sought? Yes	idate(s) Name	Office	Sought	•		\$15.43		
No No		<u> </u>		1		\$15.45		
Name of Worker/Consultant Ben Hartman		Date of Payment 10/13/2010		Method of Paym	ent	Amount		
Del Hattilali		10/13/	2010	2116				
Secondary Payee Durham Agricultural Fair		Purpose of Misc *	of Expenditure	Debit Card	i			
Street Address 24 Town House Rd	City Durham		State CT	Zip Code 06422				
Description Description	Dumam		[[]	Event #				
4 Admissions/ 1 Parking				Event "				
Is this expenditure coordinated with another candidate for Other Cand which reimbursement is sought?	idate(s) Name	Office	Sought					
Yes X No						\$65.00		

IV. EXPENDITURES								
	ATENDITORES					VC DVE D LEE		
NAME OF COMMITTEE					FILI	NG DUE DATE		
Folev For Governor. Inc.								
R. Itemization of Reimburso	ements to Committee Work	ers and	Consultants					
Name of Worker/Consultant Date of Payment Method of				Method of Paym	ent	Amount		
Elizabeth Osborn Poirier		10/13/	2010	X Check #				
Secondary Payee		Purpose o	of Expenditure	2127	1			
Elizabeth Osborn Poirier		TRVL		Debit Card				
Street Address 20 Summer St Fl 2	City Stamford		State Zip Code CT 06901-230		ŀ			
Description Vehicle Miles				Event #				
venice miles								
Is this expenditure coordinated with another candidate for Other Cand	idate(s) Name	Office	Sought					
which reimbursement is sought?	rane(3) rane	omee	Sought					
X No						\$601.55		
Name of Worker/Consultant		Date of P	ayment	Method of Paym	ent	Amount		
Elizabeth Osborn Poirier		10/13/2010		X Check #				
Secondary Payee		Purpose of Expenditure		2127				
Elizabeth Osborn Poirier		TRVL		Debit Card	l			
Street Address	City		State CT	Zip Code 06901-2304				
20 Summer St Fl 2 Description	Stamford		СІ	†				
Vehicle Miles				Event #				
Is this expenditure coordinated with another candidate for Other Candwhich reimbursement is sought?	idate(s) Name	Office	Sought	•				
Yes Yes								
x No						\$483.15		

IV. EXPENDITURES								
NAME OF COMMITTEE					FILI	NG DUE DATE		
Foley For Governor, Inc.								
R. Itemization of Reimbursements to Committee Workers and Consultants								
		Date of P. 10/13/		Method of Paym X Check # 2127	ent	Amount		
Secondary Payee Elizabeth Osborn Poirier		Purpose of Expenditure TRVL		Debit Card	i			
Street Address 20 Summer St Fl 2	City Stamford		State CT	Zip Code 06901-2304	ļ			
Description Vehicle Miles				Event #				
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	1		\$152.80		
Name of Worker/Consultant Elizabeth Osborn Poirier		Date of Payment 10/13/2010		Method of Payment X Check #		Amount		
Secondary Payee Verizon Wireless		Purpose of	of Expenditure	2127 Debit Card	i			
Street Address PO Box 15062	City Albany		State NY	Zip Code 12212-5062	2			
Description Cell Phone				Event #				
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	•		\$170.73		

W. EVENINATIVE C								
IV. E	XPENDITURES							
NAME OF COMMITTEE					FILIN	NG DUE DATE		
Foley For Governor, Inc.								
R. Itemization of Reimburse	ements to Committee Work	ers and	Consultants					
			Date of Payment		ent	Amount		
Elizabeth Osborn Poirier		10/13/	2010	X Check # 2127				
Secondary Payee Verizon Wireless		Purpose of Misc *	of Expenditure	Debit Card	l			
Street Address PO Box 15062	City Albany		State NY	Zip Code 12212-5062	2			
Description Air Card			•	Event #				
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	1		\$66.20		
Name of Worker/Consultant		Date of P	ayment	Method of Paym	ent	Amount		
Elizabeth Osborn Poirier		10/13/2010		X Check # 2127				
Secondary Payee Sephora		Purpose o	of Expenditure	Debit Card	l			
Street Address 75 Greenwich Ave	City Greenwich		State CT	Zip Code 06830-5511				
Description TCF Make-up			•	Event #				
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$40.00		

IV. E	XPENDITURES							
NAME OF COMMITTEE					FILIN	NG DUE DATE		
Folev For Governor, Inc.								
R. Itemization of Reimburse	ements to Committee Wor	kers and	Consultants					
Name of Worker/Consultant Elizabeth Osborn Poirier			ayment 2010	Method of Paym X Check # 2127	ent	Amount		
Secondary Payee CVS Pharmacy		Purpose o	pose of Expenditure SC *		l			
Street Address 976 Farmington Ave	City West Hartford		State Zip Code CT 06107-210		2			
Description TCF Make-up				Event #				
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	date(s) Name	Office	Sought	•		\$23.30		
Name of Worker/Consultant Elizabeth Osborn Poirier		Date of Payment 10/13/2010		Method of Paym X Check #	ent	Amount		
Secondary Payee CVS Pharmacy		Purpose o	f Expenditure	2127 Debit Card	i			
Street Address 976 Farmington Ave	City West Hartford		State CT	Zip Code 06107-2102	2			
Description TCF Make-up				Event #				
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	•		\$32.91		

IV. E	XPENDITURES					
NAME OF COMMITTEE					FILIN	NG DUE DATE
Folev For Governor, Inc.						
R. Itemization of Reimburse	ements to Committee Wor	kers and	Consultants			
Name of Worker/Consultant Elizabeth Osborn Poirier			ayment 2010	Method of Paym X Check # 2127	ent	Amount
Secondary Payee Town of West Hartford		Purpose of Exper		Debit Card		
Street Address 20 Isham Rd	City West Hartford		State Zip Code CT 06107		ŀ	
Description Parking				Event #		
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	1		\$7.00
Name of Worker/Consultant Elizabeth Osborn Poirier		Date of Payment 10/13/2010		Method of Payment X Check #		Amount
Secondary Payee Town of West Hartford		Purpose o	of Expenditure	2127 Debit Card	I	
Street Address 20 Isham Rd	City West Hartford		State CT	Zip Code 06107-2204	ļ	
Description Parking				Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	•		\$4.00

IV. E	XPENDITURES						
NAME OF COMMITTEE					FILI	NG DUE DATE	
Foley For Governor, Inc.							
R. Itemization of Reimbursements to Committee Workers and Consultants							
		Date of Payment 10/13/2010		Method of Paym X Check # 2126	nent	Amount	
Secondary Payee Verizon Wireless		Purpose of Expenditure OVHD		Debit Card	i		
Street Address PO Box 15062	City Albany		State NY	Zip Code 12212-5062	2		
Description Verizon Call Plan - Oct 9 Bill				Event #			
Is this expenditure coordinated with another candidate for Other Candiwhich reimbursement is sought? Yes No	idate(s) Name	Office	Sought	•		\$151.57	
Name of Worker/Consultant Courtney Weaver		Date of Payment 10/13/2010		Method of Paym	nent	Amount	
Secondary Payee Courtney Weaver		Purpose o	of Expenditure	2113 Debit Card	i		
Street Address 20 Summer St Fl 2	City Stamford		State CT	Zip Code 06901-2304	1		
Description Vehicle Miles				Event #			
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$1.034.05	

IV. I	EXPENDITURES					
NAME OF COMMITTEE					FILI	NG DUE DATE
Foley For Governor, Inc.						
R. Itemization of Reimburs	sements to Committee Work	kers and	Consultants			
Name of Worker/Consultant Courtney Weaver Secondary Payee Town of West Hartford		Date of P 10/13/ Purpose of	•	Method of Paym X Check # 2113 Debit Card		Amount
Street Address 20 Isham Rd	City West Hartford	State Zip C		Zip Code 06107-2204	ļ	
Description Parking				Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	didate(s) Name	Office	Sought			\$6.75
Name of Worker/Consultant Courtney Weaver		Date of Payment 10/13/2010		Method of Payment X Check #		Amount
Secondary Payee Town of West Hartford		Purpose o	of Expenditure	2113 Debit Card		
Street Address 20 Isham Rd	City West Hartford		State CT	Zip Code 06107-2204	1	
Description Parking				Event#		
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No	didate(s) Name	Office	Sought	1		\$7.00

IN EVALUATION OF THE PROPERTY								
IV. E	XPENDITURES							
NAME OF COMMITTEE					FILIN	NG DUE DATE		
Folev For Governor. Inc.								
R. Itemization of Reimburse	ements to Committee Wor	kers and	Consultants					
		Date of Payment 10/13/2010		Method of Paym X Check #	ent	Amount		
Secondary Payee Town of West Hartford		Purpose of Expenditure		2113 Debit Card	l			
Street Address 20 Isham Rd	City West Hartford		State Zip Ct CT 0610					
Description Parking				Event #				
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$7.00		
Name of Worker/Consultant Courtney Weaver		Date of Payment 10/13/2010		Method of Paym X Check #	ent	Amount		
Secondary Payee Town of West Hartford		Purpose o	f Expenditure	2113 Debit Card	I			
Street Address 20 Isham Rd	City West Hartford		State CT	Zip Code 06107-2204	ļ			
Description Parking				Event #				
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	1		\$7.00		

IV.	EXPENDITURES					
NAME OF COMMITTEE					FILI	NG DUE DATE
Foley For Governor, Inc.						
R. Itemization of Reimbur	sements to Committee Worl	kers and	Consultants			
Name of Worker/Consultant Courtney Weaver Secondary Payee Town of West Hartford		Date of P 10/13/ Purpose of	•	Method of Paym X Check # 2113 Debit Card		Amount
Street Address 20 Isham Rd	City West Hartford	State Z		Zip Code 06107-2204	1	
Description Parking				Event #		
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No	didate(s) Name	Office	Sought			\$3.75
Name of Worker/Consultant Courtney Weaver		Date of Payment 10/13/2010		Method of Paym X Check #	ent	Amount
Secondary Payee Town of West Hartford		Purpose o	of Expenditure	2113 Debit Card		
Street Address 20 Isham Rd	City West Hartford		State CT	Zip Code 06107-2204	ļ	
Description Parking				Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	didate(s) Name	Office	Sought	•		\$3.75

IV. EXPENDITURES								
IV. E	APENDITURES							
NAME OF COMMITTEE					FILIN	NG DUE DATE		
Folev For Governor. Inc.								
R. Itemization of Reimbursements to Committee Workers and Consultants								
Name of Worker/Consultant Courtney Weaver		Date of Payment 10/13/2010		Method of Paym X Check #	ent	nt Amount		
Secondary Payee Town of West Hartford		Purpose of Expenditure TRVL		2113 Debit Card	l			
Street Address 20 Isham Rd	City West Hartford		State CT	Zip Code 06107-2204				
Description Parking				Event #				
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No	date(s) Name	Office	Sought			\$7.00		
Name of Worker/Consultant Courtney Weaver		Date of Payment 10/13/2010		Method of Paymer X Check #	ent	Amount		
Secondary Payee Summer Place Parking		Purpose o	f Expenditure	2113 Debit Card				
Street Address Summer Place	City Stamford		State CT	Zip Code 06901				
Description Parking				Event #				
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	date(s) Name	Office	Sought			¢5.00		

IV. EXPENDITURES							
NAME OF COMMITTEE					FILI	NG DUE DATE	
Foley For Governor, Inc.							
R. Itemization of Reimburs	ements to Committee Wor	kers and	Consultants		,		
			Date of Payment 10/13/2010		nent	nt Amount	
Secondary Payee Luna Pizza		Purpose of FOOD	of Expenditure	Debit Card	i		
Street Address 999 Farmington Ave	City Hartford		State CT	Zip Code 06107-2103			
Description Dinner				Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	1		\$56.79	
Name of Worker/Consultant Courtney Weaver		Date of Payment 10/13/2010		Method of Paym	ent	Amount	
Secondary Payee Remo's		Purpose o	of Expenditure	2113 Debit Card	i		
Street Address 35 Bedford St	City Stamford		State CT	Zip Code 06901-1908	3		
Description Meal				Event #			
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	•		\$62.35	

IV. EXPENDITURES							
NAME OF COMMITTEE					FILIN	NG DUE DATE	
Foley For Governor. Inc.							
R. Itemization of Reimburso	ements to Committee V	Vorkers and	Consultants				
			Date of Payment 10/13/2010		ent	nt Amount	
Secondary Payee Remo's		Purpose o	f Expenditure	2113 Debit Card	i		
Street Address 35 Bedford St	City Stamford		State Zip Code CT 06901-1908		3		
Description Meal				Event#			
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$33.22	
Name of Worker/Consultant Courtney Weaver			Date of Payment 10/13/2010		ent	Amount	
Secondary Payee Verizon Wireless		Purpose o	f Expenditure	2113 Debit Card			
Street Address PO Box 15062	City Albany		State NY	Zip Code 12212-5062	2		
Description 9/5-10/4 Verizon Bill				Event #			
Is this expenditure coordinated with another candidate for Other Cand which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	.1		\$54.28	

IV. E	IV. EXPENDITURES								
NAME OF COMMITTEE					FILI	NG DUE DATE			
Folev For Governor, Inc.									
R. Itemization of Reimbursements to Committee Workers and Consultants									
Debi Schatzle Baker 1		Date of Payment 10/13/2010 Purpose of Expenditure		Method of Paym X Check # 2115		Amount			
Debi Schatzle Baker Street Address 20 Summer St Ste 200	City Stamford	TRVL	Debit C						
Description Vehicle Miles	Scillot		, c.	Event #					
Is this expenditure coordinated with another candidate for Other Candiwhich reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$8.00			
Name of Worker/Consultant Debi Schatzle Baker		Date of Payment 10/13/2010		Method of Paym X Check #	ent	Amount			
Secondary Payee Aldi		Purpose o	of Expenditure	2115 Debit Card	i				
Street Address 464 Reidville Dr	City Waterbury		State CT	Zip Code 06705-2650)				
Description Waterbury Opening - Soda				Event #					
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	•		\$13.45			

IV. EXPENDITURES							
NAME OF COMMITTEE					FILIN	NG DUE DATE	
Foley For Governor, Inc.					1121	10 0 0 0 0 1 1 1 1	
R. Itemization of Reimburg	sements to Committee Wor	rkers and	Consultants				
Debi Schatzle Baker 1		Date of P 10/13/ Purpose of	•	Method of Paym X Check # 2115		Amount	
Big Lots! Street Address Mattatuck Plaza 650 Wolcott St # 5087	City Waterbury	FOOD	Debit C		1		
Description Waterbury Opening - Water Is this expenditure coordinated with another candidate for Other Can	didate(s) Name	Office	Sought	Event#			
which reimbursement is sought? Yes No						\$8.40	
Name of Worker/Consultant Debi Schatzle Baker		Date of Payment 10/13/2010		Method of Payment X Check #		Amount	
Secondary Payee Familty Dollar	_	Purpose o	of Expenditure	2115 Debit Care	i		
Street Address Store 625 Wolcott St # 2434	City Waterbury		State CT	Zip Code 06705			
Description Waterbury Opening - Supplies				Event#			
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	didate(s) Name	Office	Sought	•		\$21.60	

IV. E	IV. EXPENDITURES							
NAME OF COMMITTEE					FILIN	NG DUE DATE		
Foley For Governor, Inc.								
R. Itemization of Reimbursements to Committee Workers and Consultants								
Debi Schatzle Baker 1				Method of Paym X Check # 2115 Debit Card		Amount		
Oollar Tree Stores Street Address 1 Padanaram Rd	City Danbury	Misc *	State CT	Zip Code 06811-4836	5			
Description Waterbury Opening - Supplies				Event #				
Is this expenditure coordinated with another candidate for Other Candiwhich reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$17.90		
Name of Worker/Consultant Debi Schatzle Baker		Date of Payment 10/13/2010		Method of Paym	ent	Amount		
Secondary Payee Fazo's Deli & Catering		Purpose o	of Expenditure	2115 Debit Caro	I			
Street Address 3356 E Main St	City Waterbury		State CT	Zip Code 06705-3812	2			
Description Waterbury Opening - Food				Event #				
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	•		\$60.00		

IV. EXPENDITURES								
NAME OF COMMITTEE					FILI	NG DUE DATE		
Folev For Governor. Inc.								
R. Itemization of Reimbursements to Committee Workers and Consultants								
Name of Worker/Consultant Date			Date of Payment		ent	Amount		
Debi Schatzle Baker		10/13/	2010	X Check #				
		Purpose of Expenditure FOOD		2115 Debit Card	i			
Street Address 2200 Bedford St	City Stamford		State CT	Zip Code 06905-3905				
Description Waterbury Opening - Ice								
						•		
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No	date(s) Name	Office	Sought			\$6.98		
		1		1		·		
Name of Worker/Consultant Len Greene		Date of Payment 10/13/2010		Method of Paym	ent	Amount		
Secondary Payee		Purpose o	of Expenditure	2114				
Len Greene		TRVL		Debit Card	i			
Street Address 20 Summer St Ste 200	City Stamford		State CT	Zip Code 06901-2304	ı			
Description Vehicle Miles				Event #				
Is this expenditure coordinated with another candidate for Which reimbursement is sought?	idate(s) Name	Office	Sought	•		•		
Yes								
$ \mathbf{x} _{N_0}$						\$200.50		

IV. E	XPENDITURES							
NAME OF COMMITTEE					FILIN	NG DUE DATE		
Foley For Governor, Inc.								
R. Itemization of Reimbursements to Committee Workers and Consultants								
Name of Worker/Consultant Len Greene Secondary Payee	Greene 1		ayment 2010 f Expenditure	Method of Paym X Check # 2114	ent	Amount		
Shelton RTC		POC	- Emperioria	Debit Card	1			
Street Address 70 Nells Rock Rd	City Shelton		State CT	Zip Code 06484-3820)			
Description Shelton RTC Picnic				Event #				
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	1		\$25.00		
Name of Worker/Consultant Chris Bandecchi		Date of Payment 10/13/2010		Method of Paym	ent	Amount		
Secondary Payee Chris Bandecchi		Purpose o	f Expenditure	2123 Debit Card	i			
Street Address 20 Summer St Fl 2	City Stamford		State CT	Zip Code 06901-2304	ļ			
Description Vehicle Miles				Event #				
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	•		\$147.94		

IV. EXPENDITURES								
NAME OF COMMITTEE					FILIN	NG DUE DATE		
Folev For Governor, Inc.								
R. Itemization of Reimbursements to Committee Workers and Consultants								
			Date of Payment 10/13/2010		ent	Amount		
Secondary Payee Verizon Wireless		Purpose o	f Expenditure	2123 Debit Card	l			
Street Address PO Box 15062	City Albany		State Zip Code NY 12212-		!			
Description Air Card				Event #				
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	date(s) Name	Office	Sought			\$60.92		
Name of Worker/Consultant James O'Connell			Date of Payment 10/13/2010		ent	Amount		
Secondary Payee James O'Connell		Purpose o	f Expenditure	2122 Debit Card	I			
Street Address 20 Summer St Ste 200	City Stamford		State CT	Zip Code 06901-2304	ŀ			
Description Vehicle Miles				Event #				
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	date(s) Name	Office	Sought			\$35.00		

IV. E	XPENDITURES							
NAME OF COMMITTEE					FILI	NG DUE DATE		
Folev For Governor. Inc.								
R. Itemization of Reimbursements to Committee Workers and Consultants								
Name of Worker/Consultant James O'Connell Secondary Payee T Mobile	1		Date of Payment 10/13/2010 Purpose of Expenditure		nent	Amount		
Street Address 326 N Main St	City West Hartford	Misc *	State CT	Zip Code 06117-2510				
Description Recharge Cell Phones				Event #				
Is this expenditure coordinated with another candidate for Other Candi which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$318.00		
Name of Worker/Consultant James O'Connell		Date of Payment 10/13/2010		Method of Paym	ent	Amount		
Secondary Payee Verizon Wireless		Purpose o	of Expenditure	2122 Debit Card	i			
Street Address PO Box 15062	City Albany		State NY	Zip Code 12212-5062	2			
Description Cell Phones				Event #				
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	1		\$233.18		

IV. EXPENDITURES								
NAME OF COMMITTEE					FILIN	NG DUE DATE		
Folev For Governor, Inc.								
R. Itemization of Reimbursements to Committee Workers and Consultants								
			Date of Payment 10/13/2010		ent	nt Amount		
Secondary Payee Verizon Wireless	Pur Mi		f Expenditure	2122 Debit Card	l			
Street Address PO Box 15062	City Albany		State NY	Zip Code 12212-5062	!			
Description Personal Cell Phone				Event #				
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	-		\$138.11		
Name of Worker/Consultant James O'Connell			Date of Payment 10/13/2010		ent	Amount		
Secondary Payee Stop & Shop		Purpose o	f Expenditure	2122 Debit Card	l			
Street Address 2200 Bedford St	City Stamford		State CT	Zip Code 06905-3905	i			
Description Food for Volunteers				Event #				
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No	date(s) Name	Office	Sought	•		\$7.48		

IV. EXPENDITURES								
NAME OF COMMITTEE					FILI	NG DUE DATE		
Foley For Governor, Inc.								
R. Itemization of Reimbursements to Committee Workers and Consultants								
		Date of Payment 10/13/2010		Method of Paym X Check # 2121	ent	nt Amount		
Secondary Payee Justin R Clark	y Payee Purpose of Expenditure Purpose of Expenditure		Debit Card	i				
Street Address 20 Summer St Ste 200	City Stamford		State CT	Zip Code 06901-2304				
Description Vehicle Miles				Event #				
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	1		\$565.00		
Name of Worker/Consultant Chris Covucci		Date of Pa		Method of Paym	ent	Amount		
Secondary Payee Chris Covucci		Purpose o	of Expenditure	2120 Debit Card	i			
Street Address 20 Summer St Fl 2	City Stamford		State CT	Zip Code 06901-2304	ļ			
Description Vehicle Miles				Event #				
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes	idate(s) Name	Office	Sought			¢652.80		

IV. E	XPENDITURES							
NAME OF COMMITTEE					FILI	NG DUE DATE		
Foley For Governor, Inc.								
R. Itemization of Reimbursements to Committee Workers and Consultants								
Name of Worker/Consultant Chris Covucci Secondary Payee	is Covucci 1		Date of Payment 10/13/2010 Purpose of Expenditure		ent	Amount		
Town of West Hartford Street Address 20 Isham Rd	City West Hartford	TRVL	State CT					
Description Parking				Event #				
Is this expenditure coordinated with another candidate for Other Cand which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$2.75		
Name of Worker/Consultant Chris Covucci		Date of Payment 10/13/2010		Method of Paym X Check #	ent	Amount		
Secondary Payee Luna Pizza		Purpose of	of Expenditure	2120 Debit Card	i			
Street Address 999 Farmington Ave	City Hartford		State CT	Zip Code 06107-2103	3			
Description Volunteer Dinner				Event #				
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	•		\$86.81		

IV. E	XPENDITURES							
NAME OF COMMITTEE					FILIN	NG DUE DATE		
Folev For Governor, Inc.								
R. Itemization of Reimbursements to Committee Workers and Consultants								
Name of Worker/Consultant Chris Covucci Secondary Payee	nris Covucci 1		ayment 2010 of Expenditure	Method of Paym X Check # 2120	ent	nt Amount		
Luna Pizza		FOOD	n Experientific	Debit Card	1			
Street Address 999 Farmington Ave	City Hartford		State CT	Zip Code 06107-2103				
Description Volunteer Dinner				Event #				
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	•		\$19.03		
Name of Worker/Consultant Chris Covucci		Date of Payment 10/13/2010		Method of Paym X Check #	ent	Amount		
Secondary Payee Berlin Fair		Purpose of	of Expenditure	2120 Debit Card	l			
Street Address PO Box 7284	City Berlin		State CT	Zip Code 06037-7284	ļ			
Description 4 Tickets - 10/3 Berlin Fair				Event#				
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	•		\$48.00		

IV. EXPENDITURES								
NAME OF COMMITTEE					FILIN	NG DUE DATE		
Foley For Governor, Inc.								
R. Itemization of Reimbursements to Committee Workers and Consultants								
Name of Worker/Consultant Chris Syrek			ayment 2010	Method of Paym X Check # 2119	ent	Amount		
Secondary Payee Chris Syrek	_	Purpose of Expenditure TRVL		Debit Card	I			
Street Address 20 Summer St Ste 200	City Stamford		State CT	Zip Code 06901-2304	ŀ			
Description Vehicle Miles				Event #				
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No	date(s) Name	Office	Sought	.1		\$335.50		
Name of Worker/Consultant Chris Syrek		Date of Pa		Method of Payment X Check #		Amount		
Secondary Payee Town of West Hartford		Purpose o	of Expenditure	2119 Debit Card	l			
Street Address 20 Isham Rd	City West Hartford		State CT	Zip Code 06107-2204	ļ			
Description Parking				Event #				
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No	date(s) Name	Office	Sought	•		\$10.00		

IV. EXPENDITURES								
NAME OF COMMITTEE					FILIN	NG DUE DATE		
Foley For Governor, Inc.								
R. Itemization of Reimbursements to Committee Workers and Consultants								
		Date of Payment 10/13/2010		Method of Paym X Check # 2119	ent	nt Amount		
Secondary Payee Verizon Wireless		Purpose of Expenditure OVHD		Debit Card	1			
Street Address PO Box 15062	City Albany		State Zip Code NY 12212-5062		2			
Description Cell Phone Bill				Event #				
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	1		\$145.98		
Name of Worker/Consultant Chris Syrek		Date of Pa		Method of Paym	ent	Amount		
Secondary Payee Whole Foods		Purpose o	of Expenditure	2119 Debit Caro	I			
Street Address 50 Raymond Rd	City West Hartford		State CT	Zip Code 06107-2213	3			
Description Food for Volunteers				Event #				
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes	idate(s) Name	Office	Sought			¢58.05		

IV. EXPENDITURES								
NAME OF COMMITTEE					FILI	NG DUE DATE		
Folev For Governor, Inc.								
R. Itemization of Reimbursements to Committee Workers and Consultants								
Name of Worker/Consultant		Date of P	ayment	Method of Paym	ent	Amount		
Chris Syrek		10/13/	2010	X Check #				
		Purpose of Expenditure FOOD		2119 Debit Card	I			
Street Address 864 Boston Post Rd	City Milford		State CT	Zip Code 06460-3530				
Description Food for Volunteers	•		!	Event #				
which reimbursement is sought? Yes	idate(s) Name	Office	Sought			417.13		
No No		1		1		\$17.12		
Name of Worker/Consultant		Date of Payment		Method of Paym	ent	Amount		
Chris Syrek		10/13/2010		2119				
Secondary Payee United States Post Office West Hart		Purpose of POST	of Expenditure	Debit Card	1			
Street Address Lasalle Road	City West Hartford		State CT	Zip Code				
Description			•	Event #				
Stamps								
Is this expenditure coordinated with another candidate for Other Cand	idate(s) Name	Office	Sought	1				
which reimbursement is sought? Yes								
x No						\$440.00		

IV. EXPENDITURES								
NAME OF COMMITTEE					FILI	NG DUE DATE		
Folev For Governor. Inc.								
R. Itemization of Reimbursements to Committee Workers and Consultants								
Chris Syrek 1		Date of Payment 10/13/2010 Purpose of Expenditure		Method of Paym X Check # 2119		Amount		
Fedex Kinko's Street Address 544 Farmington Ave	City Hartford	OFFICE	State CT	Zip Code 06105-3049				
Description Labels				Event #				
Is this expenditure coordinated with another candidate for Other Cand which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	•		\$10.07		
Name of Worker/Consultant Dean Pagani		Date of Payment 10/13/2010		Method of Paym	ent	Amount		
Secondary Payee Town of West Hartford		Purpose o	of Expenditure	2118 Debit Card	i			
Street Address 20 Isham Rd	City West Hartford		State CT	Zip Code 06107-2204	ļ			
Description Parking				Event #				
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$73.00		

IV. EXPENDITURES								
NAME OF COMMITTEE					FILI	NG DUE DATE		
Foley For Governor, Inc.								
R. Itemization of Reimbursements to Committee Workers and Consultants								
		Date of Payment 10/13/2010		Method of Paym X Check # 2118	ent	nt Amount		
Secondary Payee Amtrak		Purpose of Expenditure TRVL				Debit Card	i	
Street Address 60 Massachusetts Ave NE	City Washington		State DC	Zip Code 20002-4285				
Description Train				Event #				
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	1		\$655.00		
Name of Worker/Consultant Dean Pagani		Date of Payment 10/13/2010		Method of Payment X Check #		Amount		
Secondary Payee Hyatt Hotel & Resorts: Hyatt Regenc		Purpose o	f Expenditure	2118 Debit Card	i			
Street Address 1800 E Putnam Ave	City Old Greenwich		State CT	Zip Code 06870-1320)			
Description Lodging				Event #				
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes	idate(s) Name	Office	Sought	1		¢268.60		

IV. E	XPENDITURES					
NAME OF COMMITTEE					FILI	NG DUE DATE
Folev For Governor, Inc.						
R. Itemization of Reimburse	ements to Committee Wor	kers and	Consultants			
Name of Worker/Consultant Chris O'Brien Secondary Payee	1		Date of Payment 10/13/2010 Purpose of Expenditure		ent	Amount
Chris O'Brien		TRVL		Debit Card	i	
Street Address 20 Summer St Ste 200	City Stamford		State CT	Zip Code 06901-2304		
Description Vehicle Miles				Event #		
Is this expenditure coordinated with another candidate for Other Candi which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	1		\$171.50
Name of Worker/Consultant Chris O'Brien		Date of Payment 10/13/2010		Method of Payment X Check #		Amount
Secondary Payee Town of West Hartford		Purpose o	of Expenditure	2117 Debit Card	i	
Street Address 20 Isham Rd	City West Hartford		State CT	Zip Code 06107-2204	ļ	
Description Parking				Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	•		\$21.00

IV. E	XPENDITURES							
NAME OF COMMITTEE					FILIN	NG DUE DATE		
Foley For Governor, Inc.								
R. Itemization of Reimbursements to Committee Workers and Consultants								
Name of Worker/Consultant Chris O'Brien Secondary Payee	nris O'Brien 1		ayment '2010 of Expenditure	Method of Paym X Check # 2117		Amount		
Sal's Pizza Street Address 23 Padanaram Rd	City Danbury	FOOD	State CT					
Description Volunteer Lunch				Event #				
Is this expenditure coordinated with another candidate for Other Candi which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	•		\$14.05		
Name of Worker/Consultant Chris O'Brien		Date of Payment 10/13/2010		Method of Paym X Check #	ent	Amount		
Secondary Payee Xpect Discounts		Purpose of	of Expenditure	2117 Debit Card	i			
Street Address 100 Newtown Rd	City Danbury		State CT	Zip Code 06810-4123	3			
Description Office Food for Grand Opening				Event #				
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	•		\$15.90		

IV. EXPENDITURES								
NAME OF COMMITTEE					FILI	NG DUE DATE		
Folev For Governor, Inc.								
R. Itemization of Reimbursements to Committee Workers and Consultants								
Name of Worker/Consultant Chris O'Brien Secondary Payee	hris O'Brien 1		ayment 2010 of Expenditure	Method of Paym X Check #	ent	Amount		
Stop & Shop		FOOD		Debit Card	1			
Street Address 2200 Bedford St	City Stamford		State CT	Zip Code 06905-3905				
Description Food for Grand Opening				Event #				
Is this expenditure coordinated with another candidate for Other Candiwhich reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$7.98		
Name of Worker/Consultant Chris O'Brien		Date of Payment 10/13/2010		Method of Paym	ent	Amount		
Secondary Payee Aldi		Purpose o	of Expenditure	2117 Debit Card	I			
Street Address 464 Reidville Dr	City Waterbury		State CT	Zip Code 06705-2650)			
Description Office Snacks				Event #				
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$24.57		

IV. E	XPENDITURES					
NAME OF COMMITTEE					FILIN	NG DUE DATE
Folev For Governor, Inc.						
R. Itemization of Reimburse	ements to Committee Work	xers and	Consultants			
		Date of Payment 10/13/2010		Method of Paym X Check # 2117	ent	Amount
condary Payee Purpose of Expended FOOD		Purpose of Expenditure FOOD		Debit Card	l	
Street Address 464 Reidville Dr	City Waterbury		State CT	Zip Code 06705-2650	١	
Description Food for Debate Party				Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$12.14
Name of Worker/Consultant Chris O'Brien		Date of Payment 10/13/2010		Method of Paym X Check #	ent	Amount
Secondary Payee Cartridge World		Purpose o	f Expenditure	2117 Debit Card	l	
Street Address 219 Bedford St	City Stamford		State CT	Zip Code 06901-1717	,	
Description Office Supplies				Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	1		\$39.54

IV. E	IV. EXPENDITURES							
NAME OF COMMITTEE					FILI	NG DUE DATE		
Folev For Governor, Inc.								
R. Itemization of Reimbursements to Committee Workers and Consultants								
		Date of Payment 10/13/2010		Method of Paym	ent	nt Amount		
Secondary Payee C Town	Purpose of Expenditure Misc * 2117 Debit Card		i					
Street Address 45 North St # 45	City Danbury		State CT	Zip Code 06810-5617				
Description Supplies				Event #				
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	1		\$15.57		
Name of Worker/Consultant Ben Hartman		Date of Payment 10/13/2010		Method of Payment X Check #		Amount		
Secondary Payee Ben Hartman		Purpose o	f Expenditure	2116 Debit Card	i			
Street Address 20 Summer St Ste 200	City Stamford		State CT	Zip Code 06901-2304	ļ			
Description Vehicle Miles				Event #				
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes Yes	idate(s) Name	Office	Sought	1		¢655.50		

IV EVDENDITUDES								
IV. E	XPENDITURES							
NAME OF COMMITTEE					FILIN	NG DUE DATE		
Foley For Governor, Inc.								
R. Itemization of Reimbursements to Committee Workers and Consultants								
Name of Worker/Consultant Ben Hartman		Date of Payment 10/13/2010		Method of Paym X Check #	ent	Amount		
Secondary Payee Fown of West Hartford		Purpose of Expenditure TRVL		2116 Debit Card	I			
Street Address 20 Isham Rd	City West Hartford		State CT	Zip Code 06107-2204				
Description Parking				Event #				
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$24.50		
Name of Worker/Consultant	l Ir		Method of Payment X Check #		Amount			
Ben Hartman			10/13/2010					
Secondary Payee Wood-N-Tap		Purpose of Expenditure FOOD		Debit Card	ı			
Street Address 12 Town Line Rd	City Rocky Hill		State CT	Zip Code 06067-1241				
Description Volunteer Meal				Event#				
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	.1		\$37.08		

IV. EXPENDITURES								
NAME OF COMMITTEE					FILING DUE DATE			
Foley For Governor, Inc.								
R. Itemization of Reimbursements to Committee Workers and Consultants								
Name of Worker/Consultant Ben Hartman		Date of Payment 10/13/2010		Method of Payment X Check #		Amount		
Secondary Payee Ninety Nine		Purpose of Expenditure FOOD		2116 Debit Card				
Street Address 85 Salem Tpke	City Norwich		State CT	Zip Code				
Description Volunteer Meal				Event #				
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No	date(s) Name	Office	Sought			\$54.94		
				Total of So	ection R	\$9,077.50		

IV. EXPI	ENDITURES						
NAME OF COMMITTEE				FII	LING DUE DATE		
Foley For Governor, Inc.							
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	on S			