

SEEC FORM 30

Itemized Campaign Finance Disclosure Statement

Candidates for Statewide Offices and General Assembly

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 1/08



Electronic Filing

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Page 1 of 195

SUMMARY PAGE

1. NAME OF COMMITTEE					2. TYPE OF COMMITTEE				
Foley For Governor, Inc.					<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee				
3. TREASURER NAME									
Title	First	MI	Last	Suffix					
	Larry	J	Lawrence						
4. TREASURER ADDRESS									
Street Address				City	State	Zip Code			
40 Brookridge Dr				Greenwich	CT	06830			
5. ELECTION DATE			6. OFFICE SOUGHT (if applicable)				7. DISTRICT CODE (if applicable)		
11/02/2010			Governor						
8. CANDIDATE NAME									
Title	First	MI	Last	Suffix					
	Thomas	C	Foley						
9. TYPE OF REPORT									
1st Supplemental Statement General Election - Original									
10. PERIOD COVERED									
Beginning Date		Ending Date							
10/01/2010		thru		10/21/2010					
11. CERTIFICATION									
<input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.									
Electronic Filing			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	
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-1)	\$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 DUE DATE
Foley For Governor, Inc.	
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>	Subtotal Section A \$0.00

B. Itemized Contributions from Individuals

Last Name Freeman	First Name David	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1343	Amount of Contribution
Residential Street Address 87 River Rd	City New Milford	State CT	Zip Code 06776-5511	Date Received 10/01/2010	
Principal Occupation IT Consultant	Name of Employer Accenture	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name O'Connor	First Name Christopher	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1344	Amount of Contribution
Residential Street Address 63 Barnett St	City New Haven	State CT	Zip Code 06515-2024	Date Received 10/01/2010	
Principal Occupation Contractor	Name of Employer Christopher O'Connor, Inc.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Bogle	First Name Harold	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1345	Amount of Contribution
Residential Street Address 15 Eastway	City Bronxville	State NY	Zip Code 10708-4318	Date Received 10/03/2010	
Principal Occupation Finance	Name of Employer Credit Suisse	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$2,000.00	\$2,000.00
Last Name Brady	First Name Aidan	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1346	Amount of Contribution
Residential Street Address 63 Middle Ridge Rd	City New Canaan	State CT	Zip Code 06840-5004	Date Received 10/03/2010	
Principal Occupation General Contractor	Name of Employer Brady Construction Corp	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00	\$500.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name Caparco	First Name Beverly	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1347	Amount of Contribution
Residential Street Address PO Box 278	City Oneco	State CT	Zip Code 06373-0278	Date Received 10/03/2010	
Principal Occupation Business Manager	Name of Employer Thompson Public Schools	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Dineen	First Name Thomas	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1348	Amount of Contribution
Residential Street Address 11 Penny Royal Ln	City Monroe	State CT	Zip Code 06468-3249	Date Received 10/03/2010	
Principal Occupation Financial Professional	Name of Employer Sturm, Ruger & Company, Inc.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00	\$500.00
Last Name Nicholas	First Name Phyllis	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1349	Amount of Contribution
Residential Street Address 40 Howard Rd	City Greenwich	State CT	Zip Code 06831-3104	Date Received 10/03/2010	
Principal Occupation Homemaker	Name of Employer Homemaker	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$400.00	\$200.00
Last Name Bucksbaum	First Name Melva	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1350	Amount of Contribution
Residential Street Address 180 N Wacker Dr Ste 1	City Chicago	State IL	Zip Code 60606-1620	Date Received 10/04/2010	
Principal Occupation Consultant	Name of Employer MB Investments	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>10092010A</u>			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00	\$500.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name Kaner	First Name Abraham	MI A	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1351	Amount of Contribution
Residential Street Address 19 Deerwood Ln	City Westport	State CT	Zip Code 06880-2648	Date Received 10/04/2010	
Principal Occupation Business Owner	Name of Employer Morton Williams Supermarkets	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Stenberg	First Name Mark	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1352	Amount of Contribution
Residential Street Address 24001 Andrew Blvd	City Browns town	State MI	Zip Code 48134-9326	Date Received 10/04/2010	
Principal Occupation Financial Planner	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name Ferguson	First Name Ann	MI L	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1353	Amount of Contribution
Residential Street Address 50 Ledgewood Rd	City West Hartford	State CT	Zip Code 06107-3731	Date Received 10/05/2010	
Principal Occupation Retired Teacher	Name of Employer 2nd Church of Christ,Scientist, Hartford (part-tim	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>10072010A</u>			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00
Last Name Ferraro	First Name D	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1354	Amount of Contribution
Residential Street Address PO Box 471	City Waterbury	State CT	Zip Code 06720-0471	Date Received 10/05/2010	
Principal Occupation Administrator	Name of Employer CMI	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$75.00	\$75.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name Hegy	First Name Thomas	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1355	Amount of Contribution
Residential Street Address 57 Kendrick Ln	City Windsor	State CT	Zip Code 06095-1713	Date Received 10/05/2010	
Principal Occupation Buyer Planner	Name of Employer Avery Dennison	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Kent	First Name Peter	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1357	Amount of Contribution
Residential Street Address 83 Belgo Rd	City Lakeville	State CT	Zip Code 06039-1002	Date Received 10/05/2010	
Principal Occupation Manager	Name of Employer Bicron Electronics Co.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$150.00	\$150.00
Last Name McKenna	First Name Brian	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1362	Amount of Contribution
Residential Street Address 96 Richmond Hill Rd	City New Canaan	State CT	Zip Code 06840-5303	Date Received 10/05/2010	
Principal Occupation VP Institutional Sales	Name of Employer Cantor Fitzgerald & Co.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00	\$500.00
Last Name O'Connell	First Name John	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1365	Amount of Contribution
Residential Street Address 819 New Britain Ave	City Hartford	State CT	Zip Code 06106-3918	Date Received 10/05/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name Shealy	First Name Alan	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1366	Amount of Contribution
Residential Street Address 2153 E Solitude Ct	City Boise	State ID	Zip Code 83712-7575	Date Received 10/05/2010	
Principal Occupation Principal	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09222010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00
Last Name Smith	First Name Cameron	MI O	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1367	Amount of Contribution
Residential Street Address 1 Great Elm Rd	City Sharon	State CT	Zip Code 06069-2248	Date Received 10/05/2010	
Principal Occupation Sabbatical	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10092010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00
Last Name Smith	First Name Liza	MI V	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1368	Amount of Contribution
Residential Street Address 1 Great Elm Rd	City Sharon	State CT	Zip Code 06069-2248	Date Received 10/05/2010	
Principal Occupation Homemaker	Name of Employer Homemaker	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10092010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00
Last Name Lesesne	First Name Cap	MI B	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1361	Amount of Contribution
Residential Street Address 2 Mercia Ln	City Greenwich	State CT	Zip Code 06830-7068	Date Received 10/05/2010	
Principal Occupation Plastic & Reconstructive Surgeon	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10032010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name Henry	First Name Elaine	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1356	Amount of Contribution
Residential Street Address PO Box 157	City Gaylordsville	State CT	Zip Code 06755-0157	Date Received 10/05/2010	
Principal Occupation Professor	Name of Employer University of Miami	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$50.00
Last Name Noujaim	First Name Selim	MI G	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1363	Amount of Contribution
Residential Street Address 104 Dinatali Dr	City Waterbury	State CT	Zip Code 06705-3704	Date Received 10/05/2010	
Principal Occupation Executive Vice President	Name of Employer Noujaim Tool Co.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>10062010A</u>			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$150.00	\$150.00
Last Name Knickerbocker	First Name Richard	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1358	Amount of Contribution
Residential Street Address 110 Capen St	City Windsor	State CT	Zip Code 06095-3109	Date Received 10/05/2010	
Principal Occupation Receiver	Name of Employer ARAMARK	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$525.00	\$25.00
Last Name Knickerbocker	First Name Richard	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1359	Amount of Contribution
Residential Street Address 110 Capen St	City Windsor	State CT	Zip Code 06095-3109	Date Received 10/05/2010	
Principal Occupation Receiver	Name of Employer ARAMARK	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$525.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name Knickerbocker	First Name Richard	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1360	Amount of Contribution
Residential Street Address 110 Capen St	City Windsor	State CT	Zip Code 06095-3109	Date Received 10/05/2010	
Principal Occupation Receiver	Name of Employer ARAMARK	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$525.00	\$25.00
Last Name O'Connell	First Name John	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1364	Amount of Contribution
Residential Street Address 283 1/2 1st Ave	City Milford	State CT	Zip Code 06460-5209	Date Received 10/05/2010	
Principal Occupation Consultation	Name of Employer OMS, Inc.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$400.00	\$50.00
Last Name Tomasso	First Name Michael	MI W	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1369	Amount of Contribution
Residential Street Address 1 Eton Pl	City Farmington	State CT	Zip Code 06032-1546	Date Received 10/05/2010	
Principal Occupation Manager	Name of Employer Tomasso Bros., Inc.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>10082010A</u>			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00
Last Name Vincent	First Name Robert	MI A	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1370	Amount of Contribution
Residential Street Address 112 County Home Rd	City Thompson	State CT	Zip Code 06277-2814	Date Received 10/05/2010	
Principal Occupation Executive	Name of Employer David Clark Co.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name Eagles	First Name David	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1372	Amount of Contribution
Residential Street Address 15 New St Apt 311	City West Hartford	State CT	Zip Code 06107-4231	Date Received 10/06/2010	
Principal Occupation Vice President	Name of Employer Oakleaf Global Holdings	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10072010A</u>			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions \$250.00	\$250.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Last Name Nimons	First Name Richard	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1374	Amount of Contribution
Residential Street Address 2 Sheridan St Unit 503	City Danbury	State CT	Zip Code 06810-3701	Date Received 10/06/2010	
Principal Occupation Director, Global Operations	Name of Employer Amphenol Corp.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions \$10.00	\$10.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Last Name Bannon	First Name Mark	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1371	Amount of Contribution
Residential Street Address 1 Alyssa Dr	City Cheshire	State CT	Zip Code 06410-7105	Date Received 10/06/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions \$100.00	\$100.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Last Name Lehrman	First Name Lewis	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1373	Amount of Contribution
Residential Street Address 1 Fawcett Pl Ste 130	City Greenwich	State CT	Zip Code 06830-6553	Date Received 10/06/2010	
Principal Occupation Senior Partner	Name of Employer L.E. Lehrman & Co.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions \$3,500.00	\$3,500.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name Sicilian	First Name James	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1376	Amount of Contribution
Residential Street Address 59 Berwyn Rd	City West Hartford	State CT	Zip Code 06107-1106	Date Received 10/07/2010	
Principal Occupation Attorney	Name of Employer Day Pitney LLP	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00
Last Name Surowiec, Jr.	First Name Frank	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1377	Amount of Contribution
Residential Street Address 163 Ashland Ave	City Newington	State CT	Zip Code 06111-2807	Date Received 10/07/2010	
Principal Occupation Retired	Name of Employer UTC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$30.00	\$30.00
Last Name Thorne	First Name Oakleigh	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1378	Amount of Contribution
Residential Street Address 270 E Westminster Fl 2	City Lake Forest	State IL	Zip Code 60045-1899	Date Received 10/07/2010	
Principal Occupation CEO	Name of Employer Thorndale Farm LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>10092010A</u>			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00	\$3,500.00
Last Name Towers	First Name Richard	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1379	Amount of Contribution
Residential Street Address 12 Greens Farms Holw	City Westport	State CT	Zip Code 06880-6138	Date Received 10/07/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name Blanchet	First Name Sheila	MI M	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1375	Amount of Contribution
Residential Street Address 98 Prospect Hill Rd	City Guilford	State CT	Zip Code 06437-2013	Date Received 10/07/2010	
Principal Occupation RN	Name of Employer Gladeview Healthcare Center	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$60.00	\$50.00
Last Name Szeps	First Name Frank	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1380	Amount of Contribution
Residential Street Address 260 France St	City Rocky Hill	State CT	Zip Code 06067-2916	Date Received 10/08/2010	
Principal Occupation Analyst	Name of Employer Northeast Utilities	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Whelan	First Name Claire	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1391	Amount of Contribution
Residential Street Address 33 Vineyard Ln	City Greenwich	State CT	Zip Code 06831-3713	Date Received 10/09/2010	
Principal Occupation Homemaker	Name of Employer Homemaker	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00
Last Name Chrust	First Name Sharon	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1384	Amount of Contribution
Residential Street Address 107 Saddle Rock Rd	City Stamford	State CT	Zip Code 06902-8228	Date Received 10/09/2010	
Principal Occupation Account Appraisal	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00	\$3,500.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name Albert	First Name Burt	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1381	Amount of Contribution
Residential Street Address 635 Breakneck Hill Rd	City Middlebury	State CT	Zip Code 06762-1410	Date Received 10/09/2010	
Principal Occupation Business	Name of Employer Albert Bros, Inc.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10062010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$300.00	\$300.00
Last Name Alexsavich	First Name Bruce	MI R	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1382	Amount of Contribution
Residential Street Address 71 Williams St	City Bristol	State CT	Zip Code 06010-4143	Date Received 10/09/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name Chase	First Name Cheryl	MI A	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1383	Amount of Contribution
Residential Street Address 84 High Ridge Rd	City West Hartford	State CT	Zip Code 06117-1813	Date Received 10/09/2010	
Principal Occupation Business Owner	Name of Employer Chase Enterprises	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10072010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00
Last Name Faenza, Jr.	First Name Angelo	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1385	Amount of Contribution
Residential Street Address 177 N Main St	City West Hartford	State CT	Zip Code 06107-1258	Date Received 10/09/2010	
Principal Occupation GM - EDSSG Division	Name of Employer ASSA ALBOY	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10072010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name Gibbons	First Name Mary	MI P	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1386	Amount of Contribution
Residential Street Address 1130 Prospect Ave	City Hartford	State CT	Zip Code 06105-1124	Date Received 10/09/2010	
Principal Occupation Homemaker	Name of Employer Homemaker	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00
Last Name Hoffman	First Name Paul	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1387	Amount of Contribution
Residential Street Address 829 Glenbrook Rd	City Orange	State CT	Zip Code 06477-1515	Date Received 10/09/2010	
Principal Occupation President	Name of Employer Orange Research Inc.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10062010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$150.00	\$150.00
Last Name Luglio	First Name John	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1388	Amount of Contribution
Residential Street Address 141 Patrick Dr	City Fairfield	State CT	Zip Code 06824-5611	Date Received 10/09/2010	
Principal Occupation IT Manager	Name of Employer DataViz, Inc.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Tuozzolo	First Name John	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1389	Amount of Contribution
Residential Street Address PO Box 298	City Falls Village	State CT	Zip Code 06031-0298	Date Received 10/09/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$150.00	\$150.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name Turmel	First Name Ron	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1390	Amount of Contribution
Residential Street Address 19 Robindale Dr	City Prospect	State CT	Zip Code 06712-1440	Date Received 10/09/2010	
Principal Occupation LP/GM Mfg.	Name of Employer H&T Waterbury	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10062010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$150.00	\$150.00
Last Name Alexander	First Name James	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1392	Amount of Contribution
Residential Street Address 123 Edgehill Rd	City New Haven	State CT	Zip Code 06511-1319	Date Received 10/10/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00	\$3,500.00
Last Name Turner	First Name Amber	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1393	Amount of Contribution
Residential Street Address 54 Pecksland Rd	City Greenwich	State CT	Zip Code 06831-3738	Date Received 10/10/2010	
Principal Occupation Homemaker	Name of Employer Homemaker	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00
Last Name Beeby	First Name Robert	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1394	Amount of Contribution
Residential Street Address 77 Beachside Ave Box 146	City Greens Farms	State CT	Zip Code 06838	Date Received 10/11/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10112010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00	\$500.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name Belfonti	First Name Michael	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1395	Amount of Contribution
Residential Street Address 2319 Whitney Ave Ste 1A	City Hamden	State CT	Zip Code 06518-3534	Date Received 10/11/2010	
Principal Occupation Real Estate	Name of Employer MCR Property Management, Inc.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions \$100.00	\$100.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Last Name Bevan	First Name Susan	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1396	Amount of Contribution
Residential Street Address 90 Field Point Cir	City Greenwich	State CT	Zip Code 06830-7011	Date Received 10/11/2010	
Principal Occupation Homemaker	Name of Employer Homemaker	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions \$1,000.00	\$1,000.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Last Name Bowditch	First Name Charles	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1397	Amount of Contribution
Residential Street Address 16 Old Parish Rd	City Darien	State CT	Zip Code 06820-4318	Date Received 10/11/2010	
Principal Occupation Broker	Name of Employer MJLF & Associates	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions \$25.00	\$25.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Last Name Boyko	First Name Gregory	MI A	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1398	Amount of Contribution
Residential Street Address 100 Barbourtown Rd	City Collinsville	State CT	Zip Code 06019-3704	Date Received 10/11/2010	
Principal Occupation President & CEO	Name of Employer Hartford Life Insurance K.K.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions \$2,000.00	\$2,000.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name Cosenza	First Name Christine	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1399	Amount of Contribution
Residential Street Address 218 Opening Hill Rd	City Branford	State CT	Zip Code 06405-2258	Date Received 10/11/2010	
Principal Occupation Disabled	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$5.00	\$5.00
Last Name Horne	First Name Eugene	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1401	Amount of Contribution
Residential Street Address 24 Newfield St	City Norwalk	State CT	Zip Code 06850-2526	Date Received 10/11/2010	
Principal Occupation Operations Manager	Name of Employer ELS Transportation	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10112010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00
Last Name Dunn	First Name Julia	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1400	Amount of Contribution
Residential Street Address 26 North St	City Greenwich	State CT	Zip Code 06830-4726	Date Received 10/11/2010	
Principal Occupation Homemaker	Name of Employer Homemaker	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00
Last Name Krystyna	First Name Cyganowski	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1402	Amount of Contribution
Residential Street Address 238 Walnut Tree Hill Rd	City Shelton	State CT	Zip Code 06484-2525	Date Received 10/11/2010	
Principal Occupation Bookkeeper	Name of Employer Unemployed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$10.00	\$10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name Mulligan	First Name John	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1403	Amount of Contribution
Residential Street Address 862 Towne House Rd	City Fairfield	State CT	Zip Code 06824-1819	Date Received 10/11/2010	
Principal Occupation Corporate Finance	Name of Employer Altria Group, Inc.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$300.00	\$300.00
Last Name Nilsen	First Name Nils	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1404	Amount of Contribution
Residential Street Address 70 Duncan Dr	City Greenwich	State CT	Zip Code 06831-3645	Date Received 10/11/2010	
Principal Occupation Businessman/Investor	Name of Employer American Securities Capital Pt	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00
Last Name Pinto	First Name Michael	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1405	Amount of Contribution
Residential Street Address 20 Faith Ln	City Danbury	State CT	Zip Code 06810-7122	Date Received 10/11/2010	
Principal Occupation Senior Crude Oil Trader	Name of Employer Statoil Marketing and Trading	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Ricks	First Name Brianna	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1406	Amount of Contribution
Residential Street Address 320 Fleming Ln	City Fairfield	State CT	Zip Code 06824-1903	Date Received 10/11/2010	
Principal Occupation Director of Programs - Fitness	Name of Employer The Edge Fitness	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name Wilkie	First Name Dean	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1407	Amount of Contribution
Residential Street Address 8872 W Ranch Dr	City Orangevale	State CA	Zip Code 95662-2126	Date Received 10/11/2010	
Principal Occupation Accountant	Name of Employer Interstate Construction	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name Alfieri	First Name Michael	MI J	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1408	Amount of Contribution
Residential Street Address 184 Deerbrooke Cir	City Southington	State CT	Zip Code 06489-4343	Date Received 10/12/2010	
Principal Occupation CPA	Name of Employer Budwitz & Meyerjack P.C.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$150.00	\$150.00
Last Name Amato	First Name Alan	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1410	Amount of Contribution
Residential Street Address 745 S Brooksvale Rd	City Cheshire	State CT	Zip Code 06410-3518	Date Received 10/12/2010	
Principal Occupation Engineer & Pilot	Name of Employer PPC & Tradewind	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>10092010A</u>			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00
Last Name Auchincloss	First Name Edgar	MI S	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1411	Amount of Contribution
Residential Street Address 276 Beach St	City Litchfield	State CT	Zip Code 06759-2313	Date Received 10/12/2010	
Principal Occupation Senior Banking Officer	Name of Employer First National Bank of Litchfield	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>10062010A</u>			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$150.00	\$150.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name Barnes	First Name Carlyle	MI F	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1413	Amount of Contribution
Residential Street Address 400 Peacedale St	City Bristol	State CT	Zip Code 06010-2392	Date Received 10/12/2010	
Principal Occupation Manufacturing	Name of Employer Barnes Group Inc.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # 10082010A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00	\$500.00
Last Name Barnes	First Name Elizabeth	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1414	Amount of Contribution
Residential Street Address 400 Peacedale St	City Bristol	State CT	Zip Code 06010-2392	Date Received 10/12/2010	
Principal Occupation Homemaker	Name of Employer Homemaker	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # 10082010A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00	\$500.00
Last Name Barnes	First Name Thomas	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1415	Amount of Contribution
Residential Street Address 1900 Perkins St	City Bristol	State CT	Zip Code 06010-8924	Date Received 10/12/2010	
Principal Occupation Chairman of the Board	Name of Employer Barnes Group Inc.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # 10082010A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Baxter	First Name Frank	MI E	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1416	Amount of Contribution
Residential Street Address 11100 Santa Monica Blvd Fl 11	City Los Angeles	State CA	Zip Code 90025-3384	Date Received 10/12/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00	\$3,500.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name Bell	First Name Martin	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1417	Amount of Contribution
Residential Street Address 5 Covlee Dr	City Westport	State CT	Zip Code 06880-6406	Date Received 10/12/2010	
Principal Occupation Self Employed	Name of Employer Prescients LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10142010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00
Last Name Bobowski	First Name Sandra	MI B	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1419	Amount of Contribution
Residential Street Address 45 Terry Rd	City Hartford	State CT	Zip Code 06105-1110	Date Received 10/12/2010	
Principal Occupation Property Manager	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name Bouton III	First Name William	MI W	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1420	Amount of Contribution
Residential Street Address 18 Rivercove Dr	City Cromwell	State CT	Zip Code 06416-1518	Date Received 10/12/2010	
Principal Occupation Attorney	Name of Employer Hinckley Allen Snyder LLP	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00
Last Name Brandt	First Name Glendine	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1421	Amount of Contribution
Residential Street Address 490 Hulls Farm Rd	City Southport	State CT	Zip Code 06890-1030	Date Received 10/12/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10112010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name Butterly	First Name William	MI J	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1423	Amount of Contribution
Residential Street Address 5 South Mdw	City Woodbury	State CT	Zip Code 06798-3223	Date Received 10/12/2010	
Principal Occupation Internet Marketing Analyst	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$150.00	\$150.00
Last Name Cafero	First Name Donald	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1424	Amount of Contribution
Residential Street Address 245 Range Rd	City Southport	State CT	Zip Code 06890-1085	Date Received 10/12/2010	
Principal Occupation Insurance Broker	Name of Employer Highland Capital	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10112010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00
Last Name Cafero Tartaglia	First Name Lorraine	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1425	Amount of Contribution
Residential Street Address 245 Range Rd	City Southport	State CT	Zip Code 06890-1085	Date Received 10/12/2010	
Principal Occupation Homemaker	Name of Employer Homemaker	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10112010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00
Last Name Carlson III	First Name Joseph	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1427	Amount of Contribution
Residential Street Address 349 Park Ave	City Naugatuck	State CT	Zip Code 06770-2650	Date Received 10/12/2010	
Principal Occupation President	Name of Employer G&R Manufacturing	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10062010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$150.00	\$150.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name Carrier	First Name Jake	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1428	Amount of Contribution
Residential Street Address 19 Winston Ct	City Bristol	State CT	Zip Code 06010-2691	Date Received 10/12/2010	
Principal Occupation Builder/Developer	Name of Employer JFC Endeavors Inc.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Caruso	First Name Daniel	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1429	Amount of Contribution
Residential Street Address 160 Fairfield Woods Rd	City Fairfield	State CT	Zip Code 06825-3351	Date Received 10/12/2010	
Principal Occupation Attorney	Name of Employer Owens, Schine & Nicola P.C.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10112010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00
Last Name Cicchetti	First Name Alan	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1430	Amount of Contribution
Residential Street Address 1886 Asylum Ave	City West Hartford	State CT	Zip Code 06117-3001	Date Received 10/12/2010	
Principal Occupation Deputy Banking Commissioner	Name of Employer State of Connecticut	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10072010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00
Last Name Click, Jr.	First Name Jim	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1431	Amount of Contribution
Residential Street Address 6403 E Miramar Dr	City Tucson	State AZ	Zip Code 85715-3118	Date Received 10/12/2010	
Principal Occupation President	Name of Employer Jim Click Automotive Team	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00	\$3,500.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name Collins	First Name J. Barclay	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1433	Amount of Contribution
Residential Street Address PO Box 1127	City Sharon	State CT	Zip Code 06069-1127	Date Received 10/12/2010	
Principal Occupation Attorney	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10092010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00	\$500.00
Last Name Connolly	First Name John	MI J	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1434	Amount of Contribution
Residential Street Address PO Box	City Waccabuc	State NY	Zip Code 10597	Date Received 10/12/2010	
Principal Occupation President	Name of Employer Homestead Insurance Co.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00	\$200.00
Last Name Davia	First Name Carl	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1436	Amount of Contribution
Residential Street Address 180 Morgan Ave	City East Haven	State CT	Zip Code 06512-4519	Date Received 10/12/2010	
Principal Occupation Self Employed	Name of Employer Harbor Associates	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10112010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00
Last Name DeGraff	First Name Sandra	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1438	Amount of Contribution
Residential Street Address 160 Hunter Dr	City West Hartford	State CT	Zip Code 06107-1017	Date Received 10/12/2010	
Principal Occupation Homemaker	Name of Employer Homemaker	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10072010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00	\$500.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name Demsey	First Name Kim	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1439	Amount of Contribution
Residential Street Address 90 Cannon Ridge Dr	City Watertown	State CT	Zip Code 06795-2461	Date Received 10/12/2010	
Principal Occupation Executive	Name of Employer Demsey Manufacturing	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10062010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$300.00	\$300.00
Last Name Demsey	First Name Patricia	MI A	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1440	Amount of Contribution
Residential Street Address 60 Cayuga Rd	City Watertown	State CT	Zip Code 06795-2329	Date Received 10/12/2010	
Principal Occupation Executive	Name of Employer Demsey Manufacturing	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10062010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$150.00	\$150.00
Last Name Demsey	First Name Richard	MI A	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1441	Amount of Contribution
Residential Street Address 60 Cayuga Rd	City Watertown	State CT	Zip Code 06795-2329	Date Received 10/12/2010	
Principal Occupation Executive	Name of Employer Demsey Manufacturing	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10062010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$150.00	\$150.00
Last Name Devivo	First Name Michael	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1444	Amount of Contribution
Residential Street Address 231 Park Rd	City Waterbury	State CT	Zip Code 06708-2344	Date Received 10/12/2010	
Principal Occupation Safety Consultant	Name of Employer Self Employed J&M Safety Consulting, LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10062010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$150.00	\$150.00

I. MONETARY RECEIPTS (Section 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	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1445	Amount of Contribution
Residential Street Address 9 Walbridge Rd	City West Hartford	State CT	Zip Code 06119-1344	Date Received 10/12/2010	
Principal Occupation Homemaker	Name of Employer Homemaker	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00
Last Name Dunn	First Name Olivia	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1446	Amount of Contribution
Residential Street Address 580 Sasco Hill Rd	City Fairfield	State CT	Zip Code 06824-6366	Date Received 10/12/2010	
Principal Occupation Self Employed	Name of Employer Self Employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10112010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00
Last Name Farnen	First Name Brian	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1447	Amount of Contribution
Residential Street Address 511 Riverside Dr	City Fairfield	State CT	Zip Code 06824-6963	Date Received 10/12/2010	
Principal Occupation Attorney	Name of Employer Sikorsky	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00
Last Name Fischetti	First Name Joseph	MI A	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1449	Amount of Contribution
Residential Street Address 226 S Main St	City West Hartford	State CT	Zip Code 06107-3452	Date Received 10/12/2010	
Principal Occupation Admin Judge	Name of Employer US Department of Commerce	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10072010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name Frahm	First Name Donald	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1450	Amount of Contribution
Residential Street Address 145 Deercliff Rd	City Avon	State CT	Zip Code 06001-2852	Date Received 10/12/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10082010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00
Last Name Goldfrank III	First Name Lionel	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1453	Amount of Contribution
Residential Street Address PO Box 188	City Sharon	State CT	Zip Code 06069-0188	Date Received 10/12/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00
Last Name Greenberg	First Name Mark	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1455	Amount of Contribution
Residential Street Address 184 Fern Ave	City Litchfield	State CT	Zip Code 06759-2721	Date Received 10/12/2010	
Principal Occupation Real Estate	Name of Employer Morg Co., LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10092010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00
Last Name Griswold	First Name E. Bulkeley	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1456	Amount of Contribution
Residential Street Address 47 Keelers Ridge Rd	City Wilton	State CT	Zip Code 06897-1608	Date Received 10/12/2010	
Principal Occupation Financial Executive	Name of Employer L&L Capital Partners	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name Griswold	First Name Lila	MI K	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1457	Amount of Contribution
Residential Street Address 47 Keelers Ridge Rd	City Wilton	State CT	Zip Code 06897-1608	Date Received 10/12/2010	
Principal Occupation Homemaker	Name of Employer Homemaker	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00
Last Name Harney	First Name Elyse	MI D	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1461	Amount of Contribution
Residential Street Address 11 E Main St	City Salisbury	State CT	Zip Code 06068-1820	Date Received 10/12/2010	
Principal Occupation Real Estate and Tea Co.	Name of Employer Self Employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10092010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00
Last Name Harrington	First Name Laura	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1462	Amount of Contribution
Residential Street Address 156 Lakeview Ave	City Waterbury	State CT	Zip Code 06705-2130	Date Received 10/12/2010	
Principal Occupation Account Executive	Name of Employer Radius Staffing Resources	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$150.00	\$150.00
Last Name Hayden	First Name Harvey	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1463	Amount of Contribution
Residential Street Address PO Box 386	City Sharon	State CT	Zip Code 06069-0386	Date Received 10/12/2010	
Principal Occupation Veterinarian	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10092010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00	\$500.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name Hayden	First Name Myrtle	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1464	Amount of Contribution
Residential Street Address PO Box 386	City Sharon	State CT	Zip Code 06069-0386	Date Received 10/12/2010	
Principal Occupation Violinist	Name of Employer	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10092010A</u>			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions \$500.00	\$500.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Last Name Hayden	First Name Patrick	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1465	Amount of Contribution
Residential Street Address 89 W View Rd	City Southbury	State CT	Zip Code 06488-2300	Date Received 10/12/2010	
Principal Occupation President	Name of Employer Donham Craft Inc.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10062010A</u>			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions \$150.00	\$150.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Last Name Henry	First Name Brian	MI J	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1467	Amount of Contribution
Residential Street Address 500 Old Academy Rd	City Fairfield	State CT	Zip Code 06824-7140	Date Received 10/12/2010	
Principal Occupation Executive	Name of Employer Terex Corp.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10112010A</u>			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions \$250.00	\$250.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Last Name Hergenhan	First Name Joyce	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1468	Amount of Contribution
Residential Street Address 715 Sasco Hill Rd	City Fairfield	State CT	Zip Code 06824-6376	Date Received 10/12/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10112010A</u>			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions \$500.00	\$500.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name Higgins	First Name Jon	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1470	Amount of Contribution
Residential Street Address 510 Twin Lakes Rd	City Salisbury	State CT	Zip Code 06068	Date Received 10/12/2010	
Principal Occupation Financial Consultant	Name of Employer Ascendant Compliant Management Services	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10092010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00	\$500.00
Last Name Hiscoe	First Name Ken	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1471	Amount of Contribution
Residential Street Address 130 Howard St	City Fairfield	State CT	Zip Code 06824-6473	Date Received 10/12/2010	
Principal Occupation Political Affairs	Name of Employer Pfizer, Inc.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10082010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00	\$500.00
Last Name Howes	First Name Thomas	MI P	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1473	Amount of Contribution
Residential Street Address 14 Stoney Point Rd	City Westport	State CT	Zip Code 06880-5924	Date Received 10/12/2010	
Principal Occupation Engineer	Name of Employer Esterline Corp.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10112010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00
Last Name Johnson	First Name Nancy	MI L	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1474	Amount of Contribution
Residential Street Address 141 S Mountain Dr	City New Britain	State CT	Zip Code 06052-1511	Date Received 10/12/2010	
Principal Occupation Attorney	Name of Employer Baker, Donelson, Bearman, Caldwell & Berkowitz PC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name Johnson	First Name Theodore	MI H	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1475	Amount of Contribution
Residential Street Address 141 S Mountain Dr	City New Britain	State CT	Zip Code 06052-1511	Date Received 10/12/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00	\$500.00
Last Name Kloczko	First Name Jame	MI E	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1476	Amount of Contribution
Residential Street Address 171 Woodchuck Ln	City Harwinton	State CT	Zip Code 06791-1512	Date Received 10/12/2010	
Principal Occupation General Manager	Name of Employer Farmington Ready Mix, Inc.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10092010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Kowalski	First Name Deron	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1477	Amount of Contribution
Residential Street Address 75 Pierpont Rd Unit 7	City Waterbury	State CT	Zip Code 06705	Date Received 10/12/2010	
Principal Occupation Sales	Name of Employer Mattatuck Industrial Scrap Metal, Inc.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10062010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$150.00	\$150.00
Last Name LaCapra, Jr.	First Name George	MI A	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1479	Amount of Contribution
Residential Street Address 181 Curtiss Ln	City Watertown	State CT	Zip Code 06795-1366	Date Received 10/12/2010	
Principal Occupation Executive Management	Name of Employer Quality Rolling and Deburring Co., Inc.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10062010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$150.00	\$150.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name LaCapra, Sr.	First Name George	MI A	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1480	Amount of Contribution
Residential Street Address 2275 Litchfield Rd	City Watertown	State CT	Zip Code 06795-1006	Date Received 10/12/2010	
Principal Occupation Owner	Name of Employer Quality Rolling and Deburring Co., Inc.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10062010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$150.00	\$150.00
Last Name Laurenzi	First Name Richard	MI A	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1481	Amount of Contribution
Residential Street Address 1655 Asylum Ave	City West Hartford	State CT	Zip Code 06117-2719	Date Received 10/12/2010	
Principal Occupation President	Name of Employer Prospect Machine Products, Inc.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10062010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$150.00	\$150.00
Last Name Learsy	First Name Raymond	MI J	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1484	Amount of Contribution
Residential Street Address PO Box 36	City Sharon	State CT	Zip Code 06069-0036	Date Received 10/12/2010	
Principal Occupation Investor	Name of Employer Self Employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10092010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00	\$500.00
Last Name Livingstone	First Name John	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1485	Amount of Contribution
Residential Street Address 58 Balfour Dr	City West Hartford	State CT	Zip Code 06117-2901	Date Received 10/12/2010	
Principal Occupation Tax Consultant	Name of Employer PricewaterhouseCoopers LLP	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10072010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name Lynch	First Name Michael	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1486	Amount of Contribution
Residential Street Address PO Box 502	City Sharon	State CT	Zip Code 06069-0502	Date Received 10/12/2010	
Principal Occupation Lawyer	Name of Employer Guion, Stevens, & Rybak LLP	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10092010A</u>			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$500.00	\$500.00
Last Name Maloney	First Name Kevin	MI B	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1488	Amount of Contribution
Residential Street Address 4016 Mountain Rd	City West Suffield	State CT	Zip Code 06093-2118	Date Received 10/12/2010	
Principal Occupation Transportation Executive	Name of Employer Northeast Express Transportation	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10112010A</u>			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$1,000.00	\$1,000.00
Last Name Mastropietro	First Name Gerard	MI L	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1489	Amount of Contribution
Residential Street Address 72 Bellemeadow Dr	City Watertown	State CT	Zip Code 06795-3242	Date Received 10/12/2010	
Principal Occupation Senior Vice President	Name of Employer Hubbard-Hall Inc	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$150.00	\$150.00
Last Name Matthiessen	First Name James	MI N	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1490	Amount of Contribution
Residential Street Address 208 Fishing Trl	City Stamford	State CT	Zip Code 06903-2415	Date Received 10/12/2010	
Principal Occupation VP-Information Technology	Name of Employer BNC Financial Group	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name McAlenney	First Name Paul	MI F	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1491	Amount of Contribution
Residential Street Address 15 Riverside Rd	City Simsbury	State CT	Zip Code 06070-2514	Date Received 10/12/2010	
Principal Occupation Attorney	Name of Employer Day Pitney LLP	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10082010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00
Last Name Meyerjack	First Name William	MI P	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1495	Amount of Contribution
Residential Street Address 75 Williamsburg Dr	City Cheshire	State CT	Zip Code 06410-2839	Date Received 10/12/2010	
Principal Occupation CPA	Name of Employer Budwitz & Meyerjack PC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10062010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$150.00	\$150.00
Last Name Mone	First Name Edmond	MI V	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1497	Amount of Contribution
Residential Street Address 100 Woodruff Ave	City Thomaston	State CT	Zip Code 06787-1551	Date Received 10/12/2010	
Principal Occupation First Selectman	Name of Employer Town of Thomaston	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10062010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$150.00	\$150.00
Last Name Munden	First Name Ryan	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1498	Amount of Contribution
Residential Street Address 100 Eagle St	City New Haven	State CT	Zip Code 06511-2632	Date Received 10/12/2010	
Principal Occupation Professor	Name of Employer Fairfield University	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name Neis	First Name Arnold	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1499	Amount of Contribution
Residential Street Address 159 Westwoods Rd	City Sharon	State CT	Zip Code 06069	Date Received 10/12/2010	
Principal Occupation Executive Chairman	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10092010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00
Last Name Noujaim	First Name George	MI J	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1500	Amount of Contribution
Residential Street Address 33 Southview Dr	City Watertown	State CT	Zip Code 06795-2059	Date Received 10/12/2010	
Principal Occupation President	Name of Employer Noujaim's Specialty Foods	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$150.00	\$150.00
Last Name Noyes	First Name Jose	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1501	Amount of Contribution
Residential Street Address 12 Herb Rd	City Sharon	State CT	Zip Code 06069-2326	Date Received 10/12/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10092010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00
Last Name Palmer	First Name Joseph	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1503	Amount of Contribution
Residential Street Address 263 Middlebrook Dr	City Fairfield	State CT	Zip Code 06824-3010	Date Received 10/12/2010	
Principal Occupation Sales & Marketing	Name of Employer Radius Media Group	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10112010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$150.00	\$150.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name Pelletier	First Name David	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1504	Amount of Contribution
Residential Street Address 132 Country Club Rd	City Cheshire	State CT	Zip Code 06410-1634	Date Received 10/12/2010	
Principal Occupation CPA	Name of Employer Budwitz & Meyerjack P.C.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10062010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Perisco	First Name Charles	MI J	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1505	Amount of Contribution
Residential Street Address 112 Mason St	City Greenwich	State CT	Zip Code 06830-6629	Date Received 10/12/2010	
Principal Occupation Director	Name of Employer Retail Opportunities Investment Corp.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$2,000.00	\$2,000.00
Last Name Picard	First Name Kathleen	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1506	Amount of Contribution
Residential Street Address 59 Caruso Dr	City Watertown	State CT	Zip Code 06795-3068	Date Received 10/12/2010	
Principal Occupation Owner	Name of Employer KIT's Creations	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10062010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00
Last Name Picard	First Name Ronald	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1507	Amount of Contribution
Residential Street Address 59 Caruso Dr	City Watertown	State CT	Zip Code 06795-3068	Date Received 10/12/2010	
Principal Occupation CEO	Name of Employer Franklin Products, Inc.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10062010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name Pincavage	First Name Tamarra	MI R	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1508	Amount of Contribution
Residential Street Address 3 Nutcracker Ln	City Westport	State CT	Zip Code 06880-1641	Date Received 10/12/2010	
Principal Occupation Realtor	Name of Employer William Pitt Sotheby's International Realty	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10112010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00
Last Name Price	First Name Charles	MI H	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1510	Amount of Contribution
Residential Street Address 47425 E Eldorado Dr	City Indian Wells	State CA	Zip Code 92210-8673	Date Received 10/12/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00	\$500.00
Last Name Richards	First Name Timothy	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1511	Amount of Contribution
Residential Street Address 67 Southridge Rd	City Southbury	State CT	Zip Code 06488-1883	Date Received 10/12/2010	
Principal Occupation President	Name of Employer Palm Guitar LLC.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10062010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$150.00	\$150.00
Last Name Rybarczyk	First Name D	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1512	Amount of Contribution
Residential Street Address Topledge Road	City West Redding	State CT	Zip Code 06896	Date Received 10/12/2010	
Principal Occupation Manager	Name of Employer Crane	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$75.00	\$75.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name Sconziano	First Name Aaron	MI A	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1513	Amount of Contribution
Residential Street Address 56 Sabal Dr	City Waterbury	State CT	Zip Code 06708-2150	Date Received 10/12/2010	
Principal Occupation Sales	Name of Employer Mattatuck Industrial Scrap Metal, Inc.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10062010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$150.00	\$150.00
Last Name Smith	First Name Jennifer	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1516	Amount of Contribution
Residential Street Address 470 Redding Rd	City Fairfield	State CT	Zip Code 06824-1935	Date Received 10/12/2010	
Principal Occupation Homemaker	Name of Employer Homemaker	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10112010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00
Last Name Smyth	First Name Bernard	MI G	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1517	Amount of Contribution
Residential Street Address 110 Sunset Farm Rd	City West Hartford	State CT	Zip Code 06107-1316	Date Received 10/12/2010	
Principal Occupation Construction Manager	Name of Employer Pavarini North East Construcion Corp, Inc.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10072010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00
Last Name Sotirhos	First Name Michael	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1518	Amount of Contribution
Residential Street Address 1800 S Ocean Blvd Apt 1310	City Pompano Beach	State FL	Zip Code 33062-7920	Date Received 10/12/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00	\$500.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name Spinella	First Name Elizabeth	MI B	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1519	Amount of Contribution
Residential Street Address 43 Castlewood Rd	City West Hartford	State CT	Zip Code 06107-2904	Date Received 10/12/2010	
Principal Occupation RN Supervisor	Name of Employer Covenant Village of Cromwell	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10072010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00
Last Name Sprague	First Name John A.	MI A	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1520	Amount of Contribution
Residential Street Address 770 Park Ave	City New York	State NY	Zip Code 10021-4153	Date Received 10/12/2010	
Principal Occupation Investment Manager	Name of Employer Jupiter Partners LLC.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10092010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00
Last Name St. Louis	First Name Roland	MI R	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1521	Amount of Contribution
Residential Street Address 15 Griswold Ave	City Groton	State CT	Zip Code 06340-4007	Date Received 10/12/2010	
Principal Occupation President	Name of Employer Fidelity National Title Inland Empire	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name Stonehill	First Name Robin	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1528	Amount of Contribution
Residential Street Address 1160 Pequot Ave	City Southport	State CT	Zip Code 06890-1473	Date Received 10/12/2010	
Principal Occupation Investments	Name of Employer Labranche & Co.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10112010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name Strobel	First Name Richard	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1529	Amount of Contribution
Residential Street Address 190 Scenic Ct	City Cheshire	State CT	Zip Code 06410-1858	Date Received 10/12/2010	
Principal Occupation VP Sales	Name of Employer Marjan Inc.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00	\$200.00
Last Name Tanski	First Name John	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1530	Amount of Contribution
Residential Street Address 1893 Main St	City Glastonbury	State CT	Zip Code 06033-2943	Date Received 10/12/2010	
Principal Occupation Attorney	Name of Employer Axinn, Veltrop, & Harkrider LLP	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10072010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00
Last Name Tatalias	First Name Michael	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1531	Amount of Contribution
Residential Street Address 7 Seir Hill Rd	City Norwalk	State CT	Zip Code 06850-1350	Date Received 10/12/2010	
Principal Occupation General Manager	Name of Employer Mattatuck Industrial Scrap Metal Inc.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10062010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$150.00	\$150.00
Last Name Tatalias	First Name Peter	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1532	Amount of Contribution
Residential Street Address 6 Bear Burrow Rd	City Roxbury	State CT	Zip Code 06783-1227	Date Received 10/12/2010	
Principal Occupation Owner	Name of Employer Mattatuck Industrial Scrap Metal Inc.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10062010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$150.00	\$150.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name Traver	First Name Jack	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1533	Amount of Contribution
Residential Street Address PO Box 1231	City Middlebury	State CT	Zip Code 06762-1231	Date Received 10/12/2010	
Principal Occupation Owner	Name of Employer Traver IDC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$150.00	\$150.00
Last Name Ulrich	First Name Barbara	MI B	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1535	Amount of Contribution
Residential Street Address 22 Pleasant St	City West Hartford	State CT	Zip Code 06107-1623	Date Received 10/12/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00
Last Name Vance, Jr.	First Name Herbert	MI A	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1536	Amount of Contribution
Residential Street Address 167 Woodford Hills Dr	City Avon	State CT	Zip Code 06001-3925	Date Received 10/12/2010	
Principal Occupation Consultant/Investments	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 10082010A			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00	\$200.00
Last Name Vollaro	First Name Daniel	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1538	Amount of Contribution
Residential Street Address 59 Quail Run	City Torrington	State CT	Zip Code 06790-2550	Date Received 10/12/2010	
Principal Occupation CPA	Name of Employer Budwitz & Meyerjack P.C.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 10062010A			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$150.00	\$150.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name Vrabely	First Name Joseph	MI J	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1539	Amount of Contribution
Residential Street Address 333 Carriage Dr	City Glastonbury	State CT	Zip Code 06033-3267	Date Received 10/12/2010	
Principal Occupation Metals Distribution	Name of Employer Atlantic Steel & Processing	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10062010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Wihbey	First Name Joe	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1540	Amount of Contribution
Residential Street Address 323 Norfolk Rd	City Litchfield	State CT	Zip Code 06759-2528	Date Received 10/12/2010	
Principal Occupation Manufacturer	Name of Employer Self-Global Machine Brokers & Global Plastics Recy	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10062010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$150.00	\$150.00
Last Name Wilkinson	First Name Alvin	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1541	Amount of Contribution
Residential Street Address PO Box 1775	City Sharon	State CT	Zip Code 06069-1775	Date Received 10/12/2010	
Principal Occupation Financial	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10092010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00	\$500.00
Last Name Wollman	First Name Steve	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1544	Amount of Contribution
Residential Street Address 80 Ice Pond Ln	City East Berlin	State CT	Zip Code 06023-1020	Date Received 10/12/2010	
Principal Occupation Real Estate	Name of Employer Self-Wollman Realty LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$150.00	\$150.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name Yellowlees	First Name Robert	MI A	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1545	Amount of Contribution
Residential Street Address 2696 Habersham Rd NW	City Atlanta	State GA	Zip Code 30305-3574	Date Received 10/12/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00
Last Name Zappi	First Name Robert	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1546	Amount of Contribution
Residential Street Address 3 Charmers Lndg	City Westport	State CT	Zip Code 06880-6441	Date Received 10/12/2010	
Principal Occupation Marketing Consultant	Name of Employer Catalyst Inc.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10112010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00	\$500.00
Last Name Caffray	First Name Patricia	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1426	Amount of Contribution
Residential Street Address 1024 Smith Ridge Rd	City New Canaan	State CT	Zip Code 06840-2330	Date Received 10/12/2010	
Principal Occupation Homemaker	Name of Employer Homemaker	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10032010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$2,500.00	\$2,500.00
Last Name Coci, III	First Name Joseph	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1432	Amount of Contribution
Residential Street Address PO Box 562	City Westport	State CT	Zip Code 06881-0562	Date Received 10/12/2010	
Principal Occupation Real Estate Devolper	Name of Employer Mountain Development Corp.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10112010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,375.00	\$250.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name La Grange Johnson	First Name Brenda	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1478	Amount of Contribution
Residential Street Address 34 Stag Ln	City Greenwich	State CT	Zip Code 06831-3128	Date Received 10/12/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00	\$3,500.00
Last Name Pray	First Name Malcolm	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1509	Amount of Contribution
Residential Street Address 566 Round Hill Rd	City Greenwich	State CT	Zip Code 06831-2724	Date Received 10/12/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10142010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,000.00	\$2,000.00
Last Name Hess	First Name Karen	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1469	Amount of Contribution
Residential Street Address 11 Charcoal Hill Rd	City Westport	State CT	Zip Code 06880-1633	Date Received 10/12/2010	
Principal Occupation None	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10112010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$500.00
Last Name Buckley	First Name Priscilla	MI L	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1422	Amount of Contribution
Residential Street Address 1 Great Elm Rd	City Sharon	State CT	Zip Code 06069-2248	Date Received 10/12/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10092010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00	\$500.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name Stevens	First Name Mary Beth	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1525	Amount of Contribution
Residential Street Address 380 Mount Fair Dr	City Watertown	State CT	Zip Code 06795-1684	Date Received 10/12/2010	
Principal Occupation Bank Teller	Name of Employer	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10072010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00
Last Name Stevens	First Name William	MI L	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1526	Amount of Contribution
Residential Street Address 380 Mount Fair Dr	City Watertown	State CT	Zip Code 06795-1684	Date Received 10/12/2010	
Principal Occupation Attorney	Name of Employer Slavin, Stauffacher, & Scott, LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10072010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00
Last Name Gardner	First Name Bruce	MI W	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1451	Amount of Contribution
Residential Street Address PO Box 369	City Windham	State CT	Zip Code 06280-0369	Date Received 10/12/2010	
Principal Occupation Manager	Name of Employer State of CT	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10142010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$100.00
Last Name Shimkus, Jr.	First Name Charles	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1515	Amount of Contribution
Residential Street Address 55 Chapman Rd	City West Hartford	State CT	Zip Code 06107-3309	Date Received 10/12/2010	
Principal Occupation Attorney	Name of Employer Shimkus, Murphy, and Rosenberger, P.C.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10072010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name Daniels	First Name Eric	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1435	Amount of Contribution
Residential Street Address 112 Quail Run	City Glastonbury	State CT	Zip Code 06033-2737	Date Received 10/12/2010	
Principal Occupation Attorney	Name of Employer Robinson & Cole	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10082010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00	\$500.00
Last Name Vietor	First Name Rosemary	MI S	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1537	Amount of Contribution
Residential Street Address 18 Fairchild Rd	City Sharon	State CT	Zip Code 06069	Date Received 10/12/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10092010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00	\$500.00
Last Name Lyons	First Name Thomas	MI N	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1487	Amount of Contribution
Residential Street Address 30 Dorset Ln	City Farmington	State CT	Zip Code 06032-2330	Date Received 10/12/2010	
Principal Occupation Attorney	Name of Employer Danaher, Lagnese & Sacco, PC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10202010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Trischman, Jr.	First Name Harold	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1534	Amount of Contribution
Residential Street Address 76 Steward Hill Cir	City Fairfield	State CT	Zip Code 06824-7015	Date Received 10/12/2010	
Principal Occupation Managing Director - Wealth Management	Name of Employer Morgan Stanley Smith Barney	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10112010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,500.00	\$1,500.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name Steiner	First Name Thomas	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1524	Amount of Contribution
Residential Street Address 6815 Gulf of Mexico Dr	City Longboat Key	State FL	Zip Code 34228-1305	Date Received 10/12/2010	
Principal Occupation Consultant	Name of Employer Baldwin Bell Green	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10092010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00	\$500.00
Last Name Ferguson	First Name Maureen	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1448	Amount of Contribution
Residential Street Address 6815 Gulf of Mexico Dr	City Longboat Key	State FL	Zip Code 34228-1305	Date Received 10/12/2010	
Principal Occupation Account Executive	Name of Employer Amedisys	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10092010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00	\$500.00
Last Name Wilson	First Name Barry	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1542	Amount of Contribution
Residential Street Address 245 Nod Rd	City Avon	State CT	Zip Code 06001-3816	Date Received 10/12/2010	
Principal Occupation General Manager	Name of Employer Blue Fox Enterprises, Inc.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00
Last Name Stock	First Name Cathleen	MI U	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1527	Amount of Contribution
Residential Street Address 47 Briar Woods Trl	City Stamford	State CT	Zip Code 06903-1733	Date Received 10/12/2010	
Principal Occupation Homemaker	Name of Employer Homemaker	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10142010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00	\$3,500.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name Gorra	First Name William	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1454	Amount of Contribution
Residential Street Address 80 Soby Dr	City West Hartford	State CT	Zip Code 06107-1033	Date Received 10/12/2010	
Principal Occupation President	Name of Employer Simoniz USA	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10072010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$6,000.00	\$3,500.00
Last Name Barber	First Name Walter	MI L	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1412	Amount of Contribution
Residential Street Address 191 Woodruff Ave	City Watertown	State CT	Zip Code 06795-2533	Date Received 10/12/2010	
Principal Occupation Insurance Broker	Name of Employer Chittenden Group	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$150.00
Last Name Merritt	First Name Henry	MI F	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1493	Amount of Contribution
Residential Street Address 25 Old Hattertown Rd	City Redding	State CT	Zip Code 06896-2114	Date Received 10/12/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10142010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$6,000.00	\$3,500.00
Last Name Merritt	First Name Henry	MI F	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1337	Amount of Contribution
Residential Street Address 25 Old Hattertown Rd	City Redding	State CT	Zip Code 06896-2114	Date Received 10/12/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10142010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$6,000.00	\$1,250.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name Black	First Name Peter	MI L	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1418	Amount of Contribution
Residential Street Address 7 Stone St	City Branford	State CT	Zip Code 06405-6243	Date Received 10/12/2010	
Principal Occupation Attorney	Name of Employer Self-Employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10142010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$100.00
Last Name Allen	First Name Jacqueline	MI T	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1409	Amount of Contribution
Residential Street Address 173 Tall Timbers Rd	City Glastonbury	State CT	Zip Code 06033-3342	Date Received 10/12/2010	
Principal Occupation	Name of Employer	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10142010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$225.00	\$100.00
Last Name Hall	First Name Denise	MI B	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1460	Amount of Contribution
Residential Street Address 21 Cedar Ledge Rd	City West Hartford	State CT	Zip Code 06107-1006	Date Received 10/12/2010	
Principal Occupation Banker	Name of Employer Webster Bank	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$750.00	\$250.00
Last Name Starr	First Name John	MI H	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1522	Amount of Contribution
Residential Street Address 161 Spring House Rd	City Fairfield	State CT	Zip Code 06824-2161	Date Received 10/12/2010	
Principal Occupation Investment Banking	Name of Employer Springhouse Capital LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10112010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name Miller	First Name Henry S.	MI S	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1496	Amount of Contribution
Residential Street Address 85 Round Hill Rd	City Greenwich	State CT	Zip Code 06831-3722	Date Received 10/12/2010	
Principal Occupation Executive	Name of Employer Miller Buckfire & Co., LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10142010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$7,000.00	\$3,500.00
Last Name Heck	First Name Jaquett	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1466	Amount of Contribution
Residential Street Address 794 Sasco Hill Rd	City Fairfield	State CT	Zip Code 06824-6345	Date Received 10/12/2010	
Principal Occupation Business Owner	Name of Employer Caring Today	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10112010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$5,000.00	\$1,500.00
Last Name Denning	First Name Steven	MI A	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1443	Amount of Contribution
Residential Street Address 16 Khakum Dr	City Greenwich	State CT	Zip Code 06831-3727	Date Received 10/12/2010	
Principal Occupation Chairman, Private Equity Company	Name of Employer General Atlantic LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$7,000.00	\$3,500.00
Last Name Denning	First Name Roberta	MI B	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1442	Amount of Contribution
Residential Street Address 16 Khakum Dr	City Greenwich	State CT	Zip Code 06831-3727	Date Received 10/12/2010	
Principal Occupation Volunteer	Name of Employer Volunteer	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$7,000.00	\$3,500.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name Steigelfest	First Name Jack	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1523	Amount of Contribution
Residential Street Address 26 Tamarac Dr	City Glastonbury	State CT	Zip Code 06033-1940	Date Received 10/12/2010	
Principal Occupation Attorney	Name of Employer Howard, Kohn, Sprague & Fitzgerald, LLP	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10072010A</u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions \$750.00	\$250.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Last Name O'Connor	First Name Kathleen	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1502	Amount of Contribution
Residential Street Address 94 Garfield Rd	City West Hartford	State CT	Zip Code 06107-2910	Date Received 10/12/2010	
Principal Occupation Attorney	Name of Employer McKenna, Long, & Aldridge LLP	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10072010A</u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions \$500.00	\$500.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Last Name Wolgast	First Name Arnold	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1543	Amount of Contribution
Residential Street Address 20 Sturges Cmns	City Westport	State CT	Zip Code 06880-2834	Date Received 10/12/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10112010A</u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions \$350.00	\$250.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Last Name Decker	First Name John	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1437	Amount of Contribution
Residential Street Address 254 S Main St	City West Hartford	State CT	Zip Code 06107-3652	Date Received 10/12/2010	
Principal Occupation President	Name of Employer Whitewind Company	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions \$500.00	\$250.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name Gladstone	First Name Lorna	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1452	Amount of Contribution
Residential Street Address 1161 Crest Ln	City McLean	State VA	Zip Code 22101-1805	Date Received 10/12/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10142010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,200.00	\$200.00
Last Name Grondin	First Name Laura	MI T	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1459	Amount of Contribution
Residential Street Address 20 Walbridge Rd	City West Hartford	State CT	Zip Code 06119-1343	Date Received 10/12/2010	
Principal Occupation Executive	Name of Employer Virginia Industries	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00	\$500.00
Last Name Shepardson	First Name Herbert	MI J	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1514	Amount of Contribution
Residential Street Address 49 Westmont St	City West Hartford	State CT	Zip Code 06117-2928	Date Received 10/12/2010	
Principal Occupation Attorney	Name of Employer Cooney, Sculling & Dowling	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,250.00	\$250.00
Last Name Groff	First Name Lesley and Ike	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1458	Amount of Contribution
Residential Street Address 120 Oak St	City New Canaan	State CT	Zip Code 06840-5841	Date Received 10/12/2010	
Principal Occupation Trader	Name of Employer Greenwich Prime	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00	\$1,000.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name Horne	First Name Eugene	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1472	Amount of Contribution
Residential Street Address 24 Newfield St	City Norwalk	State CT	Zip Code 06850-2526	Date Received 10/12/2010	
Principal Occupation Operations Manager	Name of Employer ELS Transportation	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10112010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00	\$250.00
Last Name McEver	First Name Bruce	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1492	Amount of Contribution
Residential Street Address 198 Weatogue Rd	City Salisbury	State CT	Zip Code 06068	Date Received 10/12/2010	
Principal Occupation Investment Banker	Name of Employer Berkshire Capital Securities LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10092010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$2,000.00	\$1,000.00
Last Name Meshberg	First Name Emil	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1494	Amount of Contribution
Residential Street Address 665 Sasco Hill Rd	City Fairfield	State CT	Zip Code 06824-6376	Date Received 10/12/2010	
Principal Occupation Executive	Name of Employer Emsar, Inc.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10112010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,500.00	\$1,500.00
Last Name Laverack	First Name Cordelia	MI R	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1335	Amount of Contribution
Residential Street Address 141 Briscoe Rd	City New Canaan	State CT	Zip Code 06840-2304	Date Received 10/12/2010	
Principal Occupation Homemaker	Name of Employer Homemaker	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10142010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$7,000.00	\$3,500.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name Laverack	First Name Cordelia	MI R	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1482	Amount of Contribution
Residential Street Address 141 Briscoe Rd	City New Canaan	State CT	Zip Code 06840-2304	Date Received 10/12/2010	
Principal Occupation Homemaker	Name of Employer Homemaker	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10142010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$7,000.00	\$3,500.00
Last Name Laverack, Jr.	First Name William	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1483	Amount of Contribution
Residential Street Address 141 Briscoe Rd	City New Canaan	State CT	Zip Code 06840-2304	Date Received 10/12/2010	
Principal Occupation Owner	Name of Employer William Laverack Jr. Co.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10142010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$7,000.00	\$3,500.00
Last Name Laverack, Jr.	First Name William	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1336	Amount of Contribution
Residential Street Address 141 Briscoe Rd	City New Canaan	State CT	Zip Code 06840-2304	Date Received 10/12/2010	
Principal Occupation Owner	Name of Employer William Laverack Jr. Co.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10142010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$7,000.00	\$3,500.00
Last Name Peterffy	First Name Thomas	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1548	Amount of Contribution
Residential Street Address 25 Conyers Farm Dr	City Greenwich	State CT	Zip Code 06831-2736	Date Received 10/13/2010	
Principal Occupation Chairman & CEO	Name of Employer Interactive Brokers Group	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$7,000.00	\$3,500.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name Toma	First Name Raymond	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1551	Amount of Contribution
Residential Street Address 1536 Glen Erin Dr	City Mount Pleasant	State SC	Zip Code 29464-7752	Date Received 10/13/2010	
Principal Occupation Foreign Service Officer	Name of Employer US Department of State	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$75.00	\$25.00
Last Name Lambert	First Name Bill	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1547	Amount of Contribution
Residential Street Address 9 Hunt Rd	City Columbia	State CT	Zip Code 06237-1500	Date Received 10/13/2010	
Principal Occupation Engineer	Name of Employer Belcan Corp.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Raymond	First Name Bill	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1549	Amount of Contribution
Residential Street Address 4 Pinnacle Ridge Rd	City Farmington	State CT	Zip Code 06032-3008	Date Received 10/13/2010	
Principal Occupation Senior Vice President	Name of Employer Connection Concepts, Inc.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00	\$200.00
Last Name Sebastian	First Name David	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1550	Amount of Contribution
Residential Street Address 4 Cornelia Dr	City Greenwich	State CT	Zip Code 06830-3906	Date Received 10/13/2010	
Principal Occupation Developer	Name of Employer Greenwich Real Estate Development	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name Votto	First Name Carol	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1552	Amount of Contribution
Residential Street Address 13 Partridge Ln	City Clinton	State CT	Zip Code 06413-2432	Date Received 10/13/2010	
Principal Occupation Senior Financial Analyst	Name of Employer Yale University	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name Weiss	First Name James	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1553	Amount of Contribution
Residential Street Address 28 Crestwood Dr	City Avon	State CT	Zip Code 06001-2920	Date Received 10/13/2010	
Principal Occupation President	Name of Employer Benefits Plus, Inc.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Wessman	First Name William	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1554	Amount of Contribution
Residential Street Address 452 S Curtis St	City Meriden	State CT	Zip Code 06450-6606	Date Received 10/13/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Bazzano	First Name Gary	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1555	Amount of Contribution
Residential Street Address 53 Spinners Run	City South Windsor	State CT	Zip Code 06074-1843	Date Received 10/14/2010	
Principal Occupation Sales	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$150.00	\$150.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name Beaumont	First Name Robert	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1556	Amount of Contribution
Residential Street Address 25 Maplewood Ave	City Wallingford	State CT	Zip Code 06492-3227	Date Received 10/14/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00
Last Name Garthwait, Jr.	First Name Bob	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1557	Amount of Contribution
Residential Street Address PO Box 1367	City Waterbury	State CT	Zip Code 06721-1367	Date Received 10/14/2010	
Principal Occupation Executive	Name of Employer Cly-Del Mfg. Co.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00
Last Name Lucchino	First Name Albert	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1558	Amount of Contribution
Residential Street Address 10 Misty Brook Ln	City New Fairfield	State CT	Zip Code 06812-2308	Date Received 10/14/2010	
Principal Occupation Business Owner	Name of Employer Harley Davidson of Danbury	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00
Last Name Nicholas	First Name Phyllis	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1559	Amount of Contribution
Residential Street Address 40 Howard Rd	City Greenwich	State CT	Zip Code 06831-3104	Date Received 10/14/2010	
Principal Occupation Homemaker	Name of Employer Homemaker	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$600.00	\$200.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name Schaefer	First Name James	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1560	Amount of Contribution
Residential Street Address 28 Schaefer Way	City Charlemont	State MA	Zip Code 01339	Date Received 10/15/2010	
Principal Occupation Investment Banker	Name of Employer UBS	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00
Last Name Whitman	First Name Richard	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1561	Amount of Contribution
Residential Street Address 18 Oakledge Cir	City Norwalk	State CT	Zip Code 06854-2514	Date Received 10/15/2010	
Principal Occupation Self	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Beckham	First Name Betty	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1562	Amount of Contribution
Residential Street Address 622 Knollwood St	City Monticello	State AR	Zip Code 71655-4038	Date Received 10/16/2010	
Principal Occupation Computer Consultant	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name Bernstein	First Name Theodore	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1563	Amount of Contribution
Residential Street Address 19 Prospect Rdg Apt 58	City Ridgefield	State CT	Zip Code 06877-5131	Date Received 10/16/2010	
Principal Occupation Portfolio Manager	Name of Employer UBS Securities, LLC.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name Levy	First Name Leora	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1564	Amount of Contribution
Residential Street Address 59 Peckslan Rd	City Greenwich	State CT	Zip Code 06831-3711	Date Received 10/16/2010	
Principal Occupation Volunteer	Name of Employer Volunteer	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$5,000.00	\$1,000.00
Last Name Levy	First Name Leora	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1565	Amount of Contribution
Residential Street Address 59 Peckslan Rd	City Greenwich	State CT	Zip Code 06831-3711	Date Received 10/16/2010	
Principal Occupation Volunteer	Name of Employer Volunteer	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$5,000.00	\$1,000.00
Last Name Levy	First Name Leora	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1566	Amount of Contribution
Residential Street Address 59 Peckslan Rd	City Greenwich	State CT	Zip Code 06831-3711	Date Received 10/16/2010	
Principal Occupation Volunteer	Name of Employer Volunteer	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$5,000.00	\$1,000.00
Last Name Foster	First Name Sherry	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1567	Amount of Contribution
Residential Street Address 12 Norton Trl	City Plainville	State CT	Zip Code 06062-2600	Date Received 10/17/2010	
Principal Occupation Accountant	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name Klingher	First Name Michael	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1568	Amount of Contribution
Residential Street Address 141 Godfrey Rd E	City Weston	State CT	Zip Code 06883-1425	Date Received 10/17/2010	
Principal Occupation Investment Management	Name of Employer Westbridge Capital	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00
Last Name Salmore	First Name Emily	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1569	Amount of Contribution
Residential Street Address 160 E 84th St Apt 11G	City New York	State NY	Zip Code 10028-0059	Date Received 10/17/2010	
Principal Occupation Mother	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00	\$200.00
Last Name Scharfman	First Name Scott	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1570	Amount of Contribution
Residential Street Address 1550G Tiburon Blvd # 413	City Tiburon	State CA	Zip Code 94920-2521	Date Received 10/17/2010	
Principal Occupation Investor	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$199.00	\$199.00
Last Name Argento	First Name Michael	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1571	Amount of Contribution
Residential Street Address 726 Woodward Ave	City New Haven	State CT	Zip Code 06512-1944	Date Received 10/18/2010	
Principal Occupation Office Manager	Name of Employer CT Republicans	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name Browne	First Name William	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1574	Amount of Contribution
Residential Street Address 237 Round Hill Rd	City Greenwich	State CT	Zip Code 06831-3301	Date Received 10/18/2010	
Principal Occupation Investment Advisor	Name of Employer Tweedy Browne Co.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # 10142010A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00
Last Name Evans	First Name Bradford	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1577	Amount of Contribution
Residential Street Address 791 Park Ave Apt 7B	City New York	State NY	Zip Code 10021-3512	Date Received 10/18/2010	
Principal Occupation Banker	Name of Employer Morgan Stanley	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # 10112010A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00	\$3,500.00
Last Name Filomeno	First Name Joseph	MI D	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1578	Amount of Contribution
Residential Street Address 134 Brookmoor Rd	City West Hartford	State CT	Zip Code 06107-3106	Date Received 10/18/2010	
Principal Occupation CPA	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # 10202010A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Fisher	First Name Joseph	MI H	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1579	Amount of Contribution
Residential Street Address 345 W Mountain Rd	City West Simsbury	State CT	Zip Code 06092-2910	Date Received 10/18/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # 10202010A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name Greer	First Name Nancy	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1580	Amount of Contribution
Residential Street Address 18 Quail Rd	City Greenwich	State CT	Zip Code 06831-3369	Date Received 10/18/2010	
Principal Occupation Community Volunteer	Name of Employer Unemployed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00
Last Name Grogan	First Name Richard	MI H	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1581	Amount of Contribution
Residential Street Address Old Rickhurst Alford Road	City Dunsfold Surrey Uk	State	Zip Code 00484	Date Received 10/18/2010	
Principal Occupation Company Director	Name of Employer Tarisman	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$2,500.00	\$2,500.00
Last Name Haidinger	First Name Mary Ann	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1582	Amount of Contribution
Residential Street Address 74 Club Rd	City Riverside	State CT	Zip Code 06878-2032	Date Received 10/18/2010	
Principal Occupation Homemaker	Name of Employer Homemaker	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 10072010A			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00	\$200.00
Last Name Harris	First Name Aelaide	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1584	Amount of Contribution
Residential Street Address PO Box 629	City Salisbury	State CT	Zip Code 06068-0629	Date Received 10/18/2010	
Principal Occupation Homemaker	Name of Employer Homemaker	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 10092010A			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$2,500.00	\$2,500.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name Hollihan	First Name Mary Ann	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1585	Amount of Contribution
Residential Street Address 16 Hollow Brook Ln	City Canaan	State CT	Zip Code 06018-2305	Date Received 10/18/2010	
Principal Occupation Retired	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10092010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00
Last Name Huff	First Name Roy	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1586	Amount of Contribution
Residential Street Address 750 Road	City Honolulu	State HI	Zip Code 96816	Date Received 10/18/2010	
Principal Occupation Research Meteorologist	Name of Employer RCUH	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$7.00	\$7.00
Last Name Hulme	First Name Geoffrey	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1587	Amount of Contribution
Residential Street Address 9 Mountain Laurel Dr	City Greenwich	State CT	Zip Code 06831-2741	Date Received 10/18/2010	
Principal Occupation Analyst	Name of Employer Porter Orlin LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10142010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00
Last Name Isham	First Name Ralph	MI H	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1588	Amount of Contribution
Residential Street Address 1215 5th Ave Apt 12B	City New York	State NY	Zip Code 10029-5211	Date Received 10/18/2010	
Principal Occupation Investment Banker	Name of Employer GH Venture Partners, LLC.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09222010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name Janelli	First Name Chris	MI P	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1589	Amount of Contribution
Residential Street Address 85 Scoville Ore Mine Rd	City Salisbury	State CT	Zip Code 06068-1515	Date Received 10/18/2010	
Principal Occupation Chairman	Name of Employer Salisbury RTC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10092010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Jenks	First Name Stephen	MI W	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1590	Amount of Contribution
Residential Street Address PO Box 429	City Falls Village	State CT	Zip Code 06031-0429	Date Received 10/18/2010	
Principal Occupation Consulting/Biotech	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10092010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00
Last Name Ketchum	First Name Thomas	MI B	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1591	Amount of Contribution
Residential Street Address 185 Round Hill Rd	City Greenwich	State CT	Zip Code 06831-3324	Date Received 10/18/2010	
Principal Occupation Investor	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10142010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$2,000.00	\$2,000.00
Last Name Kinsey	First Name Silas	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1592	Amount of Contribution
Residential Street Address 98 Kinsey Rd	City New Hartford	State CT	Zip Code 06057-3308	Date Received 10/18/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00	\$500.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name Koren	First Name John	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1593	Amount of Contribution
Residential Street Address 968 Harbor Rd	City Southport	State CT	Zip Code 06890-1469	Date Received 10/18/2010	
Principal Occupation Banker	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00
Last Name Lavendier	First Name Raymond	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1594	Amount of Contribution
Residential Street Address 5 Maiden Ln	City Farmington	State CT	Zip Code 06032-2212	Date Received 10/18/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10202010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name McArdle	First Name Dolores	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1595	Amount of Contribution
Residential Street Address 136 Southport Woods Dr Bldg 6	City Southport	State CT	Zip Code 06890-1161	Date Received 10/18/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10112010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00
Last Name McArdle	First Name Kayla	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1596	Amount of Contribution
Residential Street Address 44 Alvin St	City Fairfield	State CT	Zip Code 06825-4305	Date Received 10/18/2010	
Principal Occupation Homemaker	Name of Employer Homemaker	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10112010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name McCutchen	First Name William	MI W	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1597	Amount of Contribution
Residential Street Address 12 Sandpiper Rd	City Westport	State CT	Zip Code 06880-6927	Date Received 10/18/2010	
Principal Occupation Self Employed	Name of Employer Self Employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Mudge	First Name Diane	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1599	Amount of Contribution
Residential Street Address 40 Van Buren Ave	City West Hartford	State CT	Zip Code 06107-2736	Date Received 10/18/2010	
Principal Occupation Engineer	Name of Employer Agilent Technologies	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10072010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00
Last Name Newbury	First Name Ann	MI F	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1600	Amount of Contribution
Residential Street Address 23 Hatters Ln	City Farmington	State CT	Zip Code 06032-2331	Date Received 10/18/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10202010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Nickerson	First Name Nancy	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1601	Amount of Contribution
Residential Street Address 45 Farmington Ridge Dr	City Farmington	State CT	Zip Code 06032-2457	Date Received 10/18/2010	
Principal Occupation Homemaker	Name of Employer Homemaker	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10202010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name Renz	First Name Todd	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1602	Amount of Contribution
Residential Street Address 2839 Long Hill Rd	City Guilford	State CT	Zip Code 06437-3617	Date Received 10/18/2010	
Principal Occupation Construction	Name of Employer ORL Construction Corp.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10062010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$150.00	\$150.00
Last Name Rosenfeld	First Name Eric D.	MI D	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1603	Amount of Contribution
Residential Street Address 767 Bangall Amenia Rd	City Amenia	State NY	Zip Code 12501-5002	Date Received 10/18/2010	
Principal Occupation Investment Banker	Name of Employer CPI Aerostructures, Inc.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10092010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00	\$500.00
Last Name Samenuk	First Name Ann	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1604	Amount of Contribution
Residential Street Address 61 Shadow Ln	City Ridgefield	State CT	Zip Code 06877-4911	Date Received 10/18/2010	
Principal Occupation Homemaker	Name of Employer Homemaker	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10142010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$2,000.00	\$2,000.00
Last Name Scherl	First Name David	MI A	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1605	Amount of Contribution
Residential Street Address 162 Devoe Rd	City Chappaqua	State NY	Zip Code 10514-3604	Date Received 10/18/2010	
Principal Occupation Chairman of Law Firm	Name of Employer Morrison Cohen LLP	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10142010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00	\$500.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name Scocimara	First Name Eriberto	MI R	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1606	Amount of Contribution
Residential Street Address 43 Arch St	City Greenwich	State CT	Zip Code 06830-6512	Date Received 10/18/2010	
Principal Occupation Executive	Name of Employer Scocimara & Co., Inc.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10142010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00
Last Name Scott	First Name Greg	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1607	Amount of Contribution
Residential Street Address 139 Ironwood Rd	City Guilford	State CT	Zip Code 06437-4717	Date Received 10/18/2010	
Principal Occupation Consultant	Name of Employer Ironwood Consultants	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00
Last Name Smilow	First Name Joel	MI E	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1608	Amount of Contribution
Residential Street Address 830 Post Rd E	City Westport	State CT	Zip Code 06880-5222	Date Received 10/18/2010	
Principal Occupation Retired	Name of Employer Trian Acquisition Corp.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10112010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,500.00	\$1,500.00
Last Name Von Gontard	First Name Marie	MI W	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1612	Amount of Contribution
Residential Street Address 530 Round Hill Rd	City Greenwich	State CT	Zip Code 06831-2641	Date Received 10/18/2010	
Principal Occupation Homemaker	Name of Employer Homemaker	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$2,000.00	\$1,000.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name Boeschenstein	First Name Stephen	MI S	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1573	Amount of Contribution
Residential Street Address 30 Valley Rd	City New Canaan	State CT	Zip Code 06840-3808	Date Received 10/18/2010	
Principal Occupation Executive	Name of Employer Stanwich Partners LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10142010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$650.00	\$250.00
Last Name DaPuzzo	First Name Peter	MI J	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1576	Amount of Contribution
Residential Street Address Harbor Point, 18 Pilot Rock Ln	City Riverside	State CT	Zip Code 06878	Date Received 10/18/2010	
Principal Occupation Leasing	Name of Employer MJHD Inc.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10142010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$2,500.00	\$1,000.00
Last Name Morris	First Name John	MI M	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1598	Amount of Contribution
Residential Street Address 3533 Hall Meadow Rd	City Norfolk	State CT	Zip Code 06058-1376	Date Received 10/18/2010	
Principal Occupation Insurance Agent	Name of Employer Self-employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$40.00	\$35.00
Last Name Sweitzer	First Name Garrett	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1611	Amount of Contribution
Residential Street Address 751 Weed St	City New Canaan	State CT	Zip Code 06840-4019	Date Received 10/18/2010	
Principal Occupation Financial Analyst	Name of Employer Vanderbilt University	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10142010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$750.00	\$750.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name Winokur, Jr.	First Name Herbert	MI S	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1613	Amount of Contribution
Residential Street Address 341 North St	City Greenwich	State CT	Zip Code 06830-3901	Date Received 10/18/2010	
Principal Occupation Investments	Name of Employer Capricorn Management LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10142010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$2,500.00	\$500.00
<hr/>					
Last Name Harpie, Jr.	First Name Joseph	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1583	Amount of Contribution
Residential Street Address 36 Baldwin Ct	City Newington	State CT	Zip Code 06111-5325	Date Received 10/18/2010	
Principal Occupation Service & Support	Name of Employer Connecticut Government	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
<hr/>					
Last Name Baden	First Name Wayne	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1572	Amount of Contribution
Residential Street Address 145 Wurttemberg Rd	City Rhinebeck	State NY	Zip Code 12572-3538	Date Received 10/18/2010	
Principal Occupation Lawyer	Name of Employer Schlam Stone & Dolan LLP	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10142010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$2,000.00	\$1,000.00
<hr/>					
Last Name Stockwell	First Name Beatrice	MI C	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1609	Amount of Contribution
Residential Street Address 26 Waterville Rd	City Farmington	State CT	Zip Code 06032-1603	Date Received 10/18/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10202010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name Stockwell	First Name Richard	MI M	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1610	Amount of Contribution
Residential Street Address 26 Waterville Rd	City Farmington	State CT	Zip Code 06032-1603	Date Received 10/18/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10202010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Colley	First Name Bruce	MI D	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1575	Amount of Contribution
Residential Street Address PO Box 779	City Croton Falls	State NY	Zip Code 10519-0779	Date Received 10/18/2010	
Principal Occupation Self-employed	Name of Employer Self-Employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10142010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,500.00	\$1,000.00
Last Name Burn	First Name Jean	MI R	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1338	Amount of Contribution
Residential Street Address 11556 Turtle Beach Rd	City North Palm Beach	State FL	Zip Code 33408-3345	Date Received 10/19/2010	
Principal Occupation Homemaker	Name of Employer Homemaker	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10142010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$7,000.00	\$3,500.00
Last Name Burn	First Name Jean	MI R	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1620	Amount of Contribution
Residential Street Address 11556 Turtle Beach Rd	City North Palm Beach	State FL	Zip Code 33408-3345	Date Received 10/19/2010	
Principal Occupation Homemaker	Name of Employer Homemaker	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10142010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$7,000.00	\$3,500.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name Vlock	First Name Michael	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1342	Amount of Contribution
Residential Street Address 235 Thimble Rd	City Branford	State CT	Zip Code 06405	Date Received 10/19/2010	
Principal Occupation Investor	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10142010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$7,000.00	\$3,500.00
Last Name Vlock	First Name Michael	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1661	Amount of Contribution
Residential Street Address 235 Thimble Rd	City Branford	State CT	Zip Code 06405	Date Received 10/19/2010	
Principal Occupation Investor	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10142010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$7,000.00	\$3,500.00
Last Name Baker	First Name Christopher	MI T	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1614	Amount of Contribution
Residential Street Address 204 Lukes Wood Rd	City New York	State NY	Zip Code 06840	Date Received 10/19/2010	
Principal Occupation Real Estate	Name of Employer The Baker Companies	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10142010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00
Last Name Baraglia	First Name Diane	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1615	Amount of Contribution
Residential Street Address 37 Greenfield Dr	City New Britain	State CT	Zip Code 06051-1624	Date Received 10/19/2010	
Principal Occupation Legal Assistant	Name of Employer Beckett Law LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name Burke	First Name Robert	MI P	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1619	Amount of Contribution
Residential Street Address 625 Ridgebury Rd	City Ridgefield	State CT	Zip Code 06877-1111	Date Received 10/19/2010	
Principal Occupation Self Employed	Name of Employer Self Employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10142010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00	\$3,500.00
Last Name Cohen	First Name Stanley	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1623	Amount of Contribution
Residential Street Address 1 N Point Lndg	City Avon	State CT	Zip Code 06001-2096	Date Received 10/19/2010	
Principal Occupation Lawyer	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00
Last Name Cole	First Name Terri	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1624	Amount of Contribution
Residential Street Address 6 Farnham Way	City Farmington	State CT	Zip Code 06032-1563	Date Received 10/19/2010	
Principal Occupation Business Management	Name of Employer Accenture	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10202010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00
Last Name Cole	First Name Martin	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1625	Amount of Contribution
Residential Street Address 6 Farnham Way	City Farmington	State CT	Zip Code 06032-1563	Date Received 10/19/2010	
Principal Occupation Business Management	Name of Employer Accenture	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10202010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name Drake	First Name Philip	MI M	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1628	Amount of Contribution
Residential Street Address PO Box 2505	City Greenwich	State CT	Zip Code 06836-2505	Date Received 10/19/2010	
Principal Occupation Lawyer	Name of Employer Cummings & Lockwood LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10142010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Ensanian	First Name Armand	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1629	Amount of Contribution
Residential Street Address 1066 Gridley St	City Bay Shore	State NY	Zip Code 11706-2606	Date Received 10/19/2010	
Principal Occupation Sales	Name of Employer Exectransport Inc.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10142010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00
Last Name Fearon	First Name Robert	MI S	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1630	Amount of Contribution
Residential Street Address 55 Vasco Ct	City Mill Valley	State CA	Zip Code 94941-4304	Date Received 10/19/2010	
Principal Occupation President	Name of Employer Crown Capital Management	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10142010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00	\$3,500.00
Last Name Gardner	First Name John	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1631	Amount of Contribution
Residential Street Address 45 Mayapple Rd	City Stamford	State CT	Zip Code 06903-1316	Date Received 10/19/2010	
Principal Occupation Consultant	Name of Employer Self Employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name Gardner	First Name John	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1632	Amount of Contribution
Residential Street Address 45 Mayapple Rd	City Stamford	State CT	Zip Code 06903-1316	Date Received 10/19/2010	
Principal Occupation Consultant	Name of Employer Self Employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$50.00
Last Name Groves	First Name Thomas	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1634	Amount of Contribution
Residential Street Address 6 Weston Hill Rd	City Riverside	State CT	Zip Code 06878-2117	Date Received 10/19/2010	
Principal Occupation Investor	Name of Employer AEA Investors LP	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10142010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00
Last Name Hance	First Name Gary	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1635	Amount of Contribution
Residential Street Address 13 Sweetbriar Ln	City Avon	State CT	Zip Code 06001-4536	Date Received 10/19/2010	
Principal Occupation Manager	Name of Employer Bomag USA, LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10202010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00	\$200.00
Last Name Hartogenesis	First Name Gordon	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1638	Amount of Contribution
Residential Street Address 67 Harbor Dr	City Greenwich	State CT	Zip Code 06830-7019	Date Received 10/19/2010	
Principal Occupation Software	Name of Employer Auric Technology	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10142010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name Humphrey	First Name Steven	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1642	Amount of Contribution
Residential Street Address 42 Alvin St	City Fairfield	State CT	Zip Code 06825-4305	Date Received 10/19/2010	
Principal Occupation General Manager	Name of Employer Exectransport Inc.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10142010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00
Last Name Humphrey	First Name Walter	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1643	Amount of Contribution
Residential Street Address 124 Pasadena Ave	City Stratford	State CT	Zip Code 06614-3449	Date Received 10/19/2010	
Principal Occupation President	Name of Employer Medifleet	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10142010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00	\$500.00
Last Name Mouille-Berteaux	First Name Cyril	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1650	Amount of Contribution
Residential Street Address 17 Skyridge Rd	City Greenwich	State CT	Zip Code 06831-3126	Date Received 10/19/2010	
Principal Occupation Investment Advisor	Name of Employer Traxis Partners LP	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10142010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00
Last Name Orthwein	First Name Peter B.	MI B	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1653	Amount of Contribution
Residential Street Address 154 Guards Rd	City Greenwich	State CT	Zip Code 06831-2737	Date Received 10/19/2010	
Principal Occupation Executive	Name of Employer Thor Industries, Inc.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10142010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00	\$3,500.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name Ozanne	First Name James	MI H	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1654	Amount of Contribution
Residential Street Address 114 Goodwives River Rd	City Darien	State CT	Zip Code 06820-5921	Date Received 10/19/2010	
Principal Occupation Executive	Name of Employer Financial Security Assurance Holdings Ltd.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10142010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00
Last Name Reimers	First Name Arthur	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1655	Amount of Contribution
Residential Street Address 445 Round Hill Rd	City Greenwich	State CT	Zip Code 06831-2618	Date Received 10/19/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00	\$3,500.00
Last Name Reimers	First Name Lindsay	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1656	Amount of Contribution
Residential Street Address 445 Round Hill Rd	City Greenwich	State CT	Zip Code 06831-2618	Date Received 10/19/2010	
Principal Occupation Homemaker	Name of Employer Homemaker	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00	\$3,500.00
Last Name Skouras, Jr.	First Name Spyros	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1659	Amount of Contribution
Residential Street Address 400 Round Hill Rd	City Greenwich	State CT	Zip Code 06830	Date Received 10/19/2010	
Principal Occupation Business Owner	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10142010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name Siegel	First Name Hal	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1657	Amount of Contribution
Residential Street Address 244 Colonial Rd	City New Canaan	State CT	Zip Code 06840-2409	Date Received 10/19/2010	
Principal Occupation Businessman	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10142010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,250.00	\$1,000.00
Last Name Siegel	First Name Linda	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1658	Amount of Contribution
Residential Street Address 244 Colonial Rd	City New Canaan	State CT	Zip Code 06840-2409	Date Received 10/19/2010	
Principal Occupation Attorney	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10142010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,250.00	\$1,000.00
Last Name Bitting	First Name Jonathon	MI K	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1617	Amount of Contribution
Residential Street Address 1051 Weed St	City New Canaan	State CT	Zip Code 06840-4026	Date Received 10/19/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10142010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$600.00	\$100.00
Last Name Merrill	First Name Joseph	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1649	Amount of Contribution
Residential Street Address 726 Weed St	City New Canaan	State CT	Zip Code 06840-4016	Date Received 10/19/2010	
Principal Occupation Investments	Name of Employer Northeast Capital	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10142010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,250.00	\$1,000.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name Huffard	First Name Jay	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1641	Amount of Contribution
Residential Street Address 8 Maher Ave	City Greenwich	State CT	Zip Code 06830-5617	Date Received 10/19/2010	
Principal Occupation Executive	Name of Employer Huffard & Company	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10142010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,250.00	\$250.00
Last Name McArdle	First Name Kevin	MI J	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1647	Amount of Contribution
Residential Street Address 57 Cherrylawn Ln	City Northport	State NY	Zip Code 11768-1170	Date Received 10/19/2010	
Principal Occupation East Coast Worldwide	Name of Employer Manager	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10142010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$4,500.00	\$1,000.00
Last Name Johnson	First Name Johnny	MI S	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1644	Amount of Contribution
Residential Street Address 12 Tantummaheag Rd	City Old Lyme	State CT	Zip Code 06371-1137	Date Received 10/19/2010	
Principal Occupation Real Estate	Name of Employer Thames River Properties, LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10142010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00
Last Name Levy	First Name Peter	MI B	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1645	Amount of Contribution
Residential Street Address 18 Mayfair Ln	City Greenwich	State CT	Zip Code 06831-3640	Date Received 10/19/2010	
Principal Occupation Real Estate Mgmt	Name of Employer Kamber Management Company	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10142010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$2,000.00	\$1,000.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name Hogan	First Name Jeffrey	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1640	Amount of Contribution
Residential Street Address 50 Basswood Rd	City Farmington	State CT	Zip Code 06032-1134	Date Received 10/19/2010	
Principal Occupation	Name of Employer Rogers Benefit Group	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10202010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00	\$200.00
Last Name Nielsen	First Name Bjorn	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1340	Amount of Contribution
Residential Street Address 205 Round Hill Rd	City Greenwich	State CT	Zip Code 06831-3324	Date Received 10/19/2010	
Principal Occupation Self Employed	Name of Employer Self Employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10142010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$7,000.00	\$3,500.00
Last Name Nielsen	First Name Bjorn	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1651	Amount of Contribution
Residential Street Address 205 Round Hill Rd	City Greenwich	State CT	Zip Code 06831-3324	Date Received 10/19/2010	
Principal Occupation Self Employed	Name of Employer Self Employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10142010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$7,000.00	\$3,500.00
Last Name Nielsen	First Name Deborah	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1652	Amount of Contribution
Residential Street Address 205 Round Hill Rd	City Greenwich	State CT	Zip Code 06831-3324	Date Received 10/19/2010	
Principal Occupation Homemaker	Name of Employer Homemaker	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10142010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$7,000.00	\$3,500.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name Nielsen	First Name Deborah	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1341	Amount of Contribution
Residential Street Address 205 Round Hill Rd	City Greenwich	State CT	Zip Code 06831-3324	Date Received 10/19/2010	
Principal Occupation Homemaker	Name of Employer Homemaker	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10142010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$7,000.00	\$3,500.00
Last Name De Chazal	First Name Guy	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1339	Amount of Contribution
Residential Street Address 68 Wheatley Rd	City Glen Head	State NY	Zip Code 11545-2922	Date Received 10/19/2010	
Principal Occupation Investor	Name of Employer Self-employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$7,000.00	\$2,300.00
Last Name De Chazal	First Name Guy	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1626	Amount of Contribution
Residential Street Address 68 Wheatley Rd	City Glen Head	State NY	Zip Code 11545-2922	Date Received 10/19/2010	
Principal Occupation Investor	Name of Employer Self-employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$7,000.00	\$2,300.00
Last Name Heims	First Name William	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1639	Amount of Contribution
Residential Street Address 92 Sagamore Trl	City New Canaan	State CT	Zip Code 06840-6026	Date Received 10/19/2010	
Principal Occupation Private Investor	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10142010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name Bellows	First Name Arthur	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1616	Amount of Contribution
Residential Street Address 15 Upper Cross Rd	City Greenwich	State CT	Zip Code 06831-2755	Date Received 10/19/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10142010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00
Last Name Harrison	First Name Anne	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1636	Amount of Contribution
Residential Street Address 74 Vineyard Ln	City Greenwich	State CT	Zip Code 06831-3714	Date Received 10/19/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,800.00	\$1,800.00
Last Name Harrison	First Name William	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1637	Amount of Contribution
Residential Street Address 74 Vineyard Ln	City Greenwich	State CT	Zip Code 06831-3714	Date Received 10/19/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,800.00	\$1,800.00
Last Name Delano	First Name Lyman & Diana	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1627	Amount of Contribution
Residential Street Address 143 Old Church Rd	City Greenwich	State CT	Zip Code 06830-4861	Date Received 10/19/2010	
Principal Occupation Money Manager	Name of Employer Beck, Mack & Oliver, LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10142010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$4,000.00	\$1,000.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name Tregurtha	First Name Paul	MI R	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1660	Amount of Contribution
Residential Street Address 248 Long Neck Point Rd	City Darien	State CT	Zip Code 06820-5816	Date Received 10/19/2010	
Principal Occupation Chairman & CEO	Name of Employer Moran Towing Corporation	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10142010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,500.00	\$500.00
Last Name Carrabino	First Name Joseph D.	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1621	Amount of Contribution
Residential Street Address 92 Rosebrook Rd	City New Canaan	State CT	Zip Code 06840-3721	Date Received 10/19/2010	
Principal Occupation Private Equity	Name of Employer AIE InvestorsLP	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$7,000.00	\$3,500.00
Last Name Carrabino	First Name Julie	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1622	Amount of Contribution
Residential Street Address 92 Rosebrook Rd	City New Canaan	State CT	Zip Code 06840-3721	Date Received 10/19/2010	
Principal Occupation Homemaker	Name of Employer Homemaker	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$7,000.00	\$3,500.00
Last Name McNiff	First Name Audrey	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1648	Amount of Contribution
Residential Street Address 102 Zaccheus Mead Ln	City Greenwich	State CT	Zip Code 06831-3751	Date Received 10/19/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10142010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00	\$2,000.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name Lynch	First Name Susan	MI E	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1646	Amount of Contribution
Residential Street Address 8 Bayberry Ln	City Greenwich	State CT	Zip Code 06831-3008	Date Received 10/19/2010	
Principal Occupation None	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10142010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$4,500.00	\$1,000.00
Last Name Bloch	First Name Stuart	MI M	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1618	Amount of Contribution
Residential Street Address 1743 22nd St NW	City Washington	State DC	Zip Code 20008-1906	Date Received 10/19/2010	
Principal Occupation Investor/Banker/Attorney	Name of Employer Congressional Bank	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$2,000.00	\$1,000.00
Last Name Groff	First Name Daniel	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1633	Amount of Contribution
Residential Street Address 120 Oak St	City New Canaan	State CT	Zip Code 06840-5841	Date Received 10/19/2010	
Principal Occupation Trader	Name of Employer Greenwich Prime	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10142010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00
Last Name DeGraff	First Name Amy	MI H	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1665	Amount of Contribution
Residential Street Address 66 Stoner Dr	City West Hartford	State CT	Zip Code 06107-1308	Date Received 10/20/2010	
Principal Occupation President	Name of Employer WH Republican Women's Club	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10072010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name DeGraff, III	First Name Arthur	MI C	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1666	Amount of Contribution
Residential Street Address 66 Stoner Dr	City West Hartford	State CT	Zip Code 06107-1308	Date Received 10/20/2010	
Principal Occupation Insurance Underwriter	Name of Employer Travelers Insurance	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10072010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Zimmerman	First Name Chris	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1678	Amount of Contribution
Residential Street Address 67 Glenville Rd	City Greenwich	State CT	Zip Code 06831-4427	Date Received 10/20/2010	
Principal Occupation Investments	Name of Employer Taver Capital	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10142010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00	\$3,500.00
Last Name Ohnell	First Name Ernst	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1674	Amount of Contribution
Residential Street Address 75 Khakum Wood Rd	City Greenwich	State CT	Zip Code 06831-3729	Date Received 10/20/2010	
Principal Occupation Partner	Name of Employer Self-Employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$7,000.00	\$3,500.00
Last Name Jones II	First Name Paul	MI T	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1672	Amount of Contribution
Residential Street Address 92 Harbor Dr	City Greenwich	State CT	Zip Code 06830-7018	Date Received 10/20/2010	
Principal Occupation Chairman & CEO	Name of Employer Tudor Investment Corporation	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10142010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00	\$3,500.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name Jones	First Name Sonia	MI M	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1671	Amount of Contribution
Residential Street Address 92 Harbor Dr	City Greenwich	State CT	Zip Code 06830-7018	Date Received 10/20/2010	
Principal Occupation Homemaker	Name of Employer Homemaker	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10142010A</u>			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions \$7,000.00	\$3,500.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Last Name Bishop	First Name Vincent	MI L	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1662	Amount of Contribution
Residential Street Address 14 Main Street Ext	City Tariffville	State CT	Zip Code 06081-9676	Date Received 10/20/2010	
Principal Occupation Property Manager	Name of Employer Folly Farm Stables LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions \$100.00	\$100.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Last Name Creagh	First Name Heather	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1663	Amount of Contribution
Residential Street Address 33 N Pleasant Rise	City Brookfield	State CT	Zip Code 06804-2122	Date Received 10/20/2010	
Principal Occupation Insurance Customer Service Rep	Name of Employer The Lucente Agency	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions \$30.00	\$15.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Last Name Creagh	First Name Heather	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1664	Amount of Contribution
Residential Street Address 33 N Pleasant Rise	City Brookfield	State CT	Zip Code 06804-2122	Date Received 10/20/2010	
Principal Occupation Insurance Customer Service Rep	Name of Employer The Lucente Agency	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions \$30.00	\$15.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name Dunn	First Name Raymond	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1667	Amount of Contribution
Residential Street Address 36 Midwood Dr	City Greenwich	State CT	Zip Code 06831-4442	Date Received 10/20/2010	
Principal Occupation Finance	Name of Employer Shipping & Finance LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Harig	First Name Karl	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1668	Amount of Contribution
Residential Street Address 52 Cardinal Dr	City North Kingstown	State RI	Zip Code 02852-6525	Date Received 10/20/2010	
Principal Occupation Senior Vice President	Name of Employer Bank of America	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00	\$500.00
Last Name Hoffman	First Name Jeffrey	MI S	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1669	Amount of Contribution
Residential Street Address 149 Reverknolls	City Avon	State CT	Zip Code 06001-2045	Date Received 10/20/2010	
Principal Occupation Car Dealer	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>10082010A</u>			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00
Last Name Jacullo III	First Name Peter	MI J	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1670	Amount of Contribution
Residential Street Address 61 High Ridge Ave	City Ridgefield	State CT	Zip Code 06877-4901	Date Received 10/20/2010	
Principal Occupation Consultant	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name Keniry	First Name Dan	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1673	Amount of Contribution
Residential Street Address 5553 Little Falls Rd	City Arlington	State VA	Zip Code 22207-1525	Date Received 10/20/2010	
Principal Occupation TIAA-CREF	Name of Employer TIAA-CREF	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10142010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00	\$500.00
Last Name Skinner III	First Name James	MI A	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1675	Amount of Contribution
Residential Street Address 77 Maple Ave	City Greenwich	State CT	Zip Code 06830-5620	Date Received 10/20/2010	
Principal Occupation Investor	Name of Employer Royce & Associates	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10142010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00
Last Name Smith	First Name Frederick	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1677	Amount of Contribution
Residential Street Address 118 S Fayette St	City Alexandria	State VA	Zip Code 22314-2919	Date Received 10/20/2010	
Principal Occupation Energy Consultant	Name of Employer U.S.Chamber of Commerce	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Smilow	First Name Joel	MI E	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1676	Amount of Contribution
Residential Street Address 830 Post Rd E	City Westport	State CT	Zip Code 06880-5222	Date Received 10/20/2010	
Principal Occupation Retired	Name of Employer Trian Acquisition Corp.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$2,400.00	\$900.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name Bliss	First Name Timothy	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1680	Amount of Contribution
Residential Street Address PO Box 50440	City Santa Barbara	State CA	Zip Code 93150-0440	Date Received 10/21/2010	
Principal Occupation Investment Management	Name of Employer IGSB	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00	\$3,500.00
Last Name Jonathan	First Name Wendell	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1681	Amount of Contribution
Residential Street Address 22 Turner Dr	City Greenwich	State CT	Zip Code 06831-4415	Date Received 10/21/2010	
Principal Occupation Investor	Name of Employer Nassau Point Investors LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00
Last Name Leary	First Name John	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1682	Amount of Contribution
Residential Street Address 100 Dorman Rd	City Oxford	State CT	Zip Code 06478-1642	Date Received 10/21/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$40.00	\$40.00
Last Name Somma	First Name Stephen	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1683	Amount of Contribution
Residential Street Address 81 Kimberly Ln	City Watertown	State CT	Zip Code 06795-3156	Date Received 10/21/2010	
Principal Occupation Liquor Control Commissioner	Name of Employer State of Connecticut	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name Warmus	First Name Stephanie	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1684	Amount of Contribution
Residential Street Address 18 Sable Dr	City Ledyard	State CT	Zip Code 06339-1666	Date Received 10/21/2010	
Principal Occupation Optometrist	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$85.00	\$25.00
Last Name Blanchet	First Name Sheila	MI M	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1679	Amount of Contribution
Residential Street Address 98 Prospect Hill Rd	City Guilford	State CT	Zip Code 06437-2013	Date Received 10/21/2010	
Principal Occupation RN	Name of Employer Gladeview Healthcare Center	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$85.00	\$25.00
Total of Section B					\$288,466.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) <i>(Total on Line 14 of Summary Page)</i>					\$288,466.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE						FILING DUE DATE
Foley For Governor, Inc.						
C1. Contributions from Other Committees						
Name of Committee Heritage Village Republican Club				Name of Treasurer Veronica Delaney		
Address PO Box 2071		Is this contribution associated with a fundraising event listed in Section J1?			Amount of Contribution	
		<input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
City Southbury	State CT	Zip Code 06488	Date Received 10/12/2010	Aggregate Contributions \$100.00	\$100.00	
Name of Committee Morris Republican Town Committee				Name of Treasurer William L. Downes		
Address PO Box 32		Is this contribution associated with a fundraising event listed in Section J1?			Amount of Contribution	
		<input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
City Morris	State CT	Zip Code 06763	Date Received 10/12/2010	Aggregate Contributions \$250.00	\$250.00	
Name of Committee Republican Women Of Westport				Name of Treasurer Joan G. Lasprogato		
Address PO Box 2293		Is this contribution associated with a fundraising event listed in Section J1?			Amount of Contribution	
		<input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
City Westport	State CT	Zip Code 06880	Date Received 10/12/2010	Aggregate Contributions \$250.00	\$250.00	
Name of Committee Goshen Republican Town Committee				Name of Treasurer Anders A. Nygren		
Address PO Box 219		Is this contribution associated with a fundraising event listed in Section J1?			Amount of Contribution	
		<input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
City Goshen	State CT	Zip Code 06756	Date Received 10/19/2010	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 associated with a fundraising event listed in Section J1?			Amount of Contribution	
		<input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
City Easton	State CT	Zip Code 06612	Date Received 10/20/2010	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 associated with a fundraising event listed in Section J1?		<input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No	Amount of Contribution
City Sharon		State CT	Zip Code 06069	Date Received 10/20/2010	Aggregate Contributions \$250.00	\$250.00
Total of Section C1						\$1,600.00

I. MONETARY RECEIPTS (Section A-I)				
NAME OF COMMITTEE				FILING 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 this loan?	Amount Received
Street Address 62 Khakum Wood Rd	City Greenwich	State CT	Zip Code 06831-3748	<input type="checkbox"/> Bank <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Individual <input type="checkbox"/> Other Committee	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Name of Cosigner/Guarantor						
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 this loan?	Amount Received
Street Address 62 Khakum Wood Rd	City Greenwich	State CT	Zip Code 06831-3748	<input type="checkbox"/> Bank <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Individual <input type="checkbox"/> Other Committee	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Name of Cosigner/Guarantor						
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 this loan?	Amount Received
Street Address 62 Khakum Wood Rd	City Greenwich	State CT	Zip Code 06831-3748	<input type="checkbox"/> Bank <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Individual <input type="checkbox"/> Other Committee	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Name of Cosigner/Guarantor						
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 this loan?	Amount Received
Street Address 62 Khakum Wood Rd	City Greenwich	State CT	Zip Code 06831-3748	<input type="checkbox"/> Bank <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Individual <input type="checkbox"/> Other Committee	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Name of Cosigner/Guarantor						
Street Address	City	State	Zip Code	Date Received		
				10/20/2010		\$1,150,000.00

Total of Section D						\$4,550,000.00
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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	Amount	Method of Payment
		Cash Personal Check Credit/Debit Card
		Total of Section E

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

I. Monetary Receipts (Section A-I)				
NAME OF COMMITTEE				FILING DUE DATE
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 Funds Received from the Citizen's Election Fund				
Purpose of Grant: Initial Primary	Supplemental/Independent Expenditure		Date Received	Amount
	General or Special Election	Primary General or Special Election		
Supplemental/Post Election Deficit General or Special Election	Supplemental/Excess Expenditure		Date Received	Amount
	Primary	General or Special Election		
Total of Section H				

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

I. Miscellaneous Monetary Receipts not Considered Contributions

Name	Date of Transaction		Amount Received
Street Address	City	State	
Description			

Total of Section I

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE Foley For Governor, Inc.	FILING DUE DATE
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J1. Fundraising Event Information

Fundraising Event #	Description	Location: Street Address	City	State	Zip Code
Date of Fundraiser 10/09/2010	Letter A Reception Event	Moles Hill Farm 201 Millerton Rd	Sharon	CT	06069-2068
Was this fundraising event hosted at a personal residence? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$50? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Was this fundraiser a tag sale, auction, or other sale of donated items? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Date of Fundraiser 10/11/2010	Letter A Cocktail Event	665 Sasco Hill Rd	Fairfield	CT	06824-6376
Was this fundraising event hosted at a personal residence? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$50? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Was this fundraiser a tag sale, auction, or other sale of donated items? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Date of Fundraiser 10/14/2010	Letter A Reception Event	1800 E Putnam Ave	Old Greenwich	CT	06870-1320
Was this fundraising event hosted at a personal residence? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$50? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Was this fundraiser a tag sale, auction, or other sale of donated items? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Date of Fundraiser 10/20/2010	Letter A Cocktail Event	5 Hatters Ln	Farmington	CT	06032-2331
Was this fundraising event hosted at a personal residence? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$50? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Was this fundraiser a tag sale, auction, or other sale of donated items? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

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

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

Total of Section J2

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

J3. In-Kind Donations Not Considered Contributions

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

Total of Section J3						
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III. NONMONETARY RECEIPTS						
NAME OF COMMITTEE					FILING DUE DATE	
Foley For Governor, Inc.						
K. In-Kind Contributions						
Name				Date Received		Fair Market Value of this Contribution
Street Address			City	State	Zip Code	
Type of Contributor: Individual Committee	Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:	Yes No Executive Legislative		
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event#		Yes No	Description of In-Kind Contribution	Aggregate contributions		
Total of Section K						

III. Non Monetary Receipts

NAME OF COMMITTEE	FILING DUE DATE
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	State	Zip Code		
Name of Telephone company					
Street Address	City	State	Zip Code		
Total of Section L					

III. NONMONETARY RECEIPTS

NAME OF COMMITTEE	FILING DUE DATE
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		Purpose of Expenditure A B C D E		

Total of Section M	
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IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount	
ADP EasyPay Boston 2	10/01/2010	<input type="checkbox"/> Check #		
Street Address 225 2nd Ave	City Waltham	State MA		Zip Code 02451-1122
Purpose of Expenditure OVHD				<input checked="" type="checkbox"/> Debit Card
Description ADP PAYROLL FEES ADP - FEES 2RBIT 7620044 CCD ID: 9659605001				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name			Office Sought	
			\$116.13	
ADP EasyPay Boston 2	10/01/2010	<input type="checkbox"/> Check #		
Street Address 225 2nd Ave	City Waltham	State MA		Zip Code 02451-1122
Purpose of Expenditure OVHD				<input checked="" type="checkbox"/> Debit Card
Description Adp payroll fees ADP - FEES 2RBI 7620044 CCD ID: 9659605001				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name			Office Sought	
			\$116.13	
JP Morgan Chase Bank	10/01/2010	<input type="checkbox"/> Check #		
Street Address 3A Pickwick Plz	City Greenwich	State CT		Zip Code 06830
Purpose of Expenditure BNK				<input checked="" type="checkbox"/> Debit Card
Description Incoming Domestic Wire Fee				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name			Office Sought	
			\$15.00	

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Foley For Governor, Inc.							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
JP Morgan Chase Bank					10/01/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
3A Pickwick Plz		Greenwich	CT	06830	BNK		
Description						Event #	
Incoming Domestic Wire Fee							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$15.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Emily Duus					10/01/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>2100</u> <input type="checkbox"/> Debit Card	
20 Summer St Ste 200		Stamford	CT	06901-2304	WAGE		
Description						Event #	
Payroll Expenses - Intern Stipend for week 9/27/10							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$250.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
David M Hellriegel					10/01/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>2099</u> <input type="checkbox"/> Debit Card	
20 Summer St Ste 200		Stamford	CT	06901-2304	WAGE		
Description						Event #	
Payroll Expenses - Intern Stipend for week 9/27/10							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$150.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Foley For Governor, Inc.							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Torey Shepardson					10/01/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure		
49 Westmont St		West Hartford	CT	06117-2928	WAGE	<u>2104</u> <input type="checkbox"/> Debit Card	
Description						Event #	
Payroll Expenses - Intern Stipend for week 9/27/10							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No						\$240.00	
Name of Payee					Date of Payment	Method of Payment	Amount
Matthew Joiner					10/01/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure		
150 Oxoboxo Dam Rd		Oakdale	CT	06370-1267	WAGE	<u>2102</u> <input type="checkbox"/> Debit Card	
Description						Event #	
Payroll Expense - Intern Stipend for week 9/27/10							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No						\$210.00	
Name of Payee					Date of Payment	Method of Payment	Amount
Michael Roberts					10/01/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure		
618 Belden Hall		Storrs	CT	06269-6905	WAGE	<u>2103</u> <input type="checkbox"/> Debit Card	
Description						Event #	
Payroll Expenses - Intern Stipend for week 9/27/10							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No						\$250.00	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Media Placement Technologies					10/04/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
336 Commerce St	Alexandria	VA	22314-2802	A-OTH			
Description						Event #	
Advertising & Promotion - 10-1-10 Inv Oct 6-12 Media Buy - Supplemental							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No						\$598,900.00	
Name of Payee					Date of Payment	Method of Payment	Amount
La Quinta Inn & Suites					10/04/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
65 Columbus Blvd	New Britain	CT	06051-2226	TRVL			
Description						Event #	
Lodging Expense							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No						\$619.36	
Name of Payee					Date of Payment	Method of Payment	Amount
La Quinta Inn & Suites					10/04/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
65 Columbus Blvd	New Britain	CT	06051-2226	TRVL			
Description						Event #	
Hotel Room							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No						\$619.36	

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Foley For Governor, Inc.							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
JP Morgan Chase Bank					10/04/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
3A Pickwick Plz		Greenwich	CT	06830	BNK		
Description						Event #	
Outgoing Domestic Wire Fee							
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		\$25.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
JP Morgan Chase Bank					10/04/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
3A Pickwick Plz		Greenwich	CT	06830	BNK		
Description						Event #	
Outgoing Domestic Wire Fee							
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		\$25.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
WashingtonBancard					10/04/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
2200 S Dixie Hwy		Miami	FL	33133-2300	BNK		
Description						Event #	
Washington Bankcard - Bank Fees							
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		\$639.66
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
WashingtonBancard					10/04/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure		<input checked="" type="checkbox"/> Debit Card	
2200 S Dixie Hwy	Miami	FL	33133-2300	OVHD			
Description						Event #	
Bankcard-1203 MTOT DISC 530960440100139 CCD ID: 9592126793							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$639.66
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
INT*Intermedia.net					10/04/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure		<input checked="" type="checkbox"/> Debit Card	
150 Mathilda Pl Ste 104	Sunnyvale	CA	94086-6010	OVHD			
Description						Event #	
Computer Network Service Expense							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$562.90
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
INT*Intermedia.net					10/04/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure		<input checked="" type="checkbox"/> Debit Card	
150 Mathilda Pl Ste 104	Sunnyvale	CA	94086-6010	OVHD			
Description						Event #	
U R* INT*Intermedia. 800 10/01U R INT*							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$562.90
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Foley For Governor, Inc.							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Chase Cardmember Service					10/05/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
PO Box 15153		Wilmington	DE	19886-5153	BNK		
Description						Event #	
CHASE AUTOPAY PPD ID: 4760039224							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$2,428.13	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
JP Morgan Chase Bank					10/05/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
3A Pickwick Plz		Greenwich	CT	06830	BNK		
Description						Event #	
Chase Autopay PPD ID: 4760039224							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$2,428.13	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Cablevision of Connecticut					10/05/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
PO Box 9256		Chelsea	MA	02150-9256	OVHD		
Description						Event #	
Television / Internet Expense							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$243.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Foley For Governor, Inc.							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Cablevision of Connecticut					10/05/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
PO Box 9256		Chelsea	MA	02150-9256	OVHD		
Description						Event #	
U R* CBV*Cablevision 203 10/04U R* CBV*							
Is this expenditure coordinated with another candidate for which reimbursement is sought?				Other Candidate(s) Name	Office Sought	\$243.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
JP Morgan Chase Bank					10/07/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
3A Pickwick Plz		Greenwich	CT	06830	BNK		
Description						Event #	
Outgoing Domestic Wire Fee							
Is this expenditure coordinated with another candidate for which reimbursement is sought?				Other Candidate(s) Name	Office Sought	\$25.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Premier Graphics					10/07/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>2125</u> <input type="checkbox"/> Debit Card	
860 Honeyspot Rd		Stratford	CT	06615-7159	PRNT		
Description						Event #	
Postage for 250,000 for Foleys first Piece							
Is this expenditure coordinated with another candidate for which reimbursement is sought?				Other Candidate(s) Name	Office Sought	\$56,338.45	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Foley For Governor, Inc.							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Staples					10/07/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
2299 Summer St		Stamford	CT	06905-4502	OFFICE		
Description						Event #	
Supplies							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$156.86
Name of Payee					Date of Payment	Method of Payment	Amount
Priceline.com					10/07/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
800 Connecticut Ave		Norwalk	CT	06854-1631	TRVL		
Description						Event #	
Travel/Lodging Expense							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$189.69
Name of Payee					Date of Payment	Method of Payment	Amount
Media Placement Technologies					10/07/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
336 Commerce St		Alexandria	VA	22314-2802	A-OTH		
Description						Event #	
Advertising & Promotion - Media Buy Oct 11-17							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$408,945.00

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Foley For Governor, Inc.							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
United States Post Office West Hartford					10/07/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
Lasalle Road		West Hartford	CT		POST		
Description						Event #	
Mail Expense							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$88.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
United States Post Office West Hartford					10/08/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
Lasalle Road		West Hartford	CT		POST		
Description						Event #	
Mail Expense							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$264.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Matthew Joiner					10/08/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>2110</u> <input type="checkbox"/> Debit Card	
150 Oxoboxo Dam Rd		Oakdale	CT	06370-1267	WAGE		
Description						Event #	
Payroll Expenses - Intern Stipend for week 10/04							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$210.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

N. Expenses Paid By Committee

Name of Payee				Date of Payment	Method of Payment	Amount
Staples				10/08/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
2550 Albany Ave	West Hartford	CT	06117-2301	OFFICE		
Description					Event #	
Supplies						
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		
<input type="checkbox"/> Yes						
<input checked="" type="checkbox"/> No						\$27.55
Name of Payee				Date of Payment	Method of Payment	Amount
Torey Shepardson				10/08/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>2111</u>	
49 Westmont St	West Hartford	CT	06117-2928	WAGE	<input type="checkbox"/> Debit Card	
Description					Event #	
Payroll Expenses - Intern Stipend for week 10/04						
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		
<input type="checkbox"/> Yes						
<input checked="" type="checkbox"/> No						\$240.00
Name of Payee				Date of Payment	Method of Payment	Amount
The Advocate/Greenwich Time				10/08/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
9 Riverbend Dr	Stamford	CT	06906	Misc *		
Description					Event #	
Newspaper						
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		
<input type="checkbox"/> Yes						
<input checked="" type="checkbox"/> No						\$19.99

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Foley For Governor, Inc.							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Michael Roberts					10/08/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure		
618 Belden Hall		Storrs	CT	06269-6905	WAGE	<u>2112</u> <input type="checkbox"/> Debit Card	
Description						Event #	
Payroll Expenses - Intern Stipend for week 10/04							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No						\$250.00	
Name of Payee					Date of Payment	Method of Payment	Amount
Palace Theater					10/08/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure		
100 E Main St		Waterbury	CT	06702-2312	OVHD	<input checked="" type="checkbox"/> Debit Card	
Description						Event #	
Event Expense							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No						\$3,710.00	
Name of Payee					Date of Payment	Method of Payment	Amount
Emily Duus					10/08/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure		
20 Summer St Ste 200		Stamford	CT	06901-2304	WAGE	<u>2108</u> <input type="checkbox"/> Debit Card	
Description						Event #	
Payroll Expenses - Intern Stipend for week 10/04							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No						\$250.00	

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Foley For Governor, Inc.							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
David M Hellriegel					10/08/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>2109</u>	
20 Summer St Ste 200		Stamford	CT	06901-2304	WAGE	<input type="checkbox"/> Debit Card	
Description						Event #	
Payroll Expenses - Intern Stipend for week 10/04							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$150.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Reuben's Deli					10/08/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
35 Lasalle Rd		West Hartford	CT	06107-2304	FOOD		
Description						Event #	
Meal Expense							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$33.71	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
JP Morgan Chase Bank					10/08/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
3A Pickwick Plz		Greenwich	CT	06830	BNK		
Description						Event #	
Incoming Domestic Wire Fee							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$15.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount	
Premier Graphics	10/11/2010	<input checked="" type="checkbox"/> Check #		
Street Address	City	State		Zip Code
860 Honeyspot Rd	Stratford	CT		06615-7159
Purpose of Expenditure				2129
Description			Event #	
Postage for 2nd Mailer dropped 10/12				
Is this expenditure coordinated with another candidate for which reimbursement is sought?				
<input type="checkbox"/> Yes				
<input checked="" type="checkbox"/> No			\$56,338.45	
JP Morgan Chase Bank	10/12/2010	<input type="checkbox"/> Check #		
Street Address	City	State		Zip Code
3A Pickwick Plz	Greenwich	CT		06830
Purpose of Expenditure				BNK
Description			Event #	
DEPOSIT ITEM RETURNED FEE: 01 000104151 # OF ITEMS00001				
Is this expenditure coordinated with another candidate for which reimbursement is sought?				
<input type="checkbox"/> Yes				
<input checked="" type="checkbox"/> No			\$10.00	
JP Morgan Chase Bank	10/12/2010	<input type="checkbox"/> Check #		
Street Address	City	State		Zip Code
3A Pickwick Plz	Greenwich	CT		06830
Purpose of Expenditure				BNK
Description			Event #	
DEPOSITED ITEM RETURNED 000104151 # OF ITEMS00001 (view)				
Is this expenditure coordinated with another candidate for which reimbursement is sought?				
<input type="checkbox"/> Yes				
<input checked="" type="checkbox"/> No			\$150.00	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
La Quinta Inn & Suites					10/12/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
65 Columbus Blvd	New Britain	CT	06051-2226	TRVL			
Description						Event #	
Lodging Expense							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$540.68	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
RadioShack					10/12/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
561 Elm St # 1-1419	Stamford	CT	06902-5113	Misc *			
Description						Event #	
Electronics Expense							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$53.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
CVS Pharmacy					10/12/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
976 Farmington Ave	West Hartford	CT	06107-2102	Misc *			
Description						Event #	
Supplies							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$32.53	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
CVS Pharmacy					10/12/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
976 Farmington Ave	West Hartford	CT	06107-2102	Misc *	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Supplies							
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$25.28
Name of Payee					Date of Payment	Method of Payment	Amount
Harry's Pizza					10/12/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
1003 Farmington Ave	West Hartford	CT	06107-2191	FOOD	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Meal Expense							
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$22.26
Name of Payee					Date of Payment	Method of Payment	Amount
Town of West Hartford					10/12/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
20 Isham Rd	West Hartford	CT	06107-2204	TRVL	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Parking							
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$7.00

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount
Gulf Oil	10/13/2010	<input type="checkbox"/> Check #	
Street Address 524 Newfield Ave	City Stamford	State CT	Zip Code 06905-3713
Purpose of Expenditure TRVL		<input checked="" type="checkbox"/> Debit Card	
Description Gas Expense		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$30.00
Name of Payee CampaignGrid	Date of Payment 10/13/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address 223 Summit Ave	City Fort Washington	State PA	Zip Code 19034-1525
Purpose of Expenditure A-OTH		<u>2143</u> <input type="checkbox"/> Debit Card	
Description Advertising & Promotion - Invoice#8023-Revised		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$75,000.00
Name of Payee Chatham Light Media	Date of Payment 10/13/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address PO Box 1330	City Stowe	State VT	Zip Code 05672-1330
Purpose of Expenditure A-OTH		<u>2146</u> <input type="checkbox"/> Debit Card	
Description Advertising & Promotion - Inv# 1548,1551,1554,1555-58,1561,1571-72		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$84,668.50

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount	
The Yale Club of New York City	10/13/2010	<input checked="" type="checkbox"/> Check #		
Street Address 50 Vanderbilt Ave	City New York	State NY		Zip Code 10017-3803
Purpose of Expenditure FOOD				2136
Description Meals and Entertainment - Member ID H655 Foley Events 9/22/10 Luncheon&Breakfast				<input type="checkbox"/> Debit Card
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name	
			Office Sought	
			\$4,527.10	
Chris Syrek	10/13/2010	<input checked="" type="checkbox"/> Check #		
Street Address 20 Summer St Ste 200	City Stamford	State CT		Zip Code 06901-2304
Purpose of Expenditure RCW				2119
Description Vehicle Miles, Parking, Food, Supplies				<input type="checkbox"/> Debit Card
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name	
			Office Sought	
			\$1,017.62	
Sunghi P Frauen	10/13/2010	<input checked="" type="checkbox"/> Check #		
Street Address 20 Summer St Ste 200	City Stamford	State CT		Zip Code 06901-2304
Purpose of Expenditure RCW				2126
Description Verizon Call Plan Bill				<input type="checkbox"/> Debit Card
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name	
			Office Sought	
			\$151.57	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount	
Elizabeth Osborn Poirier	10/13/2010	<input checked="" type="checkbox"/> Check #		
Street Address 20 Summer St Fl 2	City Stamford	State CT		Zip Code 06901-2304
Purpose of Expenditure RCW		2127		<input type="checkbox"/> Debit Card
Description Vehicle Miles, Parking, Supplies		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	\$1,581.64
Courtney Weaver	10/13/2010	<input checked="" type="checkbox"/> Check #		
Street Address 20 Summer St Fl 2	City Stamford	State CT		Zip Code 06901-2304
Purpose of Expenditure RCW		2113		<input type="checkbox"/> Debit Card
Description Vehicle Miles, Parking, Meals		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	\$1,287.94
Chris Bandecchi	10/13/2010	<input checked="" type="checkbox"/> Check #		
Street Address 20 Summer St Fl 2	City Stamford	State CT		Zip Code 06901-2304
Purpose of Expenditure RCW		2123		<input type="checkbox"/> Debit Card
Description Vehicle Miles, Aircard		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	\$208.86

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Foley For Governor, Inc.							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Chris Covucci					10/13/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	2120	
20 Summer St Fl 2		Stamford	CT	06901-2304	RCW	<input type="checkbox"/> Debit Card	
Description					Event #		
Vehicle Miles, Parking, Meals							
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		\$809.39
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Verizon Wireless					10/13/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	2134	
PO Box 15062		Albany	NY	12212-5062	OVHD	<input type="checkbox"/> Debit Card	
Description					Event #		
Telephone Expense - Acct#381433731-00002, Inv#2460648725							
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		\$287.39
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Premier Graphics					10/13/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	2130	
860 Honeyspot Rd		Stratford	CT	06615-7159	PRNT	<input type="checkbox"/> Debit Card	
Description					Event #		
TG03 Postage-57318 Hartford Drop1,Wallingford Drop2							
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		\$63,400.25
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Premier Graphics					10/13/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	2131		
860 Honeyspot Rd	Stratford	CT	06615-7159	PRNT	<input type="checkbox"/> Debit Card		
Description						Event #	
Postage Inv56964 TFG04,Inv56966 TFG05,Inv56968 TFG06							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$176,101.90	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Premier Graphics					10/13/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	2132		
860 Honeyspot Rd	Stratford	CT	06615-7159	PRNT	<input type="checkbox"/> Debit Card		
Description						Event #	
Mailers Inv56957,56961,56962,56963,56965,56967 TFG01-06							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$175,521.37	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Dean Pagani					10/13/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	2118		
309 Holland Ln Ste 226	Alexandria	VA	22314-6104	RCW	<input type="checkbox"/> Debit Card		
Description						Event #	
Parking, Train							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$996.60	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Foley For Governor, Inc.							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
West Park - Stamford LLC					10/13/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>2142</u>	
108 Prospect St		Stamford	CT	06901-1202	OVHD	<input type="checkbox"/> Debit Card	
Description						Event #	
Stamford Office Rent Expense							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$2,862.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
James O'Connell					10/13/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>2122</u>	
20 Summer St Ste 200		Stamford	CT	06901-2304	RCW	<input type="checkbox"/> Debit Card	
Description						Event #	
Vehicle Miles, Utilities							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$731.77	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Justin R Clark					10/13/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>2121</u>	
20 Summer St Ste 200		Stamford	CT	06901-2304	RCW	<input type="checkbox"/> Debit Card	
Description						Event #	
Vehicle Miles							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$565.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount	
Debi Schatzle Baker	10/13/2010	<input checked="" type="checkbox"/> Check #		
Street Address 20 Summer St Ste 200	City Stamford	State CT		Zip Code 06901-2304
Purpose of Expenditure RCW				2115 <input type="checkbox"/> Debit Card
Description Vehicle Miles, Waterbury HQ Opening				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name			Office Sought	
			\$136.33	
Len Greene	10/13/2010	<input checked="" type="checkbox"/> Check #		
Street Address 20 Summer St Ste 200	City Stamford	State CT		Zip Code 06901-2304
Purpose of Expenditure RCW				2114 <input type="checkbox"/> Debit Card
Description Vehicle Miles,RTC Picnic				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name			Office Sought	
			\$225.50	
Chris O'Brien	10/13/2010	<input checked="" type="checkbox"/> Check #		
Street Address 20 Summer St Ste 200	City Stamford	State CT		Zip Code 06901-2304
Purpose of Expenditure RCW				2117 <input type="checkbox"/> Debit Card
Description Vehicle Miles, Parking, Meals				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name			Office Sought	
			\$322.25	

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

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Foley For Governor, Inc.							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Handmaid Design & Graphics					10/14/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>2149</u>	
PO Box 142		Hanover	CT	06350-0142	PRNT	<input type="checkbox"/> Debit Card	
Description						Event #	
Event Invites:9/23,10/3,10/6,10/7,10/8,10/9,10/11,10/20							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$1,372.42	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
AT&T					10/14/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>2160</u>	
208 S Akard St		Dallas	TX	75202-4206	OVHD	<input type="checkbox"/> Debit Card	
Description						Event #	
Telephone Expenses - Acct #860-570-4894-573 Billing Date 9/23/10							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$1,613.09	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
DMI, Inc					10/14/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>2155</u>	
1145 W Collins Ave		Orange	CA	92867-5445	PRNT	<input type="checkbox"/> Debit Card	
Description						Event #	
Printing & Reproduction Inv 10251							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$863.20	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Foley For Governor, Inc.							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
TVEyes Inc.					10/14/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>2154</u>	
2150 Post Rd		Fairfield	CT	06824-5669	OVHD	<input type="checkbox"/> Debit Card	
Description						Event #	
Computer and Internet Expenses - Inv 2010-X725 Oct 2010 Media monitoring							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$300.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Comcast					10/14/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>2158</u>	
PO Box 1577		Newark	NJ	07101-1577	OVHD	<input type="checkbox"/> Debit Card	
Description						Event #	
Computer & Internet Expenses - Acct 8773402000691101 Norwich office due 10/18/10							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$337.80	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Comcast					10/14/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>2159</u>	
PO Box 1577		Newark	NJ	07101-1577	OVHD	<input type="checkbox"/> Debit Card	
Description						Event #	
Computer & Internet Expenses - Acct#8773-40-381-0777338 Danbury Office Due 10/26/10							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$106.17	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount
Connecticut Light & Power	10/14/2010	<input checked="" type="checkbox"/> Check #	
Street Address PO Box 150493	City Hartford	State CT	Zip Code 06115-0493
Purpose of Expenditure OVHD		2161 <input type="checkbox"/> Debit Card	
Description Utilities - Acct#5194935021 - 56 Padanarum Rd, Danbury			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought
			\$55.14
SWC Office Furniture	10/14/2010	<input checked="" type="checkbox"/> Check #	
Street Address 375 Fairfield Ave	City Stamford	State CT	Zip Code 06902-7220
Purpose of Expenditure EFV *		2151 <input type="checkbox"/> Debit Card	
Description Rent Expense - Inv#SWC69718, #SWC6719			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought
			\$1,113.00
Stevens & Schriefer Group	10/14/2010	<input checked="" type="checkbox"/> Check #	
Street Address 2120 L St NW Ste 510	City Washington	State DC	Zip Code 20037-1534
Purpose of Expenditure TRVL		2152 <input type="checkbox"/> Debit Card	
Description Travel Expense - Inv#Foley18 Travel, Postage			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought
			\$523.69

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount	
Thomas Daffron	10/14/2010	<input checked="" type="checkbox"/> Check #		
Street Address PO Box 31	City Shady Side	State MD		Zip Code 20764-0031
Purpose of Expenditure CNSLT				2153
Description Professional Fees - Sep 2010 Consulting				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name	
			Office Sought	
			\$2,000.00	
JP Morgan Chase Bank	10/14/2010	<input type="checkbox"/> Check #		
Street Address 3A Pickwick Plz	City Greenwich	State CT		Zip Code 06830
Purpose of Expenditure BNK				<input checked="" type="checkbox"/> Debit Card
Description Outgoing Domestic Wire Fee				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name	
			Office Sought	
			\$25.00	
Target	10/14/2010	<input type="checkbox"/> Check #		
Street Address 21 Broad St	City Stamford	State CT		Zip Code 06901-2309
Purpose of Expenditure Misc *				<input checked="" type="checkbox"/> Debit Card
Description Supplies				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name	
			Office Sought	
			\$50.28	

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Foley For Governor, Inc.							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
RNL LLC					10/14/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>2163</u>	
40 Pleasant Dr		Southbury	CT	06488-3231	OVHD	<input type="checkbox"/> Debit Card	
Description						Event #	
Rent Expense - Oct 18-Nov 7 Rent - Lease ends 11/17/10							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$900.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Media Placement Technologies					10/14/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
336 Commerce St		Alexandria	VA	22314-2802	A-OTH		
Description						Event #	
Advertising & Promotion - Media Buy Oct 18-24 + Inv1002 (\$385)							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$477,490.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Campaign Solutions					10/14/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>2157</u>	
118 N Saint Asaph St		Alexandria	VA	22314-3110	OVHD	<input type="checkbox"/> Debit Card	
Description						Event #	
Computer & Internet Expenses - Inv #7910 Monthly Retainer							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$5,068.88	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount
Axiom Strategies	10/14/2010	<input checked="" type="checkbox"/> Check #	
Street Address 1251 NW Briarcliff Pkwy Ste 85	City Kansas City	State MO	Zip Code 64116-1780
Purpose of Expenditure OVHD		2144 <input type="checkbox"/> Debit Card	
Description Professional Fees - Invoice#1195, #1234			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$13,528.01
Name of Payee	Date of Payment	Method of Payment	Amount
MagmaCreative Incorporated	10/14/2010	<input checked="" type="checkbox"/> Check #	
Street Address PO Box 382	City Roseville	State CA	Zip Code 95678-0382
Purpose of Expenditure OVHD		2156 <input type="checkbox"/> Debit Card	
Description Professional Fees - Inv 58.144 TFG2 Foley Boughton Walk			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$1,250.00
Name of Payee	Date of Payment	Method of Payment	Amount
Revolvis	10/14/2010	<input checked="" type="checkbox"/> Check #	
Street Address 7185 Navajo Rd Ste P	City San Diego	State CA	Zip Code 92119-1695
Purpose of Expenditure OVHD		2150 <input type="checkbox"/> Debit Card	
Description Professional Fees - Inv#R10-09-041 Indep Proofreading Svcs			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$50.00

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Foley For Governor, Inc.							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Poland Spring Direct					10/14/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
PO Box 856192		Louisville	KY	40285-6192	FOOD		
Description						Event #	
Water							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$82.41
Name of Payee					Date of Payment	Method of Payment	Amount
United States Post Office West Hartford					10/14/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
Lasalle Road		West Hartford	CT		POST		
Description						Event #	
Mail Expense							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$220.00
Name of Payee					Date of Payment	Method of Payment	Amount
Fedex Kinko's					10/14/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
544 Farmington Ave		Hartford	CT	06105-3049	OFFICE		
Description						Event #	
Office Services Expense							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$19.08

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount
Jackson-Alvarez Group	10/14/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code
777 Leesburg Pike Ste 407N	Falls Church	VA	22043
Purpose of Expenditure			
OVHD			
Description	Event #		
Professional Fees - 9-28-10 Invoice: CT Research Project			
Is this expenditure coordinated with another candidate for which reimbursement is sought?	Other Candidate(s) Name	Office Sought	
<input type="checkbox"/> Yes			
<input checked="" type="checkbox"/> No			\$7,500.00
Name of Payee	Date of Payment	Method of Payment	Amount
Torey Shepardson	10/15/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code
49 Westmont St	West Hartford	CT	06117-2928
Purpose of Expenditure			
WAGE			
Description	Event #		
Payroll Expenses - Intern Stipend for week 10/11			
Is this expenditure coordinated with another candidate for which reimbursement is sought?	Other Candidate(s) Name	Office Sought	
<input type="checkbox"/> Yes			
<input checked="" type="checkbox"/> No			\$240.00
Name of Payee	Date of Payment	Method of Payment	Amount
Matthew Joiner	10/15/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code
150 Oxoboxo Dam Rd	Oakdale	CT	06370-1267
Purpose of Expenditure			
WAGE			
Description	Event #		
Payroll Expenses - Intern Stipend for week 10/11			
Is this expenditure coordinated with another candidate for which reimbursement is sought?	Other Candidate(s) Name	Office Sought	
<input type="checkbox"/> Yes			
<input checked="" type="checkbox"/> No			\$210.00

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount	
MagmaCreative Incorporated	10/15/2010	<input checked="" type="checkbox"/> Check #		
Street Address PO Box 382	City Roseville	State CA		Zip Code 95678-0382
Purpose of Expenditure OVHD				2164 <input type="checkbox"/> Debit Card
Description Professional Fees - Inv58.143, 58.163-168 (7 invoices)				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name			Office Sought	
			\$8,750.00	
Michael Roberts	10/15/2010	<input checked="" type="checkbox"/> Check #		
Street Address 618 Belden Hall	City Storrs	State CT		Zip Code 06269-6905
Purpose of Expenditure WAGE				2139 <input type="checkbox"/> Debit Card
Description Payroll Expenses - Intern Stipend for week 10/11				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name			Office Sought	
			\$250.00	
Chatham Light Media	10/15/2010	<input checked="" type="checkbox"/> Check #		
Street Address PO Box 1330	City Stowe	State VT		Zip Code 05672-1330
Purpose of Expenditure A-OTH				2166 <input type="checkbox"/> Debit Card
Description Advertising & Promotion - Inv1578, 1579				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name			Office Sought	
			\$17,275.00	

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Foley For Governor, Inc.							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Tony D's Restaurant					10/15/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
92 Huntington St		New London	CT	06320-6618	FOOD		
Description						Event #	
Meal Expense							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$867.00
Name of Payee					Date of Payment	Method of Payment	Amount
Emily Duus					10/15/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>2138</u>	
20 Summer St Ste 200		Stamford	CT	06901-2304	WAGE	<input type="checkbox"/> Debit Card	
Description						Event #	
Payroll Expenses - Intern Stipend for week 10/11							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$250.00
Name of Payee					Date of Payment	Method of Payment	Amount
David M Hellriegel					10/15/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>2137</u>	
20 Summer St Ste 200		Stamford	CT	06901-2304	WAGE	<input type="checkbox"/> Debit Card	
Description						Event #	
Payroll Expense - Intern Stipend for week 10/11							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$150.00

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount
Secretary of the State ATTN: Ted Bromley	10/16/2010	<input checked="" type="checkbox"/> Check #	
Street Address 30 Trinity St	City Hartford	State CT	Zip Code 06106-1634
Purpose of Expenditure PRNT		2175 <input type="checkbox"/> Debit Card	
Description Printing & Reproduction - Voter File Disk			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought
			\$300.00
Name of Payee Stamps.com	Date of Payment 10/18/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Street Address 12959 Coral Tree Pl	City Los Angeles	State CA	Zip Code 90066-7020
Purpose of Expenditure POST		<input checked="" type="checkbox"/> Debit Card	
Description Stamps Expense			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought
			\$15.99
Name of Payee JP Morgan Chase Bank	Date of Payment 10/18/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Street Address 3A Pickwick Plz	City Greenwich	State CT	Zip Code 06830
Purpose of Expenditure BNK		<input checked="" type="checkbox"/> Debit Card	
Description Outgoing Domestic Wire Fee			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought
			\$25.00

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Foley For Governor, Inc.							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
JP Morgan Chase Bank					10/18/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
3A Pickwick Plz		Greenwich	CT	06830	BNK		
Description						Event #	
Incoming Domestic Wire Fee							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$15.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Starbucks					10/18/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
96 Broad St		Stamford	CT	06901-2312	FOOD		
Description						Event #	
Coffee							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$40.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Sunoco					10/18/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
240 Riverside Ave		Westport	CT	06880-4608	TRVL		
Description						Event #	
Gas Expense							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$43.44	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
La Quinta Inn & Suites					10/18/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure		<input checked="" type="checkbox"/> Debit Card	
65 Columbus Blvd	New Britain	CT	06051-2226	TRVL			
Description						Event #	
Lodging Expense							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$474.00	
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Gyro Palace					10/18/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure		<input checked="" type="checkbox"/> Debit Card	
7 S Main St	West Hartford	CT	06107-2447	FOOD			
Description						Event #	
Meal Expense							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$23.30	
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Media Placement Technologies					10/18/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure		<input checked="" type="checkbox"/> Debit Card	
336 Commerce St	Alexandria	VA	22314-2802	A-OTH			
Description						Event #	
Advertising & Promotion - Media Buy Oct 20-26							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$626,770.00	
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Foley For Governor, Inc.							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Lox Stock and Bagel					10/18/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
332 N Main St		West Hartford	CT	06117-2510	FOOD		
Description						Event #	
Meal Expense							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$17.87	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Town of West Hartford					10/18/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
20 Isham Rd		West Hartford	CT	06107-2204	TRVL		
Description						Event #	
Parking							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$6.75	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Wendy's					10/18/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
306 Prospect Ave		Hartford	CT	06106-2028	FOOD		
Description						Event #	
Meal Expense							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$6.88	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Foley For Governor, Inc.							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Buffalo Wild Wings					10/18/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
208 Summer St		Stamford	CT	06901	FOOD		
Description						Event #	
Meal Expense							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$56.82	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Town of West Hartford					10/18/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
20 Isham Rd		West Hartford	CT	06107-2204	TRVL		
Description						Event #	
Parking							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$5.25	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Town of West Hartford					10/18/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
20 Isham Rd		West Hartford	CT	06107-2204	TRVL		
Description						Event #	
Parking							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$7.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Foley For Governor, Inc.							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Town of West Hartford					10/18/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
20 Isham Rd		West Hartford	CT	06107-2204	TRVL		
Description						Event #	
Parking							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$7.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Harry's Pizza					10/18/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
1003 Farmington Ave		West Hartford	CT	06107-2191	FOOD		
Description						Event #	
Meal Expense							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$32.33	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
CVS Pharmacy					10/18/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
976 Farmington Ave		West Hartford	CT	06107-2102	OFFICE		
Description						Event #	
Supplies							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$16.84	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Foley For Governor, Inc.							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Revolvis					10/20/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	2176	
7185 Navajo Rd Ste P		San Diego	CA	92119-1695	OVHD	<input type="checkbox"/> Debit Card	
Description						Event #	
Professional Fees - Inv#R10-10-037 Indep Proofreading Services (7)							
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		\$350.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Chatham Light Media					10/20/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	2180	
PO Box 1330		Stowe	VT	05672-1330	A-OTH	<input type="checkbox"/> Debit Card	
Description						Event #	
Advertising & Promotion - Inv1581,1584,1585							
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		\$17,846.50
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Hartford Publications					10/20/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure		
563 Franklin Ave		Hartford	CT	06114-3019	A-NEWS	<input checked="" type="checkbox"/> Debit Card	
Description						Event #	
Ledger Publication							
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		\$1,000.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES						
NAME OF COMMITTEE						FILING DUE DATE
Foley For Governor, Inc.						
N. Expenses Paid By Committee						
Name of Payee				Date of Payment	Method of Payment	Amount
AT Conference				10/20/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
PO Box 2939	Southampton	NY	11969-2939	Misc *		
Description					Event #	
Conference Call Service Expense						
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		
<input type="checkbox"/> Yes						
<input checked="" type="checkbox"/> No						\$442.68
Name of Payee				Date of Payment	Method of Payment	Amount
Handmaid Design & Graphics				10/20/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>2172</u>	
PO Box 142	Hanover	CT	06350-0142	PRNT	<input type="checkbox"/> Debit Card	
Description					Event #	
Printing & Reproduction - Invites for Events on 10/14,10/26,10/27						
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		
<input type="checkbox"/> Yes						
<input checked="" type="checkbox"/> No						\$455.80
Name of Payee				Date of Payment	Method of Payment	Amount
Premier Graphics				10/20/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>2178</u>	
860 Honeyspot Rd	Stratford	CT	06615-7159	PRNT	<input type="checkbox"/> Debit Card	
Description					Event #	
Printing & Reproduction - Inv56508 Walking piece Tri-Fold						
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		
<input type="checkbox"/> Yes						
<input checked="" type="checkbox"/> No						\$2,876.57

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount	
Tarrance Group	10/20/2010	<input checked="" type="checkbox"/> Check #	\$128,656.00	
Street Address 201 N Union St	City Alexandria	State VA		Zip Code 22314-2642
Purpose of Expenditure OVHD				2162
Description Professional Fees - Inv8753 Survey 9/28-29, Inv8775 Survey 10/3-28				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name				
Office Sought				
JP Morgan Chase Bank	10/20/2010	<input type="checkbox"/> Check #	\$15.00	
Street Address 3A Pickwick Plz	City Greenwich	State CT		Zip Code 06830
Purpose of Expenditure BNK				2179
Description Incoming Domestic Wire Fee				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name				
Office Sought				
Sprint	10/20/2010	<input checked="" type="checkbox"/> Check #	\$122.92	
Street Address PO Box 660075	City Dallas	State TX		Zip Code 75266-0075
Purpose of Expenditure OVHD				2179
Description Computer & Internet Expenses - Acct #78746693 Billing 9/8/10-10/10/10				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name				
Office Sought				

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Foley For Governor, Inc.							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Mr. Richard H. Witmer					10/20/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	2165	
16 Fort Hill Ln		Greenwich	CT	06831-3719	Misc *	<input type="checkbox"/> Debit Card	
Description						Event #	
Reversal of Contribution - Contribution Return for Check #599 deposited 12/31/09							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$3,500.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Verizon Wireless					10/21/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	2165	
PO Box 15062		Albany	NY	12212-5062	OVHD	<input checked="" type="checkbox"/> Debit Card	
Description						Event #	
AirCard Expense							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$60.07	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Staples					10/21/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	2165	
2299 Summer St		Stamford	CT	06905-4502	OFFICE	<input checked="" type="checkbox"/> Debit Card	
Description						Event #	
Office Supplies							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$73.13	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Foley For Governor, Inc.							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Media Placement Technologies					10/21/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
336 Commerce St		Alexandria	VA	22314-2802	A-OTH		
Description						Event #	
Advertising & Promotion - Oct20-26(\$400,550),Oct25-Nov2(\$515,620),Inv#385 Media Buy							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$916,555.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Lox Stock and Bagel					10/21/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
332 N Main St		West Hartford	CT	06117-2510	FOOD		
Description						Event #	
Meal Expense							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$17.87	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Remo's					10/21/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
35 Bedford St		Stamford	CT	06901-1908	FOOD		
Description						Event #	
Meal Expense							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$35.35	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Foley For Governor, Inc.							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Max'S Oyster Bar					10/21/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
964 Farmington Ave		West Hartford	CT	06107-2102	FOOD		
Description						Event #	
Meal Expense							
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		\$59.89
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Town of West Hartford					10/21/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
20 Isham Rd		West Hartford	CT	06107-2204	TRVL		
Description						Event #	
Parking							
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		\$7.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Town of West Hartford					10/21/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
20 Isham Rd		West Hartford	CT	06107-2204	TRVL		
Description						Event #	
Parking							
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		\$7.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Foley For Governor, Inc.							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Wireless One					10/21/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
1269 E Putnam Ave		Riverside	CT	06878-1522	OVHD		
Description						Event #	
MiFi Expense							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$212.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Diane L. Browne Catering					10/21/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>2182</u> <input type="checkbox"/> Debit Card	
865 Post Rd		Darien	CT	06820-4603	FOOD		
Description						Event #	
Meals & Entertainment - 10/4/10 Invoice - 9/27/10 Foley Event, Stapletons							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$3,884.90	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Total of Section N						\$3,980,568.14	

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

IV. EXPENDITURES

NAME OF COMMITTEE							FILING DUE DATE	
Foley For Governor, Inc.								
P. Expenses Incurred on Committee Credit Card								
Name of Issuing Institution Chase Cardmember Service					Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
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 Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor Fedex Kinko's					Date of Transaction 10/01/2010		Amount	
Street Address 544 Farmington Ave			City Hartford		State CT	Zip Code 06105-3049		
Purpose of Expenditure POST		Description postage				Event #		\$0.73
Name of Issuing Institution Chase Cardmember Service					Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
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 #		\$3.75

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution Chase Cardmember Service				Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
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 #		\$7.00
Name of Issuing Institution Chase Cardmember Service				Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor Staples				Date of Transaction 10/03/2010		Amount	
Street Address 2299 Summer St		City Stamford	State CT	Zip Code 06905-4502			
Purpose of Expenditure OFFICE	Description printer ink, paper, toner				Event #		\$317.98
Name of Issuing Institution Chase Cardmember Service				Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
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 #		\$3.00

IV. EXPENDITURES

NAME OF COMMITTEE							FILING DUE DATE	
Foley For Governor, Inc.								
P. Expenses Incurred on Committee Credit Card								
Name of Issuing Institution Chase Cardmember Service				Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other				
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 Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other				
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 Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other				
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 payment				Event #		\$33.33
Total of Section P							\$663.49	

IV. EXPENDITURES

NAME OF COMMITTEE							FILING DUE 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 Actual)
Street Address PO Box 15153			City Wilmington			State DE	Zip Code 19886-5153		
Purpose of Expenditure CCP	Description payment to campaign card								
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name			Office Sought			\$663.49
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
Total of Section Q							\$663.49		

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Folev 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 <input checked="" type="checkbox"/> Check # 2116	Amount
Secondary Payee Wendy's	Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card	
Street Address 306 Prospect Ave	City Hartford	State CT	Zip Code 06106-2028
Description Phone Bank Dinner			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought
			\$16.28

Name of Worker/Consultant Ben Hartman	Date of Payment 10/13/2010	Method of Payment <input checked="" type="checkbox"/> Check # 2116	Amount
Secondary Payee Verizon Wireless	Purpose of Expenditure Misc *	<input type="checkbox"/> Debit Card	
Street Address PO Box 15062	City Albany	State NY	Zip Code 12212-5062
Description Cell Phone			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought
			\$174.30

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	Date of Payment	Method of Payment	Amount
Ben Hartman	10/13/2010	<input checked="" type="checkbox"/> Check # 2116	
Secondary Payee Universal Discount	Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card	
Street Address 680 W Main St	City Norwich	State CT	
Zip Code 06360-6045		Event #	
Description Phone Bank Refreshments			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$15.43
Other Candidate(s) Name			
Office Sought			
<hr/>			
Ben Hartman	10/13/2010	<input checked="" type="checkbox"/> Check # 2116	
Secondary Payee Durham Agricultural Fair	Purpose of Expenditure Misc *	<input type="checkbox"/> Debit Card	
Street Address 24 Town House Rd	City Durham	State CT	
Zip Code 06422		Event #	
Description 4 Admissions/ 1 Parking			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$65.00
Other Candidate(s) Name			
Office Sought			

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	Date of Payment	Method of Payment	Amount
Elizabeth Osborn Poirier	10/13/2010	<input checked="" type="checkbox"/> Check # 2127	
Secondary Payee Elizabeth Osborn Poirier	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address 20 Summer St Fl 2	City Stamford	State CT	Zip Code 06901-2304
Description Vehicle Miles			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought
			\$601.55
Name of Worker/Consultant Elizabeth Osborn Poirier	Date of Payment 10/13/2010	Method of Payment <input checked="" type="checkbox"/> Check # 2127	Amount
Secondary Payee Elizabeth Osborn Poirier	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address 20 Summer St Fl 2	City Stamford	State CT	Zip Code 06901-2304
Description Vehicle Miles			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought
			\$483.15

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	Date of Payment	Method of Payment	Amount	
Elizabeth Osborn Poirier	10/13/2010	<input checked="" type="checkbox"/> Check # 2127		
Secondary Payee Elizabeth Osborn Poirier	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card		
Street Address 20 Summer St Fl 2	City Stamford	State CT		Zip Code 06901-2304
Description Vehicle Miles				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Other Candidate(s) Name
			Office Sought	
			\$152.80	
Elizabeth Osborn Poirier	10/13/2010	<input checked="" type="checkbox"/> Check # 2127		
Secondary Payee Verizon Wireless	Purpose of Expenditure Misc *	<input type="checkbox"/> Debit Card		
Street Address PO Box 15062	City Albany	State NY		Zip Code 12212-5062
Description Cell Phone				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Other Candidate(s) Name
			Office Sought	
			\$170.73	

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	Date of Payment	Method of Payment	Amount
Elizabeth Osborn Poirier	10/13/2010	<input checked="" type="checkbox"/> Check # 2127	
Secondary Payee Verizon Wireless	Purpose of Expenditure Misc *	<input type="checkbox"/> Debit Card	
Street Address PO Box 15062	City Albany	State NY	
Zip Code 12212-5062		Event #	
Description Air Card			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$66.20
Elizabeth Osborn Poirier	10/13/2010	<input checked="" type="checkbox"/> Check # 2127	
Secondary Payee Sephora	Purpose of Expenditure Misc *	<input type="checkbox"/> Debit Card	
Street Address 75 Greenwich Ave	City Greenwich	State CT	
Zip Code 06830-5511		Event #	
Description TCF Make-up			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$40.00

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	Date of Payment	Method of Payment	Amount
Elizabeth Osborn Poirier	10/13/2010	<input checked="" type="checkbox"/> Check # 2127	
Secondary Payee CVS Pharmacy	Purpose of Expenditure Misc *	<input type="checkbox"/> Debit Card	
Street Address 976 Farmington Ave	City West Hartford	State CT	Zip Code 06107-2102
Description TCF Make-up			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought
			\$23.30
Elizabeth Osborn Poirier	10/13/2010	<input checked="" type="checkbox"/> Check # 2127	
CVS Pharmacy	Misc *	<input type="checkbox"/> Debit Card	
976 Farmington Ave	West Hartford	CT	06107-2102
TCF Make-up			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought
			\$32.91

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	Date of Payment	Method of Payment	Amount
Elizabeth Osborn Poirier	10/13/2010	<input checked="" type="checkbox"/> Check # 2127	
Secondary Payee Town of West Hartford	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought
			\$7.00
Elizabeth Osborn Poirier	10/13/2010	<input checked="" type="checkbox"/> Check # 2127	
Town of West Hartford	TRVL	<input type="checkbox"/> Debit Card	
20 Isham Rd	West Hartford	CT	06107-2204
Parking			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought
			\$4.00

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	Date of Payment	Method of Payment	Amount
Sunghi P Frauen	10/13/2010	<input checked="" type="checkbox"/> Check # 2126	
Secondary Payee Verizon Wireless	Purpose of Expenditure OVHD	<input type="checkbox"/> Debit Card	
Street Address PO Box 15062	City Albany	State NY	
Zip Code 12212-5062		Event #	
Description Verizon Call Plan - Oct 9 Bill			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$151.57
Other Candidate(s) Name Office Sought 			
Courtney Weaver	10/13/2010	<input checked="" type="checkbox"/> Check # 2113	
Secondary Payee Courtney Weaver	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address 20 Summer St Fl 2	City Stamford	State CT	
Zip Code 06901-2304		Event #	
Description Vehicle Miles			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$1,034.05
Other Candidate(s) Name Office Sought 			

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	Date of Payment	Method of Payment	Amount
Courtney Weaver	10/13/2010	<input checked="" type="checkbox"/> Check # 2113	
Secondary Payee Town of West Hartford	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$7.00
Other Candidate(s) Name			Office Sought
Courtney Weaver	10/13/2010	<input checked="" type="checkbox"/> Check # 2113	
Town of West Hartford	TRVL	<input type="checkbox"/> Debit Card	
20 Isham Rd	West Hartford	CT	06107-2204
Parking			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$7.00
Other Candidate(s) Name			Office Sought

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	Date of Payment	Method of Payment	Amount
Courtney Weaver	10/13/2010	<input checked="" type="checkbox"/> Check # 2113	
Secondary Payee Town of West Hartford	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address 20 Isham Rd	City West Hartford	State CT	
Zip Code 06107-2204		Event #	
Description Parking			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$3.75
Other Candidate(s) Name Office Sought			
Courtney Weaver	10/13/2010	<input checked="" type="checkbox"/> Check # 2113	
Secondary Payee Town of West Hartford	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address 20 Isham Rd	City West Hartford	State CT	
Zip Code 06107-2204		Event #	
Description Parking			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$3.75
Other Candidate(s) Name Office Sought			

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	Date of Payment	Method of Payment	Amount
Courtney Weaver	10/13/2010	<input checked="" type="checkbox"/> Check # 2113	
Secondary Payee Luna Pizza	Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card	
Street Address 999 Farmington Ave	City Hartford	State CT	
Zip Code 06107-2103	Event #		
Description Dinner			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$56.79
Other Candidate(s) Name			
Office Sought			
Courtney Weaver	10/13/2010	<input checked="" type="checkbox"/> Check # 2113	
Secondary Payee Remo's	Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card	
Street Address 35 Bedford St	City Stamford	State CT	
Zip Code 06901-1908	Event #		
Description Meal			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$62.35
Other Candidate(s) Name			
Office Sought			

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	Date of Payment	Method of Payment	Amount
Courtney Weaver	10/13/2010	<input checked="" type="checkbox"/> Check # 2113	
Secondary Payee Remo's	Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card	
Street Address 35 Bedford St	City Stamford	State CT	
Zip Code 06901-1908		Event #	
Description Meal			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$33.22
Other Candidate(s) Name			
Office Sought			
Courtney Weaver	10/13/2010	<input checked="" type="checkbox"/> Check # 2113	
Secondary Payee Verizon Wireless	Purpose of Expenditure OVHD	<input type="checkbox"/> Debit Card	
Street Address PO Box 15062	City Albany	State NY	
Zip Code 12212-5062		Event #	
Description 9/5-10/4 Verizon Bill			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$54.28
Other Candidate(s) Name			
Office Sought			

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	Date of Payment	Method of Payment	Amount
Debi Schatzle Baker	10/13/2010	<input checked="" type="checkbox"/> Check # 2115	
Secondary Payee Debi Schatzle Baker	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address 20 Summer St Ste 200	City Stamford	State CT	
Zip Code 06901-2304		Event #	
Description Vehicle Miles			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$8.00
Debi Schatzle Baker	10/13/2010	<input checked="" type="checkbox"/> Check # 2115	
Secondary Payee Aldi	Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card	
Street Address 464 Reidville Dr	City Waterbury	State CT	
Zip Code 06705-2650		Event #	
Description Waterbury Opening - Soda			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$13.45

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	Date of Payment	Method of Payment	Amount	
Debi Schatzle Baker	10/13/2010	<input checked="" type="checkbox"/> Check # 2115		
Secondary Payee Big Lots!	Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card		
Street Address Mattatuck Plaza 650 Wolcott St # 5087	City Waterbury	State CT		Zip Code 06705
Description Waterbury Opening - Water		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$8.40	
Debi Schatzle Baker	10/13/2010	<input checked="" type="checkbox"/> Check # 2115		
Secondary Payee Family Dollar	Purpose of Expenditure Misc *	<input type="checkbox"/> Debit Card		
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$21.60	

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	Date of Payment	Method of Payment	Amount
Debi Schatzle Baker	10/13/2010	<input checked="" type="checkbox"/> Check # 2115	
Secondary Payee Dollar Tree Stores	Purpose of Expenditure Misc *	<input type="checkbox"/> Debit Card	
Street Address 1 Padanaram Rd	City Danbury	State CT	
Zip Code 06811-4836		Event #	
Description Waterbury Opening - Supplies			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$17.90
Other Candidate(s) Name			
Office Sought			
Debi Schatzle Baker	10/13/2010	<input checked="" type="checkbox"/> Check # 2115	
Secondary Payee Fazo's Deli & Catering	Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card	
Street Address 3356 E Main St	City Waterbury	State CT	
Zip Code 06705-3812		Event #	
Description Waterbury Opening - Food			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$60.00
Other Candidate(s) Name			
Office Sought			

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	Date of Payment	Method of Payment	Amount
Debi Schatzle Baker	10/13/2010	<input checked="" type="checkbox"/> Check # 2115	
Secondary Payee Stop & Shop	Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card	
Street Address 2200 Bedford St	City Stamford	State CT	
Zip Code 06905-3905	Event #		
Description Waterbury Opening - Ice			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$6.98
Other Candidate(s) Name			
Office Sought			
Len Greene	10/13/2010	<input checked="" type="checkbox"/> Check # 2114	
Secondary Payee Len Greene	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address 20 Summer St Ste 200	City Stamford	State CT	
Zip Code 06901-2304	Event #		
Description Vehicle Miles			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$200.50
Other Candidate(s) Name			
Office Sought			

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	Date of Payment	Method of Payment	Amount	
Len Greene	10/13/2010	<input checked="" type="checkbox"/> Check # 2114		
Secondary Payee Shelton RTC	Purpose of Expenditure POC	<input type="checkbox"/> Debit Card		
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Other Candidate(s) Name
			Office Sought	
			\$25.00	
Chris Bandecchi	10/13/2010	<input checked="" type="checkbox"/> Check # 2123		
Secondary Payee Chris Bandecchi	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card		
Street Address 20 Summer St Fl 2	City Stamford	State CT		Zip Code 06901-2304
Description Vehicle Miles				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Other Candidate(s) Name
			Office Sought	
			\$147.94	

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	Date of Payment	Method of Payment	Amount
Chris Bandecchi	10/13/2010	<input checked="" type="checkbox"/> Check # 2123	
Secondary Payee Verizon Wireless	Purpose of Expenditure Misc *	<input type="checkbox"/> Debit Card	
Street Address PO Box 15062	City Albany	State NY	
Zip Code 12212-5062		Event #	
Description Air Card			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$60.92
Other Candidate(s) Name			
Office Sought			
James O'Connell	10/13/2010	<input checked="" type="checkbox"/> Check # 2122	
Secondary Payee James O'Connell	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address 20 Summer St Ste 200	City Stamford	State CT	
Zip Code 06901-2304		Event #	
Description Vehicle Miles			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$35.00
Other Candidate(s) Name			
Office Sought			

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	Date of Payment	Method of Payment	Amount
James O'Connell	10/13/2010	<input checked="" type="checkbox"/> Check # 2122	
Secondary Payee T Mobile	Purpose of Expenditure Misc *	<input type="checkbox"/> Debit Card	
Street Address 326 N Main St	City West Hartford	State CT	
Zip Code 06117-2510		Event #	
Description Recharge Cell Phones			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$318.00
James O'Connell	10/13/2010	<input checked="" type="checkbox"/> Check # 2122	
Secondary Payee Verizon Wireless	Purpose of Expenditure Misc *	<input type="checkbox"/> Debit Card	
Street Address PO Box 15062	City Albany	State NY	
Zip Code 12212-5062		Event #	
Description Cell Phones			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$233.18

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	Date of Payment	Method of Payment	Amount
James O'Connell	10/13/2010	<input checked="" type="checkbox"/> Check # 2122	
Secondary Payee Verizon Wireless	Purpose of Expenditure Misc *	<input type="checkbox"/> Debit Card	
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought
			\$138.11
James O'Connell	10/13/2010	<input checked="" type="checkbox"/> Check # 2122	
Secondary Payee Stop & Shop	Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card	
Street Address 2200 Bedford St	City Stamford	State CT	Zip Code 06905-3905
Description Food for Volunteers			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought
			\$7.48

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	Date of Payment	Method of Payment	Amount
Justin R Clark	10/13/2010	<input checked="" type="checkbox"/> Check # 2121	
Secondary Payee Justin R Clark	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought
			\$565.00
Name of Worker/Consultant Chris Covucci	Date of Payment 10/13/2010	<input checked="" type="checkbox"/> Check # 2120	Amount
Secondary Payee Chris Covucci	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address 20 Summer St Fl 2	City Stamford	State CT	Zip Code 06901-2304
Description Vehicle Miles			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought
			\$652.80

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	Date of Payment	Method of Payment	Amount	
Chris Covucci	10/13/2010	<input checked="" type="checkbox"/> Check # 2120		
Secondary Payee Town of West Hartford	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card		
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Other Candidate(s) Name
			Office Sought	
			\$2.75	
Chris Covucci	10/13/2010	<input checked="" type="checkbox"/> Check # 2120		
Secondary Payee Luna Pizza	Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card		
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Other Candidate(s) Name
			Office Sought	
			\$86.81	

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	Date of Payment	Method of Payment	Amount
Chris Covucci	10/13/2010	<input checked="" type="checkbox"/> Check # 2120	
Secondary Payee Luna Pizza	Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card	
Street Address 999 Farmington Ave	City Hartford	State CT	
Zip Code 06107-2103	Event #		
Description Volunteer Dinner			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Other Candidate(s) Name			
Office Sought			\$19.03
Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Chris Covucci	10/13/2010	<input checked="" type="checkbox"/> Check # 2120	
Secondary Payee Berlin Fair	Purpose of Expenditure Misc *	<input type="checkbox"/> Debit Card	
Street Address PO Box 7284	City Berlin	State CT	
Zip Code 06037-7284	Event #		
Description 4 Tickets - 10/3 Berlin Fair			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Other Candidate(s) Name			
Office Sought			\$48.00

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	Date of Payment	Method of Payment	Amount	
Chris Syrek	10/13/2010	<input checked="" type="checkbox"/> Check # 2119		
Secondary Payee Chris Syrek	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card		
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Other Candidate(s) Name Office Sought
			\$335.50	
Chris Syrek	10/13/2010	<input checked="" type="checkbox"/> Check # 2119		
Secondary Payee Town of West Hartford	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card		
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Other Candidate(s) Name Office Sought
			\$10.00	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Chris Syrek	10/13/2010	<input checked="" type="checkbox"/> Check # 2119	
Secondary Payee Verizon Wireless	Purpose of Expenditure OVHD	<input type="checkbox"/> Debit Card	
Street Address PO Box 15062	City Albany	State NY	
Zip Code 12212-5062		Event #	
Description Cell Phone Bill			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$145.98
Other Candidate(s) Name Office Sought			
Chris Syrek	10/13/2010	<input checked="" type="checkbox"/> Check # 2119	
Secondary Payee Whole Foods	Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card	
Street Address 50 Raymond Rd	City West Hartford	State CT	
Zip Code 06107-2213		Event #	
Description Food for Volunteers			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$58.95
Other Candidate(s) Name Office Sought			

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	Date of Payment	Method of Payment	Amount	
Chris Syrek	10/13/2010	<input checked="" type="checkbox"/> Check # 2119		
Secondary Payee Bella Napoli Pizza	Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card		
Street Address 864 Boston Post Rd	City Milford	State CT		Zip Code 06460-3530
Description Food for Volunteers				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Other Candidate(s) Name Office Sought
			\$17.12	
Chris Syrek	10/13/2010	<input checked="" type="checkbox"/> Check # 2119		
Secondary Payee United States Post Office West Hart	Purpose of Expenditure POST	<input type="checkbox"/> Debit Card		
Street Address Lasalle Road	City West Hartford	State CT		Zip Code
Description Stamps				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Other Candidate(s) Name Office Sought
			\$440.00	

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	Date of Payment	Method of Payment	Amount
Chris Syrek	10/13/2010	<input checked="" type="checkbox"/> Check # 2119	
Secondary Payee Fedex Kinko's	Purpose of Expenditure OFFICE	<input type="checkbox"/> Debit Card	
Street Address 544 Farmington Ave	City Hartford	State CT	
Zip Code 06105-3049		Event #	
Description Labels			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Other Candidate(s) Name			
Office Sought			\$10.07
Dean Pagani	10/13/2010	<input checked="" type="checkbox"/> Check # 2118	
Secondary Payee Town of West Hartford	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address 20 Isham Rd	City West Hartford	State CT	
Zip Code 06107-2204		Event #	
Description Parking			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Other Candidate(s) Name			
Office Sought			\$73.00

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	Date of Payment	Method of Payment	Amount
Dean Pagani	10/13/2010	<input checked="" type="checkbox"/> Check # 2118	
Secondary Payee Amtrak	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address 60 Massachusetts Ave NE	City Washington	State DC	
Zip Code 20002-4285		Event #	
Description Train			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$655.00
Dean Pagani	10/13/2010	<input checked="" type="checkbox"/> Check # 2118	
Secondary Payee Hyatt Hotel & Resorts: Hyatt Regenc	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address 1800 E Putnam Ave	City Old Greenwich	State CT	
Zip Code 06870-1320		Event #	
Description Lodging			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$268.60

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	Date of Payment	Method of Payment	Amount
Chris O'Brien	10/13/2010	<input checked="" type="checkbox"/> Check # 2117	
Secondary Payee Chris O'Brien	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address 20 Summer St Ste 200	City Stamford	State CT	
Zip Code 06901-2304	Event #		
Description Vehicle Miles			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought
			\$171.50
Chris O'Brien	10/13/2010	<input checked="" type="checkbox"/> Check # 2117	
Secondary Payee Town of West Hartford	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address 20 Isham Rd	City West Hartford	State CT	
Zip Code 06107-2204	Event #		
Description Parking			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought
			\$21.00

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	Date of Payment	Method of Payment	Amount	
Chris O'Brien	10/13/2010	<input checked="" type="checkbox"/> Check # 2117		
Secondary Payee Sal's Pizza	Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card		
Street Address 23 Padanaram Rd	City Danbury	State CT		Zip Code 06811-4823
Description Volunteer Lunch		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$14.05	
Chris O'Brien	10/13/2010	<input checked="" type="checkbox"/> Check # 2117		
Secondary Payee Xpect Discounts	Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card		
Street Address 100 Newtown Rd	City Danbury	State CT		Zip Code 06810-4123
Description Office Food for Grand Opening		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$15.90	

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	Date of Payment	Method of Payment	Amount
Chris O'Brien	10/13/2010	<input checked="" type="checkbox"/> Check # 2117	
Secondary Payee Stop & Shop	Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card	
Street Address 2200 Bedford St	City Stamford	State CT	
Zip Code 06905-3905		Event #	
Description Food for Grand Opening			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$7.98
Chris O'Brien	10/13/2010	<input checked="" type="checkbox"/> Check # 2117	
Secondary Payee Aldi	Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card	
Street Address 464 Reidville Dr	City Waterbury	State CT	
Zip Code 06705-2650		Event #	
Description Office Snacks			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$24.57

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	Date of Payment	Method of Payment	Amount
Chris O'Brien	10/13/2010	<input checked="" type="checkbox"/> Check # 2117	
Secondary Payee Aldi	Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card	
Street Address 464 Reidville Dr	City Waterbury	State CT	Zip Code 06705-2650
Description Food for Debate Party			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought \$12.14
Chris O'Brien	10/13/2010	<input checked="" type="checkbox"/> Check # 2117	
Secondary Payee Cartridge World	Purpose of Expenditure OFFICE	<input type="checkbox"/> Debit Card	
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought \$39.54

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	Date of Payment	Method of Payment	Amount
Chris O'Brien	10/13/2010	<input checked="" type="checkbox"/> Check # 2117	
Secondary Payee C Town	Purpose of Expenditure Misc *	<input type="checkbox"/> Debit Card	
Street Address 45 North St # 45	City Danbury	State CT	
Zip Code 06810-5617		Event #	
Description Supplies			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Other Candidate(s) Name			
Office Sought			\$15.57
Ben Hartman	10/13/2010	<input checked="" type="checkbox"/> Check # 2116	
Secondary Payee Ben Hartman	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address 20 Summer St Ste 200	City Stamford	State CT	
Zip Code 06901-2304		Event #	
Description Vehicle Miles			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Other Candidate(s) Name			
Office Sought			\$655.50

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	Date of Payment	Method of Payment	Amount
Ben Hartman	10/13/2010	<input checked="" type="checkbox"/> Check # 2116	
Secondary Payee Town of West Hartford	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address 20 Isham Rd	City West Hartford	State CT	
Zip Code 06107-2204		Event #	
Description Parking			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$24.50
Other Candidate(s) Name Office Sought			
Ben Hartman	10/13/2010	<input checked="" type="checkbox"/> Check # 2116	
Secondary Payee Wood-N-Tap	Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card	
Street Address 12 Town Line Rd	City Rocky Hill	State CT	
Zip Code 06067-1241		Event #	
Description Volunteer Meal			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$37.08
Other Candidate(s) Name Office Sought			

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	Date of Payment	Method of Payment	Amount
Ben Hartman	10/13/2010	<input checked="" type="checkbox"/> Check # 2116	
Secondary Payee Ninety Nine	Purpose of Expenditure FOOD	<input type="checkbox"/> 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?		Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes			
<input checked="" type="checkbox"/> No			\$54.94
Total of Section R			\$9,077.50

IV. EXPENDITURES				
NAME OF COMMITTEE				FILING 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 S				