

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 44

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									
4th Supplemental Statement Primary - Original									
10. PERIOD COVERED									
Beginning Date					Ending Date				
07/29/2010					thru 08/04/2010				
11. CERTIFICATION									
<input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.									
Electronic Filing			Sunghi Frauen			08/05/2010			
SIGNATURE			PRINT NAME OF THE SIGNER			DATE CERTIFIED			
PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.									

SEEC FORM 30

Itemized Campaign Finance Disclosure Statement

Candidates for Statewide Offices and General Assembly

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 1/08

**SUMMARY PAGE
TOTALS**

NAME OF COMMITTEE	FILING DUE DATE	
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	\$339,442.43	
14. Contributions received from Individuals (Section A and B)	\$6,045.00	\$794,520.51
15. Receipts from Other Committees (Sections C1 + C2)	\$0.00	\$0.00
16. Other Monetary Receipts (Section D-1)	\$751,153.30	\$3,004,833.76
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)	\$757,198.30	\$3,799,354.27
19. Subtotals (add totals in line 13 + line 18 in Column A and in lines 12 + 18 in Column B)	\$1,096,640.73	\$3,799,354.27
20. Expenses Paid by Committee (Section N)	\$1,064,053.71	\$3,766,767.25
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19)	\$32,587.02	\$32,587.02
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$0.00	\$0.00
23. In-Kind Contributions Received (Section K)	\$0.00	\$4,428.02
24. Refundable Deposit to Telephone Company (Section L)	\$0.00	\$0.00
25. Receipts of Organization Expenditures (Section M)	\$237.09	\$237.09
26. Beginning Loan Balance	\$2,250,000.00	\$2,250,000.00
26a. + Loans Received (Section D)	\$751,000.00	\$3,001,000.00
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	\$3,001,000.00	\$3,001,000.00
27. Campaign Expenses Paid By Candidate (Section O)	\$0.00	\$0.00
28. Expenses Incurred on Committee Credit Card (Section P)	\$417.29	\$25,146.75
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$417.29	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$2,629.64	

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 Berardino	First Name Jon	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 # 0803	Amount of Contribution
Residential Street Address 105 Mattabasset Dr	City Durham	State CT	Zip Code 06422-1908	Date Received 08/02/2010	
Principal Occupation Investor	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>07252010A</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 Chiagouris	First Name Larry	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 # 0804	Amount of Contribution
Residential Street Address PO Box 4038	City Madison	State CT	Zip Code 06443-4003	Date Received 08/02/2010	
Principal Occupation Senior Consultant	Name of Employer Brand Marketing Services Ltd	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>07252010A</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 Demarco	First Name Janice	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 # 0805	Amount of Contribution
Residential Street Address 42 Quarry Rd	City Stamford	State CT	Zip Code 06903-5010	Date Received 08/02/2010	
Principal Occupation CPA	Name of Employer Pricewaterhousecoopers	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>07292010A</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 Devan	First Name Glenn	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 # 0806	Amount of Contribution
Residential Street Address 5 Allen St	City Old Saybrook	State CT	Zip Code 06475-2401	Date Received 08/02/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>07292010A</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 \$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 Devan	First Name Natalie	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 # 0807	Amount of Contribution
Residential Street Address 5 Allen St	City Old Saybrook	State CT	Zip Code 06475-2401	Date Received 08/02/2010	
Principal Occupation Homemaker	Name of Employer Homemaker	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>07292010A</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 \$25.00	\$25.00
Last Name Gibbons	First Name Richard	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 # 0809	Amount of Contribution
Residential Street Address PO Box 21	City Middle Haddam	State CT	Zip Code 06456-0021	Date Received 08/02/2010	
Principal Occupation Broker	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>07292010A</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 Gilbert	First Name Patrick	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 # 0810	Amount of Contribution
Residential Street Address PO Box 69	City Lyme	State CT	Zip Code 06371-0069	Date Received 08/02/2010	
Principal Occupation Small Business Owner	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>07292010A</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 Guilmartin	First Name Welles	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 # 0811	Amount of Contribution
Residential Street Address 489 Coleman Rd	City Middletown	State CT	Zip Code 06457-6116	Date Received 08/02/2010	
Principal Occupation Treasurer	Name of Employer Guilmartin, Dipiro & Sokolowski	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>07292010A</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 Hassett	First Name Denise	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 # 0812	Amount of Contribution
Residential Street Address 35 Pilgard Ln	City Glastonbury	State CT	Zip Code 06033-3316	Date Received 08/02/2010	
Principal Occupation Retail	Name of Employer Talbots/Paper Chef	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>07292010A</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 Hassett	First Name Ray	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 # 0813	Amount of Contribution
Residential Street Address 35 Pilgard Ln	City Glastonbury	State CT	Zip Code 06033-3316	Date Received 08/02/2010	
Principal Occupation Attorney	Name of Employer Hassett and George	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>07292010A</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 Holland	First Name Kristine	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 # 0814	Amount of Contribution
Residential Street Address 301 Quaker Ln N	City West Hartford	State CT	Zip Code 06119-1036	Date Received 08/02/2010	
Principal Occupation Attorney	Name of Employer Bracewell	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>07292010A</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 Holland	First Name Peter	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 # 0815	Amount of Contribution
Residential Street Address 301 Quaker Ln N	City West Hartford	State CT	Zip Code 06119-1036	Date Received 08/02/2010	
Principal Occupation Business	Name of Employer UTC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>07292010A</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

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name McDonald	First Name Kevin	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 # 0816	Amount of Contribution
Residential Street Address 1907 Ballycor Dr	City Vienna	State VA	Zip Code 22182-1984	Date Received 08/02/2010	
Principal Occupation Attorney	Name of Employer Jones Day	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>06222010A</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 Nicholson	First Name James	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 # 0817	Amount of Contribution
Residential Street Address 1130 Dogwood Dr	City Mc Lean	State VA	Zip Code 22101-2219	Date Received 08/02/2010	
Principal Occupation Attorney	Name of Employer Browstein, Hyatt, Farber, Schreck	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>06222010A</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 Peters	First Name Richard	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 # 0818	Amount of Contribution
Residential Street Address 148 N Cone Rd	City Old Saybrook	State CT	Zip Code 06475	Date Received 08/02/2010	
Principal Occupation Strategy	Name of Employer Limited Illuminatory Co	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>07292010A</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 Savage	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 # 0820	Amount of Contribution
Residential Street Address 101 E 52nd St	City New York	State NY	Zip Code 10022-6000	Date Received 08/02/2010	
Principal Occupation Attorney	Name of Employer Gersten and Savage	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>07292010A</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

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Smith, D.M.D.	First Name Scott	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 # 0821	Amount of Contribution
Residential Street Address 216 Overbrook Rd	City Longmeadow	State MA	Zip Code 01106-2514	Date Received 08/02/2010	
Principal Occupation Orthodontist	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>07292010A</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 \$400.00	\$400.00
Last Name Thompson	First Name Lincoln	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 # 0822	Amount of Contribution
Residential Street Address 252 Bluff Point Rd	City Glastonbury	State CT	Zip Code 06073-3138	Date Received 08/02/2010	
Principal Occupation Sales Mgmt	Name of Employer Virginia Industries, Inc.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>07292010A</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 \$400.00	\$400.00
Last Name Wertz	First Name Richard	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 # 0823	Amount of Contribution
Residential Street Address 375 Allyn St Unit 7	City Mystic	State CT	Zip Code 06355-1665	Date Received 08/02/2010	
Principal Occupation Consultant	Name of Employer Reindel Retirement Solutions	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>07292010A</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 Zick	First Name Anne	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 # 0824	Amount of Contribution
Residential Street Address 170 Overbrook Rd	City Longmeadow	State MA	Zip Code 01106-2514	Date Received 08/02/2010	
Principal Occupation Owner/Finance Exec.	Name of Employer Bay State Plumbing and Heating Supply	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>07292010A</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

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Reindel	First Name David	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 # 0819	Amount of Contribution
Residential Street Address 196 Long Wharf Dr	City Mystic	State CT	Zip Code 06355-3137	Date Received 08/02/2010	
Principal Occupation Retirement Planner	Name of Employer Self-Employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>07292010A</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 Devine	First Name Janet	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 # 0808	Amount of Contribution
Residential Street Address 196 Long Wharf Dr	City Mystic	State CT	Zip Code 06355-3137	Date Received 08/02/2010	
Principal Occupation Homemaker	Name of Employer Homemaker	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>07292010A</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 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 # 0826	Amount of Contribution
Residential Street Address 110 Capen St	City Windsor	State CT	Zip Code 06095-3109	Date Received 08/04/2010	
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 \$375.00	\$75.00
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 # 0829	Amount of Contribution
Residential Street Address 283 1/2 1st Ave	City Milford	State CT	Zip Code 06460-5209	Date Received 08/04/2010	
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 \$300.00	\$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 McGregor	First Name Jack	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 # 0828	Amount of Contribution
Residential Street Address 40 Anchorage Dr	City Bridgeport	State CT	Zip Code 06605-3501	Date Received 08/04/2010	
Principal Occupation Attorney	Name of Employer Cohen & Wolf	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 Chowaniec	First Name Maria	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 # 0825	Amount of Contribution
Residential Street Address 143 Johnnycake Mountain Rd	City Burlington	State CT	Zip Code 06013-2011	Date Received 08/04/2010	
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 \$20.00	\$20.00
Last Name Loban	First Name Steven	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 # 0827	Amount of Contribution
Residential Street Address 100 Barn Finch Cir	City Naugatuck	State CT	Zip Code 06770-4878	Date Received 08/04/2010	
Principal Occupation Senior Internal Wholesale	Name of Employer Prudential Annuities	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 Rodgers	First Name Thomas	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 # 0830	Amount of Contribution
Residential Street Address PO Box 3282	City Groton	State CT	Zip Code 06340-8203	Date Received 08/04/2010	
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 \$200.00	\$200.00
Total of Section B					\$6,045.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Total on Line 14 of Summary Page)					\$6,045.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE						FILING DUE DATE	
Foley For Governor, Inc.							
C1. Contributions from Other Committees							
Name of Committee				Name of Treasurer			
Address			Is this contribution associated with a fundraising event listed in Section J1?			Yes	If yes, list Event #
						No	
City		State	Zip Code	Date Received	Aggregate Contributions		Amount of Contribution
Total of Section C1							

I. MONETARY RECEIPTS (Section A-I)			
NAME OF COMMITTEE	FILING DUE DATE		
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 type="checkbox"/> Yes	
Name of Cosigner/Guarantor						<input checked="" type="checkbox"/> Candidate	<input checked="" type="checkbox"/> No	
						<input type="checkbox"/> Individual		
						<input type="checkbox"/> Other Committee		
Street Address		City		State	Zip Code	Date Received		\$750,000.00
						08/02/2010		

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 type="checkbox"/> Yes	
Name of Cosigner/Guarantor						<input checked="" type="checkbox"/> Candidate	<input checked="" type="checkbox"/> No	
						<input type="checkbox"/> Individual		
						<input type="checkbox"/> Other Committee		
Street Address		City		State	Zip Code	Date Received		\$1,000.00
						08/04/2010		

Total of Section D**\$751,000.00**

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
JP Morgan Chase Bank		07/30/2010		
Street Address	City	State	Zip Code	\$153.30
3A Pickwick Plz	Greenwich	CT	06830	
Total of Section G				\$153.30

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	Zip Code	
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 # Date of Fundraiser Letter	Description	Location: Street Address	City	State	Zip Code
Was this fundraising event hosted at a personal residence? Yes No					
Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$50? Yes No					
Was this fundraiser a tag sale, auction, or other sale of donated items? Yes No					

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
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				

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	07/29/2010	<input type="checkbox"/> Check #		
Street Address 225 2nd Ave	City Waltham	State MA		Zip Code 02451-1122
Purpose of Expenditure WAGE				<input checked="" type="checkbox"/> Debit Card
Description Wages				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				
			\$18,048.05	
ADP EasyPay Boston 2	07/29/2010	<input type="checkbox"/> Check #		
Street Address 225 2nd Ave	City Waltham	State MA		Zip Code 02451-1122
Purpose of Expenditure WAGE				<input checked="" type="checkbox"/> Debit Card
Description Wages				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				
			\$59,225.64	
Aristotle	07/29/2010	<input type="checkbox"/> Check #		
Street Address 205 Pennsylvania Ave SE	City Washington	State DC		Zip Code 20003-1164
Purpose of Expenditure CNSLT				<input checked="" type="checkbox"/> Debit Card
Description FoleyTom Database Jul 17-Aug1				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				
			\$500.00	

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
Shawn Takatsu					07/29/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1386</u>	
45 Beth Dr		Fairfield	CT	06825-2701	OVHD	<input type="checkbox"/> Debit Card	
Description						Event #	
Outlook 2010, Labor and Repair							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$400.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Meg Holthaus					07/29/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1385</u>	
5 Terrace Rd		Milford	CT	06460-7738	RCW	<input type="checkbox"/> Debit Card	
Description						Event #	
Travel Expense, Call Plan and Vehicle Miles							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$236.74	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Front Porch Strategies					07/29/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1384</u>	
243 N 5th St Ste 330		Columbus	OH	43215-2676	OVHD	<input type="checkbox"/> Debit Card	
Description						Event #	
Telephone Expense							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$12,466.85	
<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
Mr. Gs Restaurant					07/30/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
452 Williams St		New London	CT	06320-5827	FOOD		
Description						Event #	
Staff Food							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$347.40	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Matthew Joiner					07/30/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1365</u> <input type="checkbox"/> Debit Card	
150 Oxoboxo Dam Rd		Oakdale	CT	06370-1267	WAGE		
Description						Event #	
Intern Stipend							
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							
Name of Payee					Date of Payment	Method of Payment	Amount
Keegan Shepardson					07/30/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1364</u> <input type="checkbox"/> Debit Card	
49 Westmont St		West Hartford	CT	06117-2928	WAGE		
Description						Event #	
Payroll, Intern Stipend							
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							

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
James Akin					07/30/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1363</u>	
110 Mountain Terrace Rd		West Hartford	CT	06107-1534	WAGE	<input type="checkbox"/> Debit Card	
Description						Event #	
Intern Stipend							
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
Michael Roberts					07/30/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1366</u>	
14 Blueberry Ln		Southbury	CT	06488-1929	WAGE	<input type="checkbox"/> Debit Card	
Description						Event #	
Intern Stipend							
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
Red October Productions					07/30/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1387</u>	
2120 L St NW		Washington	DC	20037-1527	CNSLT	<input type="checkbox"/> Debit Card	
Description						Event #	
Invoice#2010-119A, Professional Fees							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$34,804.38	
<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
SSG Media, Inc.					07/30/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
2120 L St NW Ste 510		Washington	DC	20037-1534	A-TV		
Description						Event #	
Advertising and Promotion							
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		\$185,000.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
JP Morgan Chase Bank					07/30/2010	<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 #	
Service Fee							
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		\$19.20
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
JP Morgan Chase Bank					07/30/2010	<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 #	
Notification Fee							
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		\$3.00
<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
JP Morgan Chase Bank					07/30/2010	<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 #	
25.00							
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
Staples					07/30/2010	<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 #	
Office Supplies							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$74.19	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Red October Productions					08/02/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1388</u> <input type="checkbox"/> Debit Card	
2120 L St NW		Washington	DC	20037-1527	CNSLT		
Description						Event #	
Professional Fees							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$27,208.25	
<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	
JP Morgan Chase Bank	08/02/2010	<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 wire notification				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				
			\$3.00	
Staples	08/02/2010	<input type="checkbox"/> Check #		
Street Address 2299 Summer St	City Stamford	State CT		Zip Code 06905-4502
Purpose of Expenditure OFFICE				<input checked="" type="checkbox"/> Debit Card
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				
			\$243.76	
Thomas Daffron	08/02/2010	<input checked="" type="checkbox"/> Check #		
Street Address PO Box 31	City Shady Side	State MD		Zip Code 20764-0031
Purpose of Expenditure CNSLT				<input type="checkbox"/> Debit Card
Description Professional Fees				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other Candidate(s) Name Office Sought				
			\$2,000.00	

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
Comcast					08/02/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	1396	
PO Box 1577		Newark	NJ	07101-1577	OVHD	<input type="checkbox"/> Debit Card	
Description						Event #	
Computer and Internet Expense							
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
ADP EasyPay Boston 2					08/02/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	1391	
225 2nd Ave		Waltham	MA	02451-1122	WAGE	<input checked="" type="checkbox"/> Debit Card	
Description						Event #	
Payroll Fees							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$116.13	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Transatlantic 1 LLC					08/02/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	1391	
89 Chestnut Hill Rd		Wilton	CT	06897-4606	OVHD	<input type="checkbox"/> Debit Card	
Description						Event #	
Rent Expense							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$1,251.00	
<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
TVEyes Inc.					08/02/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1393</u>	
2150 Post Rd		Fairfield	CT	06824-5669	WEB	<input type="checkbox"/> Debit Card	
Description						Event #	
Computer and Internet expense							
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
Premier Graphics					08/02/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1389</u>	
860 Honeyspot Rd		Stratford	CT	06615-7159	POST	<input type="checkbox"/> Debit Card	
Description						Event #	
Mailers 1 & 2							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$67,928.98	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Nathan Hale Inn					08/02/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
855 Bolton Rd		Mansfield	CT	06268-1719	TRVL		
Description						Event #	
Hotel							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$155.68	
<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&T					08/02/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	1394		
208 S Akard St	Dallas	TX	75202-4206	OVHD	<input type="checkbox"/> Debit Card		
Description						Event #	
Telephone Expense							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$2,286.90	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Luna Pizza					08/02/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	1394		
999 Farmington Ave	Hartford	CT	06107-2103	FOOD	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Pizza							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$88.35	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Luna Pizza					08/02/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	1394		
999 Farmington Ave	Hartford	CT	06107-2103	FOOD	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Pizza							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$40.44	
<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
CT State Library	08/03/2010	<input type="checkbox"/> Check #	
Street Address 231 Capitol Ave	City Hartford	State CT	Zip Code 06106-1548
Purpose of Expenditure OVHD		<input checked="" type="checkbox"/> Debit Card	
Description NewsLibrary.com		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
			\$6.95
Name of Payee Premier Graphics	Date of Payment 08/03/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address 860 Honeyspot Rd	City Stratford	State CT	Zip Code 06615-7159
Purpose of Expenditure POST		1397 <input type="checkbox"/> Debit Card	
Description Variable Letter		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
			\$24,200.00
Name of Payee INT*Intermedia.net	Date of Payment 08/03/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Street Address 150 Mathilda Pl Ste 104	City Sunnyvale	State CA	Zip Code 94086-6010
Purpose of Expenditure WEB		<input checked="" type="checkbox"/> Debit Card	
Description Intermedia		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
			\$519.46

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					08/03/2010	<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 #	
Wire Notification Fee							
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							\$3.00
Name of Payee					Date of Payment	Method of Payment	Amount
JP Morgan Chase Bank					08/03/2010	<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 #	
Domestic Wire Fee							
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							\$25.00
Name of Payee					Date of Payment	Method of Payment	Amount
SWC Office Furniture					08/03/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1398</u> <input type="checkbox"/> Debit Card	
375 Fairfield Ave		Stamford	CT	06902-7220	OVHD		
Description						Event #	
Rent 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							\$1,113.00

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
SSG Media, Inc.					08/03/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
2120 L St NW Ste 510	Washington	DC	20037-1534	A-TV	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Media Buy, Advertising and Promotion							
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						\$600,000.00	
Name of Payee					Date of Payment	Method of Payment	Amount
Cablevision of Connecticut					08/04/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
PO Box 9256	Chelsea	MA	02150-9256	WEB	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Computer and Internet							
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						\$250.93	
Name of Payee					Date of Payment	Method of Payment	Amount
Aristotle					08/04/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
205 Pennsylvania Ave SE	Washington	DC	20003-1164	OVHD	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Database Software							
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						\$800.00	

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	
Tarrance Group	08/04/2010	<input checked="" type="checkbox"/> Check #		
Street Address 201 N Union St	City Alexandria	State VA		Zip Code 22314-2642
Purpose of Expenditure POLLS				1400
Description Voter survey				<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	
			\$17,780.00	
WashingtonBancard	08/04/2010	<input type="checkbox"/> Check #		
Street Address 2200 S Dixie Hwy	City Miami	State FL		Zip Code 33133-2300
Purpose of Expenditure OVHD				<input checked="" type="checkbox"/> Debit Card
Description Bank Fees				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name	
			Office Sought	
			\$230.32	
United States Post Office	08/04/2010	<input type="checkbox"/> Check #		
Street Address Ridgeway Station	City Stamford	State CT		Zip Code
Purpose of Expenditure OFFICE				<input checked="" type="checkbox"/> Debit Card
Description 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	
			\$264.00	

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
Katie's Gourmet					08/04/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
29 Bank St		Stamford	CT	06901-3024	FOOD		
Description						Event #	
Staff Lunch							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$192.31	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Front Porch Strategies					08/04/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1399</u> <input type="checkbox"/> Debit Card	
243 N 5th St Ste 330		Columbus	OH	43215-2676	A-OTH		
Description						Event #	
Telephone Town Hall meeting							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$4,598.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Total of Section N						\$1,064,053.71	

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 Minuteman Press					Date of Transaction 07/29/2010		Amount	
Street Address 2540 Summer St		City Stamford		State CT	Zip Code 06905-4302			
Purpose of Expenditure PRNT	Description invitations					Event #		\$92.75
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 Max's Burger					Date of Transaction 07/29/2010		Amount	
Street Address 124 Lasalle Rd Ste 1		City West Hartford		State CT	Zip Code 06107-2314			
Purpose of Expenditure FOOD	Description campaign meal					Event #		\$77.72
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 Hula Hanks Black Bear					Date of Transaction 07/30/2010		Amount	
Street Address 261 Main St		City Stamford		State CT	Zip Code 06901-2918			
Purpose of Expenditure FOOD	Description staff meal					Event #		\$22.58

IV. EXPENDITURES

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 Hannafin's Irish Pub				Date of Transaction 07/30/2010	Amount
Street Address 310 State St		City New London	State CT	Zip Code 06320-6101	
Purpose of Expenditure FOOD	Description campaign dinner			Event #	
					\$224.24
Total of Section P					\$417.29

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					Date Incurred		Event #		Amount Incurred (Estimate or Actual)
Chase Cardmember Service					08/04/2010				
Street Address				City			State	Zip Code	
PO Box 15153				Wilmington			DE	19886-5153	
Purpose of Expenditure	Description								
CCP	Payment to Campaign Credit Card								
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name			Office Sought			\$417.29
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
Total of Section Q								\$417.29	

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			Date of Payment	Method of Payment	Amount
				Check #	
Secondary Payee			Purpose of Expenditure		
				Debit Card	
Street Address		City		State	Zip Code
Description				Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought	
Yes					
No					
Total of Section R					

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				