

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="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 July 10 Filing - Original					
10. PERIOD COVERED					
Beginning Date Ending Date 06/28/2014 thru 06/30/2014					
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		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		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?			Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution
Yes No If yes, indicate which branch or branches of government the contract is with: Executive Legislative			Yes No If yes, list Event #		
Is this contribution associated with a fundraising event listed in Section J1?	Yes	Method of contribution:		Date Received	Aggregate Contributions
	No	Cash Personal Check Money Order Credit/Debit Card			

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				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?		Amount of Contribution
			Yes No 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:			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				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:	Grant Cycle:	Date Received	Amount
<div>Initial</div> <div>Grant Adjustment</div> <div>Supplemental/Post Election Deficit</div>	<div>Primary</div> <div>General Election</div> <div>Special Election</div>		
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	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		July 10 Filing - Original	
J3. In-Kind Donations Not Considered Contributions			
Name of the Donor			
Street Address		City	State Zip Code
Donation Given by: Individual Business Entity Sole Proprietorship	Description of Donation Date Received Event #		Fair Market Value of Donation
Aggregate value for this event			
		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:	Fair Market Value of this Contribution
Type of Contributor:		Date Received	Aggregate contributions
Individual Committee Sole Proprietorship		Executive Legislative	
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			Amount of Deposit
Street Address	City	State	
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? <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 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? <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 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? <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	

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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		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 \$16.95	
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 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 \$241.00	
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			\$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	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					July 10 Filing - 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						

TYPE OF REPORT

July 10 Filing - Original

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

06/28/2014

West Hartford

A-OTH

bumper stickers

Event #

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

\$622.15

06/28/2014

18 Rancho Cir

Lake Forest

CA

92630

A-OTH

lapel stickers

Event #

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

\$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
(bv code)

WAGE

Description

Payroll

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

\$6,000.00

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
(bv code)

A-OTH

Description

t-shirts

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

\$3,600.28

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

Premier Graphics, LLC

Date Incurred

06/28/2014

Street Address

860 Honeyspot Rd

City

Stratford

State

CT

Zip Code

06615

Purpose of Expenditure
(bv code)

A-DM

Description

Direct Mail

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

\$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
(bv code)

CNSLT

Description

Services

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

\$5,317.35

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 Caroline Vik			Date Incurred 06/30/2014	
Street Address 10 Ashton Dr		City Greenwich		State CT
Zip Code 06831				
Purpose of Expenditure (bv code) WAGE	Description Payroll			Amount Incurred (Estimate or Actual)
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div style="display: inline-block; vertical-align: middle;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>		Expenditure # (if applicable)	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 (bv code) WAGE	Description Paroll			Amount Incurred (Estimate or Actual)
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div style="display: inline-block; vertical-align: middle;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>		Expenditure # (if applicable)	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
(bv code)

OVHD

Description

Rent

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

\$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
(bv code)

WAGE

Description

Payroll

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

\$4,800.00

<p align="center">IV. EXPENDITURES (Sections N - S)</p>	
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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 JDA Frontline				Date Incurred 06/30/2014	
Street Address 438 King St Ste B		City Charleston		State SC	Zip Code 29403
Purpose of Expenditure (bv code) CNSLT	Description Consulting				Amount Incurred (Estimate or Actual)

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

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?☐

Yes

☒

No

Expenditure #
(if applicable)

Event #

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

\$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?☐

Yes

☒

No

Expenditure #
(if applicable)

Event #

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

\$12,000.00

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

Susan Vaill

Date Incurred

06/30/2014

Street Address

55 East St

City

Bethlehem

State

CT

Zip Code

06751

Purpose of Expenditure
(bv code)

WAGE

Description

Payroll

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

\$6,000.00

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
(bv code)

WAGE

Description

Payroll

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

\$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
(bv code)

CNSLT

Description

Services

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

\$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
(bv code)

WAGE

Description

Payroll

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

\$1,500.00

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

Timothy J. DeMarco

Date Incurred

06/30/2014

Street Address

962 Stratfield Rd

City

Fairfield

State

CT

Zip Code

06825

Purpose of Expenditure
(bv code)

WAGE

Description

Payroll

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

\$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
(bv code)

WAGE

Description

Payroll

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

\$3,083.33

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

Mark E. McNulty

Date Incurred

06/30/2014

Street Address

28 Exmoor Rd

City

Newton

State

MA

Zip Code

02459

Purpose of Expenditure
(bv code)

RCW

Description

Travel

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

\$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
(bv code)

WAGE

Description

Payroll

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

\$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 #	
		No			
If yes, assign an Expenditure # and completes Itemization in Addendum R					
Total of Section R					

IV. EXPENDITURES (Sectuibs 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					

