

SEEC FORM 30

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised January 2012



Electronic Filing

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Page 1 of 20

COVER PAGE

1. NAME OF COMMITTEE				2. TYPE OF COMMITTEE	
Foley For CT				<input checked="checked" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee	
3. TREASURER NAME					
First Larry		MI J	Last Lawrence		Suffix
4. TREASURER ADDRESS					
Street Address 40 Brookridge Dr		City Greenwich	State CT	Zip Code 06830	
5. ELECTION DATE 11/04/2014		6. OFFICE SOUGHT (Complete only if Candidate Committee) Governor		7. DISTRICT NUMBER (if applicable)	
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)					
First Thomas		MI C	Last Foley		Suffix
9. TYPE OF REPORT Final Weekly Supplemental Filing Primary - Original					
10. PERIOD COVERED					
Beginning Date Ending Date 07/30/2014 thru 08/05/2014					
11. CERTIFICATION					
<input checked="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 SIGNATURE		Henry Schaffer PRINT NAME OF THE SIGNER		08/07/2014 6:00:38PM 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

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised January 2012

SUMMARY PAGE TOTALS

NAME OF COMMITTEE	TYPE OF REPORT	
Foley For CT	Final Weekly Supplemental Filing Primary - Original	
	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	\$398,628.69	
14. Contributions received from Individuals (Section A and B)	\$0.00	\$263,206.00
15. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$21,907.00
16. Other Monetary Receipts (Section D through I)	\$0.00	\$1,414,241.31
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1)	\$0.00	\$0.00
18. Total Monetary Receipts (add totals for lines 14 through 17)	\$0.00	\$1,699,354.31
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$398,628.69	\$1,699,354.31
20. Expenses Paid by Committee (Section N)	\$305,174.82	\$1,605,900.44
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col)	\$93,453.87	\$93,453.87
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$0.00	\$0.00
23. In-Kind Contributions Received (Section K)	\$0.00	\$0.00
24. Refundable Deposit to Telephone Company (Section L)	\$0.00	\$0.00
25. Receipts of Organization Expenditures (Section M) OPTIONAL	\$0.00	\$0.00
26. Beginning Loan Balance	\$0.00	
26a. + Loans Received (Section D)	\$0.00	\$0.00
26b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00
26c. - Payments on Loan(s)	\$0.00	\$0.00
26d. Total Outstanding Loan Amount	\$0.00	
27. Campaign Expenses Paid By Candidate (Section O)	\$0.00	\$56,504.00
28. Expenses Incurred on Committee Credit Card (Section P)	\$0.00	\$0.00
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$8,256.00	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$26,155.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Foley For CT		Final Weekly Supplemental Filing Primary - Original	
A. Total Contributions from Small Contributors-Received this Period ONLY		For Nonparticipating Candidates ONLY	
B. Itemized Contributions from Individuals			

Last Name		First		MI	Contribution ID #
Residential Street Address		City		State	Zip Code
Principal Occupation			Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? Yes No If yes, indicate which branch or branches of government the contract is with: Executive Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No		Amount of Contribution
Is this contribution associated with a fundraising event listed in Section J1?	Yes No	Method of contribution: Cash Personal Check Money Order Credit/Debit Card		Date Received	
If yes, list Event #		Aggregate Contributions			

Total of Section B			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS	(Sections A + B)	(Total on Line 14 of Summary Page)	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Foley For CT		Final Weekly Supplemental Filing Primary - Original	
C1. Contributions from Other Committees			
Name of Committee		Name of Treasurer	
Address		Is this contribution associated with a fundraising event listed in Section J1? Yes No If yes, list Event #	
City	State	Zip Code	Amount of Contribution
		Date Received	Aggregate Contributions
Total of Section C1			

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
Foley For CT				Final Weekly Supplemental Filing Primary - Original	
C2. Reimbursements, Payments, or Surplus Distributions 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-I)

NAME OF COMMITTEE				TYPE OF REPORT	
Foley For CT				Final Weekly Supplemental Filing Primary - Original	
D. Loans Received this Period					
Name of Lender		Source of Loan:			Date of Receipt
		Bank	Candidate	Individual	Other
Street Address	City	State	Zip Code	Is there a cosigner or Guarantor of this loan?	
				Yes No	
Name of Cosigner/Guarantor (if applicable)				Amount Received	
Street Address	City	State	Zip Code		
Total of Section D					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
Foley For CT				Final Weekly Supplemental Filing Primary - Original	
E. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)					
Date of Receipt	Method of Payment			Amount	
	Cash	Personal Check	Credit/Debit Card		
Total of Section E					

I. Monetary Receipts (Section A-I)

NAME OF COMMITTEE			TYPE OF REPORT	
Foley For CT			Final Weekly Supplemental Filing Primary - Original	
G. Interest from Deposits in Authorized Accounts				
Name of Institution			Date Received	
Street Address			City	State
			Zip Code	Amount
Total of Section G				

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE			TYPE OF REPORT	
Foley For CT			Final Weekly Supplemental Filing Primary - Original	
H. Public Grant Funds Received from the Citizens' Election Fund				
Purpose of Grant:		Grant Cycle:		Date Received
Initial	Grant Adjustment	Primary	General Election	Special Election
Supplemental/Post Election Deficit				Amount
Total of Section H				

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE			TYPE OF REPORT	
Foley For CT			Final Weekly Supplemental Filing Primary - Original	
I. Miscellaneous Monetary Receipts not Considered Contributions				
Name			Date of Transaction	
Street Address			City	State
			Zip Code	Amount Received
Description				
Total of Section I				

II. FUNDRAISING EVENT ACTIVITY (Sections J1 - J3)

NAME OF COMMITTEE		TYPE OF REPORT	
Foley For CT		Final Weekly Supplemental Filing Primary - Original	
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	if yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.	
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?	Yes No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?	Yes No	(If yes, enter Total Receipts here.)	
Total of Section J1			

II. FUNDRAISING EVENT ACTIVITY (Sections J1 - J3)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Foley For CT		Final Weekly Supplemental Filing Primary - Original	
J3. In-Kind Donations Not Considered Contributions			
Name of the Donor			
Street Address		City	State Zip Code
Donation Given by:	Description of Donation		Fair Market Value of Donation
Individual			
Business Entity	Date Received	Event #	
Sole Proprietorship	Aggregate value for this event		
Total of Section J3			

III. NONMONETARY RECEIPTS (Sections K - M)

NAME OF COMMITTEE	TYPE OF REPORT
Foley For CT	Final Weekly Supplemental Filing Primary - Original
K. In-Kind Contributions	

Name			
Street Address		City	State Zip Code
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event#	Yes No	Description of In-Kind Contribution	
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: Executive Legislative	Fair Market Value of this Contribution
Type of Contributor:	Date Received	Aggregate contributions	
Individual	Committee	Sole Proprietorship	

Total of Section K

III. Non Monetary Receipts (Sections K - M)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Foley For CT	Final Weekly Supplemental Filing Primary - Original
L. Refundable Deposit to Telephone Company	

Last Name of Individual	First Name	MI	Date Deposit Made
Residential Street Address	City	State	Zip Code
Name of Telephone company			
Street Address	City	State	Zip Code
Amount of Deposit			
Total of Section L			

III. NONMONETARY RECEIPTS (Sections K - M)

NAME OF COMMITTEE	TYPE OF REPORT
Foley For CT	Final Weekly Supplemental Filing Primary - Original

M. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus, and Party Committee - OPTIONAL See Public Act 11-48

Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONLY)			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		
Total of Section M				

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Foley For CT	Final Weekly Supplemental Filing Primary - Original
N. Expenses Paid By Committee	

Name of Payee La Bella Vista		Date of Payment 07/31/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>1214</u> <input type="checkbox"/> Debit Card	
Street Address 380 Farmwood Rd		City Waterbury	State CT	Zip Code 06704
Purpose of Expend INAUG	Description Post Primary Event		Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$300.00
Name of Payee Susan Vaill		Date of Payment 07/31/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 55 East St		City Bethlehem	State CT	Zip Code 06751
Purpose of Expend WAGE	Description payroll		Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$2,500.00
Name of Payee Cooper Communications, LLC		Date of Payment 07/31/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>1016</u> <input type="checkbox"/> Debit Card	
Street Address 77 Ripley Hill Rd		City Coventry	State CT	Zip Code 06238
Purpose of Expend WAGE	Description payroll		Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$3,000.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Foley For CT	Final Weekly Supplemental Filing Primary - Original
N. Expenses Paid By Committee	

Name of Payee Stephen Warzoha		Date of Payment 07/31/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>1015</u> <input type="checkbox"/> Debit Card	
Street Address 933 King St		City Greenwich	State CT	Zip Code 06830
Purpose of Expend WAGE	Description payroll		Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$3,374.19
Name of Payee Caroline Vik		Date of Payment 07/31/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>1014</u> <input type="checkbox"/> Debit Card	
Street Address 10 Ashton Dr		City Greenwich	State CT	Zip Code 06831
Purpose of Expend WAGE	Description payroll		Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$4,443.22
Name of Payee Cogent Consulting, LLC		Date of Payment 07/31/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 18 Lake Garda Dr		City Unionville	State CT	Zip Code 06085
Purpose of Expend WAGE	Description payroll		Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$3,741.94

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Foley For CT	Final Weekly Supplemental Filing Primary - Original
N. Expenses Paid By Committee	

Name of Payee Henry Schaffer		Date of Payment 07/31/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 126 Merrimac Dr		City Trumbull	State CT	Zip Code 06611
Purpose of Expend WAGE	Description payroll		Amount \$5,340.70	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)		
Name of Payee Justin Clark		Date of Payment 07/31/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 140 Webster HI Boulevard		City West Hartford	State CT	Zip Code 06107
Purpose of Expend WAGE	Description payroll		Amount \$12,000.00	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)		
Name of Payee Mark E. McNulty		Date of Payment 07/31/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 28 Exmoor Rd		City Newton	State MA	Zip Code 02459
Purpose of Expend WAGE	Description payroll		Amount \$3,393.49	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)		

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Foley For CT	Final Weekly Supplemental Filing Primary - Original

N. Expenses Paid By Committee

Name of Payee Louisa M. Guerra		Date of Payment 07/31/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>1013</u> <input type="checkbox"/> Debit Card	
Street Address 108 Mad River Rd		City Wolcott	State CT	Zip Code 06176
Purpose of Expend WAGE	Description payroll		Amount \$3,984.35	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)		
Name of Payee Pinpoint Media, LLC		Date of Payment 07/31/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 1707 Osage St Ste 103		City Alexandria	State VA	Zip Code 22302
Purpose of Expend A-TV	Description		Amount \$217,731.90	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)		
Name of Payee Complete Payroll Solutions		Date of Payment 07/31/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 499 Federal Rd		City Brookfield	State CT	Zip Code 06804
Purpose of Expend WAGE	Description Payroll Taxes		Amount \$2,958.34	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)		

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Foley For CT	Final Weekly Supplemental Filing Primary - Original

N. Expenses Paid By Committee

Name of Payee Complete Payroll Solutions		Date of Payment 07/31/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 499 Federal Rd		City Brookfield	State CT	Zip Code 06804
Purpose of Expend OVHD	Description Payroll Service Fee		Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	
			\$80.19	
Name of Payee Direct TV		Date of Payment 08/04/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>1215</u> <input type="checkbox"/> Debit Card	
Street Address PO Box 11732		City Newark	State NJ	Zip Code 07101-4732
Purpose of Expend OVHD	Description		Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	
			\$110.82	
Name of Payee Fulcrum Campaign Strategi		Date of Payment 08/04/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>1216</u> <input type="checkbox"/> Debit Card	
Street Address 437 Madison Ave Fl 9		City New York	State NY	Zip Code 10022
Purpose of Expend A-TV	Description Commissions		Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	
			\$11,851.23	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Foley For CT	Final Weekly Supplemental Filing Primary - Original

N. Expenses Paid By Committee

Name of Payee Sean Cleary		Date of Payment 08/04/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>1219</u> <input type="checkbox"/> Debit Card	
Street Address 108 Mad River Rd		City Wolcott	State CT	Zip Code 06716
Purpose of Expend RCW	Description Cobra Payments		Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	
			\$1,714.78	
Name of Payee AT Conference		Date of Payment 08/04/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>1218</u> <input type="checkbox"/> Debit Card	
Street Address PO Box 2939		City Southampton	State NY	Zip Code 11969
Purpose of Expend Misc *	Description Telephone Conference Fee		Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	
			\$29.80	
Name of Payee Chatham Light Media, LLC		Date of Payment 08/04/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>1220</u> <input type="checkbox"/> Debit Card	
Street Address PO Box 1330		City Stowe	State VT	Zip Code 05672
Purpose of Expend A-TV	Description Media & Production		Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	
			\$16,500.00	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Foley For CT	Final Weekly Supplemental Filing Primary - Original

N. Expenses Paid By Committee

Name of Payee Fedex		Date of Payment 08/04/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 3875 Airways		City Memphis	State TN	Zip Code 38116
Purpose of Expend POST	Description overnight delivery		Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	
			\$41.84	

Name of Payee JDA Frontline		Date of Payment 08/04/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>1217</u> <input type="checkbox"/> Debit Card	
Street Address 438 King St Ste B		City Charleston	State SC	Zip Code 29403
Purpose of Expend CNSLT	Description		Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	
			\$1,935.48	

Name of Payee Fulcrum Campaign Strategi		Date of Payment 08/05/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>1223</u> <input type="checkbox"/> Debit Card	
Street Address 437 Madison Ave Fl 9		City New York	State NY	Zip Code 10022
Purpose of Expend A-TV	Description commissions		Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	
			\$4,745.55	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Foley For CT	Final Weekly Supplemental Filing Primary - Original

N. Expenses Paid By Committee

Name of Payee Targeted Victory		Date of Payment 08/05/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>1222</u> <input type="checkbox"/> Debit Card	
Street Address 1033 N Fairfax St # 40		City Alexandria	State VA	Zip Code 22314
Purpose of Expend WEB	Description website		Amount \$3,897.00	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)		
Name of Payee Mad Studio		Date of Payment 08/05/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>1221</u> <input type="checkbox"/> Debit Card	
Street Address 83 Maltbie Ave		City Stamford	State CT	Zip Code 06902
Purpose of Expend A-OTH	Description photo shoot		Amount \$1,500.00	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)		
Total of Section N			\$305,174.82	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)					TYPE OF REPORT	
					Final Weekly Supplemental Filing Primary - Original	
O. Expenses Paid By Candidate						
Name of Payee (Name of vendor who candidate paid directly)				Date of Payment		Is Reimbursement Claimed? Yes No
Street Address		City		State	Zip Code	Amount
Purpose of Expenditure (by code)	Description			Event #		
Total of Section O						

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)					TYPE OF REPORT	
Foley For CT					Final Weekly Supplemental Filing Primary - Original	
P. Expenses Incurred on Committee Credit Card						
Name of Issuing Institution				Type of Credit Card: <div> <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other </div>		
Name of Vendor					Date of Transaction	
Street Address			City		State	Zip Code
Purpose of Expenditure (by code)	Description				Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Yes No	Expenditure # (if applicable)	Event #		
If yes, assign an Expenditure # and complete Itemization in Addendum						
Total of Section P						

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)

TYPE OF REPORT

Foley For CT

Final Weekly Supplemental Filing Primary - Original

Q. Expenses Incurred By Committee but Not Paid During this Period

Name of Creditor

Chatham Light Media, LLC

Date Incurred

08/05/2014

Street Address

PO Box 1330

City

Stowe

State

VT

Zip Code

05672

Purpose of Expenditure
(bv code)

CNSLT

Description

media & production

Amount Incurred
(Estimate or Actual)Is this expenditure coordinated with another candidate for which
reimbursement is sought?☐

Yes

☒

No

Expenditure #
(if applicable)

Event #

If yes, assign an Expenditure # and completes Itemization in Addendum Q

\$6,255.00

Name of Creditor

Louisa M. Guerra

Date Incurred

08/05/2014

Street Address

108 Mad River Rd

City

Wolcott

State

CT

Zip Code

06176

Purpose of Expenditure
(bv code)

RCW

Description

expense report

Amount Incurred
(Estimate or Actual)Is this expenditure coordinated with another candidate for which
reimbursement is sought?☐

Yes

☒

No

Expenditure #
(if applicable)

Event #

If yes, assign an Expenditure # and completes Itemization in Addendum Q

\$201.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)

TYPE OF REPORT

Foley For CT

Final Weekly Supplemental Filing Primary - Original

Q. Expenses Incurred By Committee but Not Paid During this Period

Name of Creditor

Strategy Group Company

Date Incurred

08/05/2014

Street Address

7669 Stagers Loop

City

Delaware

State

OH

Zip Code

43015

Purpose of Expenditure
(bv code)

POLLS

Description

Amount Incurred
(Estimate or Actual)

Is this expenditure coordinated with another candidate for which reimbursement is sought?

☐ Yes☒ NoExpenditure #
(if applicable)

Event #

If yes, assign an Expenditure # and completes Itemization in Addendum Q

\$1,800.00

Total of Section Q**\$8,256.00****IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)

TYPE OF REPORT

Foley For CT

Final Weekly Supplemental Filing Primary - Original

R. Itemization of Reimbursements to Committee Workers and Consultants

Last Name of Worker/Consultant

Cleary

First

Sean

MI

Date of Payment

08/05/2014

Method of Payment

☒ Check # 1219☐ Debit Card

Secondary Payee

Sean Cleary

Street Address

108 Mad River Rd

City

Wolcott

State

CT

Zip Code

06716

Purpose of Expenditure
(by code)

RCW

Description

Cobra Payments

Amount

Is this expenditure coordinated with another candidate for which reimbursement is sought?

☐ Yes☒ NoExpenditure #
(if applicable)

Event #

If yes, assign an Expenditure # and completes Itemization in Addendum R

\$1,714.78

Total of Section R**\$1,714.78**

IV. EXPENDITURES (Sectuibs N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Foley For CT				Final Weekly Supplemental Filing Primary - Original	
S. Surplus Distribution of Equipment and Furniture					
Name of Recipient					
Street Address		City		State	Zip Code
Description of Item					Original Purchase Amount of Item
Total of Section S					