

**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 25

COVER PAGE

1. NAME OF COMMITTEE		2. TYPE OF COMMITTEE	
Foley For CT		<input 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	6. OFFICE SOUGHT (Complete only if Candidate Committee)		7. DISTRICT NUMBER (if applicable)
11/04/2014	Governor		
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)			
First Thomas	MI C	Last Foley	Suffix
9. TYPE OF REPORT			
July 10 Filing - Original			
10. PERIOD COVERED			
Beginning Date 06/28/2014		Ending Date 06/30/2014	
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 SIGNATURE	Susan Vaill PRINT NAME OF THE SIGNER	07/10/2014 3:45:38PM 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	July 10 Filing - 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	\$26,131.09	
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	\$100.06
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	\$285,213.06
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$26,131.09	\$285,213.06
20. Expenses Paid by Committee (Section N)	\$9,068.89	\$268,150.86
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col)	\$17,062.20	\$17,062.20
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	\$15,504.00
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)	\$95,214.41	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$111,352.86	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Foley For CT		July 10 Filing - Original	
A. Total Contributions from Small Contributors-Received this Period ONLY		For Nonparticipating Candidates ONLY	
B. Itemized Contributions from Individuals			
Last Name		First	
Residential Street Address		City	
Principal Occupation		Name of Employer	
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
		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	
		Yes	No
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #		Method of contribution: Cash Money Order	Personal Check Credit/Debit Card
		Date Received	Aggregate Contributions
Total of Section B			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS		(Sections A + B) <i>(Total on Line 14 of Summary Page)</i>	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Foley For CT		July 10 Filing - 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? If yes, list Event #	
City		State	Zip Code
		Date Received	Aggregate Contributions
Total of Section C1			

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT		
Foley For CT	July 10 Filing - 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	July 10 Filing - Original				
D. Loans Received this Period					
Name of Lender	Source of Loan:				
	Bank	Candidate	Individual		
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	July 10 Filing - 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	July 10 Filing - Original		
G. Interest from Deposits in Authorized Accounts			
Name of Institution	Date Received		Amount
Street Address	City	State	Zip Code
Total of Section G			

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	TYPE OF REPORT		
Foley For CT	July 10 Filing - Original		
H. Public Grant Funds Received from the Citizens' Election Fund			
Purpose of Grant:	Initial	Grant Adjustment	Grant Cycle:
			Primary General Election Special Election
		Supplemental/Post Election Deficit	
Total of Section H			

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	TYPE OF REPORT		
Foley For CT	July 10 Filing - Original		
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 (Sections J1 - J3)

NAME OF COMMITTEE		TYPE OF REPORT	
Foley For CT		July 10 Filing - Original	
J1. Fundraising Event Information			
Fundraising Event # Date of Fundraiser	Description Letter		
Location: Street Address		City	State
Was this fundraising event hosted at a personal residence?		Yes	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	If yes, go 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?		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		July 10 Filing - Original	
J3. In-Kind Donations Not Considered Contributions			
Name of the Donor			
Street Address		City	State
Donation Given by: Individual		Description of Donation	
Business Entity		Date Received	Event #
Sole Proprietorship		Aggregate value for this event	
			Fair Market Value of Donation
			Total of Section J3

III. NONMONETARY RECEIPTS (Sections K - M)	
NAME OF COMMITTEE	TYPE OF REPORT
Foley For CT	July 10 Filing - 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:	Individual Committee Sole Proprietorship	Date Received	Aggregate contributions

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	July 10 Filing - 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

Total of Section L

III. NONMONETARY RECEIPTS (Sections K - M)

NAME OF COMMITTEE	TYPE OF REPORT			
Foley For CT	July 10 Filing - 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		July 10 Filing - Original	
N. Expenses Paid By Committee			
Name of Payee Susan Vaill		Date of Payment 06/30/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>1096</u> <input type="checkbox"/> Debit Card
Street Address 55 East St		City Bethlehem	State CT Zip Code 06751
Purpose of Expend WAGE	Description Advance for May		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)
			Event #
		\$2,500.00	
Name of Payee Justin Clark		Date of Payment 06/30/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>1094</u> <input type="checkbox"/> Debit Card
Street Address 140 Webster HI Boulevard		City West Hartford	State CT Zip Code 06107
Purpose of Expend WAGE	Description May		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)
			Event #
		\$2,500.00	
Name of Payee Steve Warzoha		Date of Payment 06/30/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>1095</u> <input type="checkbox"/> Debit Card
Street Address 933 King St		City Greenwich	State CT Zip Code 06831
Purpose of Expend WAGE	Description May		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)
			Event #
		\$2,500.00	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Foley For CT		July 10 Filing - Original	
N. Expenses Paid By Committee			
Name of Payee On-Street Parking		Date of Payment 06/30/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card
Street Address 155 Morgan St		City Hartford	State CT Zip Code 06103
Purpose of Expend TRVL	Description parking charge		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)
			Event #
			\$75.00
Name of Payee Piryx		Date of Payment 06/30/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card
Street Address 144 2nd St Fl 1		City San Francisco	State CA Zip Code 94105
Purpose of Expend BNK	Description Credit Card Processing Fees		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)
			Event #
			\$1,206.94
Name of Payee Piryx		Date of Payment 06/30/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card
Street Address 144 2nd St Fl 1		City San Francisco	State CA Zip Code 94105
Purpose of Expend BNK	Description Processing Fees		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)
			Event #
			\$29.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Foley For CT		July 10 Filing - Original	
N. Expenses Paid By Committee			
Name of Payee USPS		Date of Payment 06/30/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card
Street Address East Street		City Bethlehem	State CT Zip Code 06751
Purpose of Expend POST	Description Overnight to SEEC		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)
			Event #
		\$16.95	
Name of Payee Delta Airlines		Date of Payment 06/30/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card
Street Address XXX		City Chicago	State IL Zip Code 60666
Purpose of Expend TRVL	Description Error - refunded		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)
			Event #
		\$241.00	
Total of Section N			\$9,068.89

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
		July 10 Filing - 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
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		July 10 Filing - Original	
P. Expenses Incurred on Committee Credit Card			
Name of Issuing Institution		Type of Credit Card: Visa Master Card Discover American Express Other	
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)
If yes, assign an Expenditure # and complete Itemization in Addendum		Event #	
			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	July 10 Filing - Original

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

Name of Creditor Cricket Press	Date Incurred 06/28/2014		
Street Address 236 Park Rd	City West Hartford	State CT	Zip Code 06119
Purpose of Expenditure (by code) A-OTH	Description bumper stickers	Amount Incurred (Estimate or Actual)	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and completes Itemization in Addendum Q		<input type="checkbox"/> Yes	Expenditure # (if applicable)
		<input checked="" type="checkbox"/> No	Event #
		\$622.15	

Name of Creditor DMI Direct	Date Incurred 06/28/2014		
Street Address 18 Rancho Cir	City Lake Forest	State CA	Zip Code 92630
Purpose of Expenditure (by code) A-OTH	Description lapel stickers	Amount Incurred (Estimate or Actual)	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and completes Itemization in Addendum Q		<input type="checkbox"/> Yes	Expenditure # (if applicable)
		<input checked="" type="checkbox"/> No	Event #
		\$820.00	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Foley For CT	July 10 Filing - Original

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

Name of Creditor Sean Cleary	Date Incurred 06/28/2014		
Street Address 108 Mad River Rd	City Wolcott	State CT	Zip Code 06716
Purpose of Expenditure (by code) WAGE	Description Payroll	Amount Incurred (Estimate or Actual)	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and completes Itemization in Addendum Q		<input type="checkbox"/> Yes	Expenditure # (if applicable)
		<input checked="" type="checkbox"/> No	Event #
		\$6,000.00	

Name of Creditor Barker Advertising Specia	Date Incurred 06/28/2014		
Street Address 27 Realty Dr ; Caller Box 222	City Cheshire	State CT	Zip Code 06410
Purpose of Expenditure (by code) A-OTH	Description t-shirts	Amount Incurred (Estimate or Actual)	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and completes Itemization in Addendum Q		<input type="checkbox"/> Yes	Expenditure # (if applicable)
		<input checked="" type="checkbox"/> No	Event #
		\$3,600.28	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
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Foley For CT	July 10 Filing - Original
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Q. Expenses Incurred By Committee but Not Paid During this Period

Name of Creditor Premier Graphics, LLC			Date Incurred 06/28/2014
Street Address 860 HoneySpot Rd		City Stratford	State CT Zip Code 06615
Purpose of Expenditure (by code) A-DM	Description Direct Mail		
Amount Incurred (Estimate or Actual)			
Is this expenditure coordinated with another candidate for which reimbursement is sought?		<input type="checkbox"/> Yes	Expenditure # (if applicable)
		<input type="checkbox"/> No	Event #
If yes, assign an Expenditure # and completes Itemization in Addendum Q		\$715.30	
Name of Creditor Cooper Communications, LLC			Date Incurred 06/30/2014
Street Address 77 Ripley Hill Rd		City Coventry	State CT Zip Code 06238
Purpose of Expenditure (by code) CNSLT	Description Services		
Amount Incurred (Estimate or Actual)			
Is this expenditure coordinated with another candidate for which reimbursement is sought?		<input type="checkbox"/> Yes	Expenditure # (if applicable)
		<input type="checkbox"/> No	Event #
If yes, assign an Expenditure # and completes Itemization in Addendum Q		\$5,317.35	

IV. EXPENDITURES (Sections N - S)

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

Foley For CT

TYPE OF REPORT

July 10 Filing - Original

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

Name of Creditor Caroline Vik			Date Incurred 06/30/2014
Street Address 10 Ashton Dr		City Greenwich	State CT Zip Code 06831
Purpose of Expenditure (by code) WAGE	Description Payroll		Amount Incurred (Estimate or Actual)
Is this expenditure coordinated with another candidate for which reimbursement is sought?		<input type="checkbox"/> Yes	Expenditure # (if applicable)
		<input checked="" type="checkbox"/> No	Event #
If yes, assign an Expenditure # and completes Itemization in Addendum Q		\$6,250.00	
Name of Creditor Christopher Syrek			Date Incurred 06/30/2014
Street Address 50 Saw Mill Rd Unit 7326		City Danbury	State CT Zip Code 06810
Purpose of Expenditure (by code) WAGE	Description Paroll		Amount Incurred (Estimate or Actual)
Is this expenditure coordinated with another candidate for which reimbursement is sought?		<input type="checkbox"/> Yes	Expenditure # (if applicable)
		<input checked="" type="checkbox"/> No	Event #
If yes, assign an Expenditure # and completes Itemization in Addendum Q		\$1,000.00	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Foley For CT	July 10 Filing - Original

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

Name of Creditor Forpicus, LLC	Date Incurred 06/30/2014		
Street Address 1 Center St Ste 2A	City Southington	State CT	Zip Code 06489
Purpose of Expenditure (by code) OVHD	Description Rent	Amount Incurred (Estimate or Actual)	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and completes Itemization in Addendum Q		<input type="checkbox"/> Yes	Expenditure # (if applicable)
		<input checked="" type="checkbox"/> No	Event #
		\$1,000.00	
Name of Creditor Lauren Casper	Date Incurred 06/30/2014		
Street Address 800 Summer St Apt 512	City Stamford	State CT	Zip Code 06901
Purpose of Expenditure (by code) WAGE	Description Payroll	Amount Incurred (Estimate or Actual)	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and completes Itemization in Addendum Q		<input type="checkbox"/> Yes	Expenditure # (if applicable)
		<input checked="" type="checkbox"/> No	Event #
		\$4,800.00	

IV. EXPENDITURES (Sections N - S)

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

Foley For CT

TYPE OF REPORT

July 10 Filing - Original

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

Name of Creditor JDA Frontline			Date Incurred 06/30/2014
Street Address 438 King St Ste B		City Charleston	State SC Zip Code 29403
Purpose of Expenditure (by code) CNSLT	Description Consulting		
Is this expenditure coordinated with another candidate for which reimbursement is sought?		<input type="checkbox"/> Yes	Amount Incurred (Estimate or Actual)
		<input checked="" type="checkbox"/> No	Expenditure # (if applicable)
If yes, assign an Expenditure # and completes Itemization in Addendum Q		Event #	
			\$5,000.00
Name of Creditor Elissa Voccolla			Date Incurred 06/30/2014
Street Address 152 Cooper Hill Rd		City Manchester	State CT Zip Code 06040
Purpose of Expenditure (by code) WAGE	Description Payroll		
Is this expenditure coordinated with another candidate for which reimbursement is sought?		<input type="checkbox"/> Yes	Amount Incurred (Estimate or Actual)
		<input type="checkbox"/> No	Expenditure # (if applicable)
If yes, assign an Expenditure # and completes Itemization in Addendum Q		Event #	
			\$4,500.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Foley For CT	July 10 Filing - Original

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

Name of Creditor Fulcrum Campaign Strategi	Date Incurred 06/30/2014		
Street Address 701 8th St NW	City Washington	State DC	Zip Code 20001
Purpose of Expenditure (bv code) CNSLT	Description Consulting	Amount Incurred (Estimate or Actual)	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and completes Itemization in Addendum Q		<input type="checkbox"/> Yes	Expenditure # (if applicable)
		<input checked="" type="checkbox"/> No	Event #
		\$15,000.00	

Name of Creditor Justin Clark	Date Incurred 06/30/2014		
Street Address 140 Webster HI Boulevard	City West Hartford	State CT	Zip Code 06107
Purpose of Expenditure (bv code) CNSLT	Description Services	Amount Incurred (Estimate or Actual)	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and completes Itemization in Addendum Q		<input type="checkbox"/> Yes	Expenditure # (if applicable)
		<input checked="" type="checkbox"/> No	Event #
		\$12,000.00	

IV. EXPENDITURES (Sections N - S)

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

Foley For CT

TYPE OF REPORT

July 10 Filing - Original

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

Name of Creditor Susan Vaill			Date Incurred 06/30/2014
Street Address 55 East St		City Bethlehem	State CT Zip Code 06751
Purpose of Expenditure (by code) WAGE	Description Payroll		Amount Incurred (Estimate or Actual)
Is this expenditure coordinated with another candidate for which reimbursement is sought?		<input type="checkbox"/> Yes	Expenditure # (if applicable)
		<input checked="" type="checkbox"/> No	Event #
If yes, assign an Expenditure # and completes Itemization in Addendum Q		\$6,000.00	
Name of Creditor Steve Warzoha			Date Incurred 06/30/2014
Street Address 933 King St		City Greenwich	State CT Zip Code 06831
Purpose of Expenditure (by code) WAGE	Description Payroll		Amount Incurred (Estimate or Actual)
Is this expenditure coordinated with another candidate for which reimbursement is sought?		<input type="checkbox"/> Yes	Expenditure # (if applicable)
		<input checked="" type="checkbox"/> No	Event #
If yes, assign an Expenditure # and completes Itemization in Addendum Q		\$4,500.00	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Foley For CT	July 10 Filing - Original

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

Name of Creditor Cogent Consulting, LLC	Date Incurred 06/30/2014		
Street Address 18 Lake Garda Dr	City Unionville	State CT	Zip Code 06085
Purpose of Expenditure (by code) CNSLT	Description Services	Amount Incurred (Estimate or Actual)	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and completes Itemization in Addendum Q		<input type="checkbox"/> Yes	Expenditure # (if applicable)
		<input type="checkbox"/> No	Event #
		\$4,000.00	

Name of Creditor Shaun Wells	Date Incurred 06/30/2014		
Street Address 24 Shelton Ave	City Wolcott	State CT	Zip Code 06716
Purpose of Expenditure (by code) WAGE	Description Payroll	Amount Incurred (Estimate or Actual)	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and completes Itemization in Addendum Q		<input type="checkbox"/> Yes	Expenditure # (if applicable)
		<input checked="" type="checkbox"/> No	Event #
		\$1,500.00	

IV. EXPENDITURES (Sections N - S)

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

Foley For CT

TYPE OF REPORT

July 10 Filing - Original

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

Name of Creditor Timothy J. DeMarco			Date Incurred 06/30/2014
Street Address 962 Stratfield Rd		City Fairfield	State CT Zip Code 06825
Purpose of Expenditure (by code) WAGE	Description Payroll		Amount Incurred (Estimate or Actual)
Is this expenditure coordinated with another candidate for which reimbursement is sought?		<input type="checkbox"/> Yes	Expenditure # (if applicable)
		<input checked="" type="checkbox"/> No	Event #
If yes, assign an Expenditure # and completes Itemization in Addendum Q		\$2,500.00	
Name of Creditor Michael Swetz			Date Incurred 06/30/2014
Street Address 170 Brookside Dr		City Stratford	State CT Zip Code 06614
Purpose of Expenditure (by code) WAGE	Description Payroll		Amount Incurred (Estimate or Actual)
Is this expenditure coordinated with another candidate for which reimbursement is sought?		<input type="checkbox"/> Yes	Expenditure # (if applicable)
		<input checked="" type="checkbox"/> No	Event #
If yes, assign an Expenditure # and completes Itemization in Addendum Q		\$3,083.33	

IV. EXPENDITURES (Sections N - S)

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

Foley For CT

TYPE OF REPORT

July 10 Filing - Original

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

Name of Creditor Mark E. McNulty			Date Incurred 06/30/2014
Street Address 28 Exmoor Rd		City Newton	State MA Zip Code 02459
Purpose of Expenditure (by code) RCW	Description Travel		Amount Incurred (Estimate or Actual)
Is this expenditure coordinated with another candidate for which reimbursement is sought?		<input type="checkbox"/> Yes	Expenditure # (if applicable)
		<input checked="" type="checkbox"/> No	Event #
If yes, assign an Expenditure # and completes Itemization in Addendum Q		\$1,506.00	
Name of Creditor Louisa M. Guerra			Date Incurred 06/30/2014
Street Address 108 Mad River Rd		City Wolcott	State CT Zip Code 06176
Purpose of Expenditure (by code) WAGE	Description Payroll		Amount Incurred (Estimate or Actual)
Is this expenditure coordinated with another candidate for which reimbursement is sought?		<input type="checkbox"/> Yes	Expenditure # (if applicable)
		<input checked="" type="checkbox"/> No	Event #
If yes, assign an Expenditure # and completes Itemization in Addendum Q		\$5,500.00	
Total of Section Q			\$95,214.41

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Foley For CT	July 10 Filing - Original

R. Itemization of Reimbursements to Committee Workers and Consultants

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment Check # Debit Card
Secondary Payee				
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	Expenditure # (if applicable)	Event #
If yes, assign an Expenditure # and completes Itemization in Addendum R				
Total of Section R				

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Foley For CT	July 10 Filing - Original

S. Surplus Distribution of Equipment and Furniture

Name of Recipient				
Street Address	City	State	Zip Code	Original Purchase Amount of Item
Description of Item				
Total of Section S				

