

**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 250

**SUMMARY PAGE**

1. NAME OF COMMITTEE					2. TYPE OF COMMITTEE				
<b>Foley For Governor, Inc.</b>					<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee				
3. TREASURER NAME									
Title	First	MI	Last	Suffix					
	<b>Larry</b>	<b>J</b>	<b>Lawrence</b>						
4. TREASURER ADDRESS									
Street Address				City	State	Zip Code			
<b>40 Brookridge Dr</b>				<b>Greenwich</b>	<b>CT</b>	<b>06830</b>			
5. ELECTION DATE			6. OFFICE SOUGHT (if applicable)				7. DISTRICT CODE (if applicable)		
<b>11/02/2010</b>			<b>Governor</b>						
8. CANDIDATE NAME									
Title	First	MI	Last	Suffix					
	<b>Thomas</b>	<b>C</b>	<b>Foley</b>						
9. TYPE OF REPORT									
<b>October 10 Filing - Original</b>									
10. PERIOD COVERED									
Beginning Date					Ending Date				
<b>09/03/2010</b>					thru <b>09/30/2010</b>				
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 <b>Itemized Campaign Finance Disclosure Statement</b> for the period covered is true, accurate and complete.									
<b>Electronic Filing</b>			<b>Sunghi Frauen</b>			<b>10/12/2010</b>			
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	
<b>Foley For Governor, Inc.</b>	Original 10/12/2010	
	<b>COLUMN A</b> This Period	<b>COLUMN B</b> Aggregate
12. Balance on hand from day Committee was formed		<b>\$0.00</b>
13. Balance on hand at the beginning of Reporting Period	<b>\$300,992.57</b>	
14. Contributions received from Individuals (Section A and B)	<b>\$355,586.00</b>	<b>\$1,238,430.51</b>
15. Receipts from Other Committees (Sections C1 + C2)	<b>\$2,700.00</b>	<b>\$2,700.00</b>
16. Other Monetary Receipts (Section D-1)	<b>\$1,300,000.00</b>	<b>\$5,304,833.76</b>
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J2)	<b>\$0.00</b>	<b>\$0.00</b>
18. Total Monetary Receipts (add totals for lines 14-17)	<b>\$1,658,286.00</b>	<b>\$6,545,964.27</b>
19. Subtotals (add totals in line 13 + line 18 in Column A and in lines 12 + 18 in Column B)	<b>\$1,959,278.57</b>	<b>\$6,545,964.27</b>
20. Expenses Paid by Committee (Section N)	<b>\$1,761,422.39</b>	<b>\$6,348,108.09</b>
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19)	<b>\$197,856.18</b>	<b>\$197,856.18</b>
22. In-Kind Donations not Considered Contributions Received (Section J3)	<b>\$0.00</b>	<b>\$0.00</b>
23. In-Kind Contributions Received (Section K)	<b>\$5,701.05</b>	<b>\$10,129.07</b>
24. Refundable Deposit to Telephone Company (Section L)	<b>\$0.00</b>	<b>\$0.00</b>
25. Receipts of Organization Expenditures (Section M)	<b>\$174.99</b>	<b>\$412.08</b>
26. Beginning Loan Balance	<b>\$4,001,000.00</b>	<b>\$4,001,000.00</b>
26a. + Loans Received (Section D)	<b>\$1,300,000.00</b>	<b>\$5,301,000.00</b>
26b. + Interest and Penalties on Loan(s)	<b>\$0.00</b>	<b>\$0.00</b>
26c. - Payments on Loan(s)	<b>\$0.00</b>	<b>\$0.00</b>
26d. Total Outstanding Loan Amount	<b>\$5,301,000.00</b>	<b>\$5,301,000.00</b>
27. Campaign Expenses Paid By Candidate (Section O)	<b>\$0.00</b>	<b>\$0.00</b>
28. Expenses Incurred on Committee Credit Card (Section P)	<b>\$14,265.17</b>	<b>\$63,095.52</b>
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	<b>\$14,265.17</b>	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	<b>\$16,894.81</b>	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>	<b>Subtotal Section A</b> <b>\$0.00</b>

**B. Itemized Contributions from Individuals**

Last Name Balderston	First Name Peter Ramsey	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 # 0945	Amount of Contribution
Residential Street Address 19 Collinswood Rd	City Wilton	State CT	Zip Code 06897-1811	Date Received 09/03/2010	
Principal Occupation Financial Services	Name of Employer GenSpring Family Offices, LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$300.00	\$300.00
Last Name Donovan	First Name Dan	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 # 0946	Amount of Contribution
Residential Street Address 103 N Park Ave	City Easton	State CT	Zip Code 06612-1416	Date Received 09/03/2010	
Principal Occupation Development/Energy	Name of Employer Prospero LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09152010A</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 Reyes	First Name Diego	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 # 0947	Amount of Contribution
Residential Street Address 544 E 86th St Apt 11W	City New York	State NY	Zip Code 10028-7526	Date Received 09/03/2010	
Principal Occupation Real Estate Professional	Name of Employer CIM Group, LP	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00
Last Name Sculley	First Name Sean	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 # 0948	Amount of Contribution
Residential Street Address 80 N Main St	City Kent	State CT	Zip Code 06757-1520	Date Received 09/03/2010	
Principal Occupation Architect/Professor	Name of Employer Cooper Union NYC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

**B. Itemized Contributions from Individuals**

Last Name Tober	First Name Donald	MI G	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 # 0949	Amount of Contribution
Residential Street Address 620 Park Ave	City New York	State NY	Zip Code 10065-6591	Date Received 09/04/2010	
Principal Occupation Manufacturing	Name of Employer Sugar Foods Corporation	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09222010A</u>			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions \$1,000.00	\$1,000.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Last Name 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 # 0951	Amount of Contribution
Residential Street Address 110 Capen St	City Windsor	State CT	Zip Code 06095-3109	Date Received 09/05/2010	
Principal Occupation Receiver	Name of Employer ARAMARK	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions \$450.00	\$25.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Last Name 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 # 0952	Amount of Contribution
Residential Street Address 110 Capen St	City Windsor	State CT	Zip Code 06095-3109	Date Received 09/05/2010	
Principal Occupation Receiver	Name of Employer ARAMARK	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions \$450.00	\$25.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Last Name 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 # 0953	Amount of Contribution
Residential Street Address 110 Capen St	City Windsor	State CT	Zip Code 06095-3109	Date Received 09/05/2010	
Principal Occupation Receiver	Name of Employer ARAMARK	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions \$450.00	\$25.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

**B. Itemized Contributions from Individuals**

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 # 0954	Amount of Contribution
Residential Street Address 283 1/2 1st Ave	City Milford	State CT	Zip Code 06460-5209	Date Received 09/05/2010	
Principal Occupation Consultation	Name of Employer OMS, Inc.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$350.00	\$50.00
Last Name Henry	First Name Elaine	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0950	Amount of Contribution
Residential Street Address PO Box 157	City Gaylordsville	State CT	Zip Code 06755-0157	Date Received 09/05/2010	
Principal Occupation Professor	Name of Employer University of Miami	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Feeley	First Name Maryellen	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 # 0955	Amount of Contribution
Residential Street Address 19 Stoney Ridge Ln	City Riverside	State CT	Zip Code 06878-2020	Date Received 09/06/2010	
Principal Occupation Homemaker	Name of Employer Homemaker	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00	\$500.00
Last Name Kurcon	First Name Mark	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0956	Amount of Contribution
Residential Street Address 347 Darling Rd	City Salem	State CT	Zip Code 06420-3912	Date Received 09/06/2010	
Principal Occupation Investor	Name of Employer Hartford Investment Management	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

**B. Itemized Contributions from Individuals**

Last Name Richardson	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 # 0957	Amount of Contribution
Residential Street Address 86 Ramapoo Rd	City Ridgefield	State CT	Zip Code 06877-3718	Date Received 09/06/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Shafter	First Name Robert	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0958	Amount of Contribution
Residential Street Address 122 Heritage Hill Rd	City New Canaan	State CT	Zip Code 06840-4626	Date Received 09/06/2010	
Principal Occupation Elected Registrar of Voters	Name of Employer Town of New Canaan	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00
Last Name Alfieri	First Name Dan	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 # 0959	Amount of Contribution
Residential Street Address PO Box 1052	City Amston	State CT	Zip Code 06231-1052	Date Received 09/07/2010	
Principal Occupation Engineering	Name of Employer Self-Employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name Lawrence	First Name Benjamin	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 # 0963	Amount of Contribution
Residential Street Address 40 Brookridge Dr	City Greenwich	State NY	Zip Code 06830	Date Received 09/07/2010	
Principal Occupation Investment Banker	Name of Employer Deutsche Bank	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>09092010A</u>			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00	\$3,500.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

**B. Itemized Contributions from Individuals**

Last Name Lawrence	First Name Christina	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 # 0964	Amount of Contribution
Residential Street Address 40 Brookridge Dr	City Greenwich	State NY	Zip Code 06830	Date Received 09/07/2010	
Principal Occupation Student	Name of Employer Student	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09092010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00	\$3,500.00
Last Name Lawrence	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 # 0966	Amount of Contribution
Residential Street Address 40 Brookridge Dr	City Greenwich	State NY	Zip Code 06830	Date Received 09/07/2010	
Principal Occupation Investment Management	Name of Employer Allegra Partners	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09092010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00	\$3,500.00
Last Name Lawrence	First Name Peter	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0967	Amount of Contribution
Residential Street Address 40 Brookridge Dr	City Greenwich	State NY	Zip Code 06830	Date Received 09/07/2010	
Principal Occupation Student	Name of Employer Student	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09092010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00	\$3,500.00
Last Name Lawrence	First Name Sally	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 # 0968	Amount of Contribution
Residential Street Address 40 Brookridge Dr	City Greenwich	State NY	Zip Code 06830	Date Received 09/07/2010	
Principal Occupation Volunteer	Name of Employer Volunteer	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09092010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00	\$3,500.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

**B. Itemized Contributions from Individuals**

Last Name Levy	First Name Steven	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 # 0969	Amount of Contribution
Residential Street Address 5 Pecksland Rd	City Greenwich	State CT	Zip Code 06831	Date Received 09/07/2010	
Principal Occupation Real Estate Broker	Name of Employer Self-Employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00	\$3,500.00
Last Name Nickerson	First Name William	MI H	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0971	Amount of Contribution
Residential Street Address 35 Quail Rd	City Greenwich	State CT	Zip Code 06831-3322	Date Received 09/07/2010	
Principal Occupation Real Estate	Name of Employer Eugene A. Hoffman Management, Inc.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09092010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00
Last Name Pray	First Name Malcolm	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0973	Amount of Contribution
Residential Street Address 566 Round Hill Rd	City Greenwich	State CT	Zip Code 06831-2724	Date Received 09/07/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09092010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00
Last Name Ranieri	First Name Lewis	MI S	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0974	Amount of Contribution
Residential Street Address 50 Lindbergh Blvd Ste 50	City Uniondale	State NY	Zip Code 11553-3626	Date Received 09/07/2010	
Principal Occupation Investment Banker	Name of Employer Ranieri Partners Management, LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09222010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00



**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

**B. Itemized Contributions from Individuals**

Last Name Webb, IV	First Name John	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 # 0977	Amount of Contribution
Residential Street Address 306 W Capitol St	City Demopolis	State AL	Zip Code 36732-1902	Date Received 09/07/2010	
Principal Occupation Wood Products Broker	Name of Employer Self-Employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00	\$200.00
Last Name Goodwin	First Name J. Barton	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 # 0962	Amount of Contribution
Residential Street Address 29 Fairway Ln	City Greenwich	State CT	Zip Code 06830-4011	Date Received 09/07/2010	
Principal Occupation Investments	Name of Employer BCI Partners	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09222010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00
Last Name McNiff	First Name Audrey	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0970	Amount of Contribution
Residential Street Address 102 Zaccheus Mead Ln	City Greenwich	State CT	Zip Code 06831-3751	Date Received 09/07/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09092010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,500.00	\$1,000.00
Last Name Sweitzer	First Name Brandon	MI W	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0975	Amount of Contribution
Residential Street Address 751 Weed St	City New Canaan	State CT	Zip Code 06840-4019	Date Received 09/07/2010	
Principal Occupation Retired	Name of Employer Self-Employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09012010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00	\$3,500.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

**B. Itemized Contributions from Individuals**

Last Name Sweitzer	First Name Lisette L.	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 # 0976	Amount of Contribution
Residential Street Address 751 Weed St	City New Canaan	State CT	Zip Code 06840-4019	Date Received 09/07/2010	
Principal Occupation Homemaker	Name of Employer Greenwich Academy	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09012010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00	\$3,500.00
Last Name Lawrence	First Name Jesse	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 # 0965	Amount of Contribution
Residential Street Address 60 Gramercy Park N Apt 9G	City New York	State NY	Zip Code 10010-5432	Date Received 09/07/2010	
Principal Occupation Internet	Name of Employer Self-Employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09222010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00	\$3,500.00
Last Name Olson	First Name Brian	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 # 0972	Amount of Contribution
Residential Street Address 44 Mayo Ave	City Greenwich	State CT	Zip Code 06830-7022	Date Received 09/07/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09092010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$7,000.00	\$3,500.00
Last Name Fairley	First Name Peter	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0961	Amount of Contribution
Residential Street Address 36 W 84th St Apt 7C	City New York	State NY	Zip Code 10024-4742	Date Received 09/07/2010	
Principal Occupation CPA	Name of Employer J.H. Cohn, LLP	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$10,500.00	\$3,500.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

**B. Itemized Contributions from Individuals**

Last Name Burn	First Name Harry	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 # 0960	Amount of Contribution
Residential Street Address 6 Wesskum Wood Rd	City Riverside	State CT	Zip Code 06878-1919	Date Received 09/07/2010	
Principal Occupation Investment Advisor	Name of Employer Sound Shore Management, Inc.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09092010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$7,000.00	\$3,500.00
Last Name Steinfeld	First Name Joan	MI P	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0995	Amount of Contribution
Residential Street Address 32 Valley Rd	City Groton	State CT	Zip Code 06340-4117	Date Received 09/09/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09152010B</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 \$20.00	\$20.00
Last Name Schoolcraft	First Name Donald	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 # 0993	Amount of Contribution
Residential Street Address 350 Ring Dr	City Groton	State CT	Zip Code 06340-4331	Date Received 09/09/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09152010B</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 \$175.00	\$75.00
Last Name Schoolcraft	First Name Eleanor	MI F	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0994	Amount of Contribution
Residential Street Address 350 Ring Dr	City Groton	State CT	Zip Code 06340-4331	Date Received 09/09/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09152010B</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 \$75.00	\$75.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

**B. Itemized Contributions from Individuals**

Last Name Bognon	First Name Pierre	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 # 0978	Amount of Contribution
Residential Street Address 728 Smith Ridge Rd	City New Canaan	State CT	Zip Code 06840-3227	Date Received 09/09/2010	
Principal Occupation Writer	Name of Employer Self-Employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09012010A</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 Bowline	First Name Theresa	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 # 0979	Amount of Contribution
Residential Street Address 26 Lakeview Ave	City New Canaan	State CT	Zip Code 06840-5919	Date Received 09/09/2010	
Principal Occupation Physician	Name of Employer The Stamford Hospital	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09012010A</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 Carozza	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 # 0980	Amount of Contribution
Residential Street Address 77 Havemeyer Ln Unit 6	City Stamford	State CT	Zip Code 06902-2157	Date Received 09/09/2010	
Principal Occupation Personal Trainer	Name of Employer Self-Employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09012010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$150.00	\$150.00
Last Name Coughlin	First Name Thomas	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0981	Amount of Contribution
Residential Street Address 575 Round Hill Rd	City Greenwich	State CT	Zip Code 06831-2717	Date Received 09/09/2010	
Principal Occupation Business Owner	Name of Employer Self-Employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

**B. Itemized Contributions from Individuals**

Last Name Ferrari	First Name Richard	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0982	Amount of Contribution
Residential Street Address 9 Carriage Ln	City East Granby	State CT	Zip Code 06026-9506	Date Received 09/09/2010	
Principal Occupation Employment Security Board of Review	Name of Employer State of CT	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09152010A</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 Grogan	First Name Anne	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0983	Amount of Contribution
Residential Street Address 256 White Oak Shade Rd	City New Canaan	State CT	Zip Code 06840-6834	Date Received 09/09/2010	
Principal Occupation Homemaker	Name of Employer Homemaker	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09012010A</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 Hess	First Name Karen	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0984	Amount of Contribution
Residential Street Address 11 Charcoal Hill Rd	City Westport	State CT	Zip Code 06880-1633	Date Received 09/09/2010	
Principal Occupation None	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00	\$500.00
Last Name Lavielle	First Name Gail	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 # 0985	Amount of Contribution
Residential Street Address 109 Hickory Hill Rd	City Wilton	State CT	Zip Code 06897-1135	Date Received 09/09/2010	
Principal Occupation University Educator	Name of Employer University of Connecticut	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09012010A</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 \$50.00	\$50.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

**B. Itemized Contributions from Individuals**

Last Name Louziotis	First Name Elizabeth	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0986	Amount of Contribution
Residential Street Address 26 Greentree Dr	City Waterford	State CT	Zip Code 06385-4153	Date Received 09/09/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09152010B</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 \$75.00	\$75.00
Last Name Louziotis	First Name John	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0987	Amount of Contribution
Residential Street Address 26 Greentree Dr	City Waterford	State CT	Zip Code 06385-4153	Date Received 09/09/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09152010B</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 \$75.00	\$75.00
Last Name Pizzolato	First Name Torrie	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 # 0988	Amount of Contribution
Residential Street Address 5 Clocks Ln	City Darien	State CT	Zip Code 06820-5518	Date Received 09/09/2010	
Principal Occupation Homemaker	Name of Employer Homemaker	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09012010A</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 Pressler	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 # 0989	Amount of Contribution
Residential Street Address 800 25th St NW Ste 504	City Washington	State DC	Zip Code 20037-2208	Date Received 09/09/2010	
Principal Occupation Lawyer/Professor	Name of Employer Pressler Group	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09222010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00	\$500.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

**B. Itemized Contributions from Individuals**

Last Name Reagan	First Name David	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0990	Amount of Contribution
Residential Street Address 197 Long Wharf Dr	City Mystic	State CT	Zip Code 06355-3136	Date Received 09/09/2010	
Principal Occupation Developer - Residential	Name of Employer Self-Employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00	\$200.00
Last Name Sayres	First Name Philip	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 # 0991	Amount of Contribution
Residential Street Address 6 Palmer Martin Rd	City East Haddam	State CT	Zip Code 06423-1351	Date Received 09/09/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Sayres	First Name Starr	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 # 0992	Amount of Contribution
Residential Street Address 6 Palmer Martin Rd	City East Haddam	State CT	Zip Code 06423-1351	Date Received 09/09/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Sulmasy	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 # 0996	Amount of Contribution
Residential Street Address 2 Lonicera Ct	City Old Lyme	State CT	Zip Code 06371-2804	Date Received 09/09/2010	
Principal Occupation Head, Dept. of Humanities, Law Professor	Name of Employer US Coast Guard Academy	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 07292010A			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

**B. Itemized Contributions from Individuals**

Last Name Sztam	First Name Christopher	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 # 0997	Amount of Contribution
Residential Street Address 9 Fox Run Rd	City New Canaan	State CT	Zip Code 06840-2820	Date Received 09/09/2010	
Principal Occupation Global Head-Corporate Marketing	Name of Employer Barclays Capital	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09012010A</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 Wendell	First Name George	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 # 0998	Amount of Contribution
Residential Street Address 150 Woodridge Dr	City New Canaan	State CT	Zip Code 06840-3511	Date Received 09/09/2010	
Principal Occupation Lawyer	Name of Employer Self-Employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09012010A</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 \$50.00	\$50.00
Last Name Wyckoff	First Name Stephen	MI S	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0999	Amount of Contribution
Residential Street Address 308 N Wilton Rd	City New Canaan	State CT	Zip Code 06840-2701	Date Received 09/09/2010	
Principal Occupation Insurance Broker	Name of Employer Marsh, Inc.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09012010A</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 Lynch	First Name Alexander	MI T	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 # 1000	Amount of Contribution
Residential Street Address 5 Woodside Rd	City Greenwich	State CT	Zip Code 06830-3818	Date Received 09/10/2010	
Principal Occupation Banking	Name of Employer JP Morgan	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 \$4,500.00	\$1,000.00



**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

**B. Itemized Contributions from Individuals**

Last Name Davies	First Name Judith	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 # 1001	Amount of Contribution
Residential Street Address 332 Joshuatown Rd	City Lyme	State CT	Zip Code 06371-3000	Date Received 09/11/2010	
Principal Occupation Homemaker	Name of Employer Homemaker	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Fraise	First Name George	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 # 1002	Amount of Contribution
Residential Street Address 7 Huckleberry Hill Rd	City Wilton	State CT	Zip Code 06897-2802	Date Received 09/13/2010	
Principal Occupation Investment Advisor	Name of Employer Sustainable Growth Advisors	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$150.00	\$150.00
Last Name Fiorentino	First Name Vincent	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 # 1003	Amount of Contribution
Residential Street Address 8 Meadow Rd	City Riverside	State CT	Zip Code 06878-2320	Date Received 09/13/2010	
Principal Occupation Financial Advisor	Name of Employer UBS Financial Services	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 Boyd	First Name Jeffrey	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1005	Amount of Contribution
Residential Street Address 34 Brookridge Dr	City Greenwich	State CT	Zip Code 06830-4830	Date Received 09/14/2010	
Principal Occupation President & CEO	Name of Employer Priceline.com	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>09092010A</u>			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

**B. Itemized Contributions from Individuals**

Last Name Braddock	First Name Richard	MI S	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1006	Amount of Contribution
Residential Street Address 10 Gracie Sq	City New York	State NY	Zip Code 10028-8031	Date Received 09/14/2010	
Principal Occupation CEO	Name of Employer Flash Direct	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09222010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00
Last Name Coppage	First Name Timothy	MI H	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1012	Amount of Contribution
Residential Street Address 4 Muirfield Rd	City Bloomfield	State CT	Zip Code 06002-2378	Date Received 09/14/2010	
Principal Occupation Vice President	Name of Employer Self-Employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09092010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$2,475.00	\$1,500.00
Last Name Breden	First Name Linda	MI H	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1007	Amount of Contribution
Residential Street Address 435 Round Hill Rd	City Greenwich	State CT	Zip Code 06831-2618	Date Received 09/14/2010	
Principal Occupation Self-employed	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09092010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00	\$3,500.00
Last Name Breden	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 # 1008	Amount of Contribution
Residential Street Address 435 Round Hill Rd	City Greenwich	State CT	Zip Code 06831-2618	Date Received 09/14/2010	
Principal Occupation Self-employed	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09092010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00	\$3,500.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

**B. Itemized Contributions from Individuals**

Last Name Cholnoky	First Name Regina	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 # 1009	Amount of Contribution
Residential Street Address 515 W Maple Ave	City Greenwich	State CT	Zip Code 06830	Date Received 09/14/2010	
Principal Occupation Sales Associate	Name of Employer Worth	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09142010A</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 Conte	First Name Jean-Pierre	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 # 1011	Amount of Contribution
Residential Street Address 1 Cherry St	City San Francisco	State CA	Zip Code 94118-1602	Date Received 09/14/2010	
Principal Occupation Chairman and Managing Directore	Name of Employer Genstar Capital, LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00	\$3,500.00
Last Name Cotton	First Name Andrea	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 # 1013	Amount of Contribution
Residential Street Address 41 Pine Mountain Rd	City West Redding	State CT	Zip Code 06896-2717	Date Received 09/14/2010	
Principal Occupation Consultant	Name of Employer Columbia Group	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09232010A</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 Cotton	First Name James	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 # 1014	Amount of Contribution
Residential Street Address 41 Pine Mountain Rd	City West Redding	State CT	Zip Code 06896-2717	Date Received 09/14/2010	
Principal Occupation Self-employed	Name of Employer Self-Employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09232010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

**B. Itemized Contributions from Individuals**

Last Name Downey	First Name Claudia	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 # 1020	Amount of Contribution
Residential Street Address 3 Guardhouse Dr	City Redding	State CT	Zip Code 06896-1827	Date Received 09/14/2010	
Principal Occupation Teacher	Name of Employer Redding Board of Education	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09232010A</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 Downey	First Name John	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 # 1021	Amount of Contribution
Residential Street Address 3 Guardhouse Dr	City Redding	State CT	Zip Code 06896-1827	Date Received 09/14/2010	
Principal Occupation Attorney	Name of Employer Rome-McGuigan	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09232010A</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 Fribourg	First Name Paul	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 # 1030	Amount of Contribution
Residential Street Address 277 Park Ave Fl 50	City New York	State NY	Zip Code 10172-0003	Date Received 09/14/2010	
Principal Occupation Chmn & CEO	Name of Employer Continetal Grain Company	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09222010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00
Last Name Goergen	First Name Robert	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 # 1031	Amount of Contribution
Residential Street Address 1 E Weaver St Ste 2	City Greenwich	State CT	Zip Code 06831-5173	Date Received 09/14/2010	
Principal Occupation Chmn & CEO	Name of Employer Blyth, inc.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09092010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

**B. Itemized Contributions from Individuals**

Last Name Graves	First Name Tony	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 # 1032	Amount of Contribution
Residential Street Address 76 High Valley Dr	City Canton	State CT	Zip Code 06019-4523	Date Received 09/14/2010	
Principal Occupation Project Manager	Name of Employer The Dennis Group, LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Hanzalek	First Name Astrid	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 # 1034	Amount of Contribution
Residential Street Address 31 Abraham Ter	City Suffield	State CT	Zip Code 06078-2167	Date Received 09/14/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09152010A</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 Hobbs	First Name Franklin	MI W	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1037	Amount of Contribution
Residential Street Address 720 Park Ave	City New York	State NY	Zip Code 10021-4954	Date Received 09/14/2010	
Principal Occupation Self-employed	Name of Employer Self-Employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00	\$3,500.00
Last Name Huffard	First Name Jay	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1038	Amount of Contribution
Residential Street Address 8 Maher Ave	City Greenwich	State CT	Zip Code 06830-5617	Date Received 09/14/2010	
Principal Occupation Executive	Name of Employer Huffard & Company	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09092010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

**B. Itemized Contributions from Individuals**

Last Name Johnson	First Name Brenda	MI L	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 # 1039	Amount of Contribution
Residential Street Address 34 Stag Ln	City Greenwich	State CT	Zip Code 06831-3128	Date Received 09/14/2010	
Principal Occupation Diplomat-Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09092010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00	\$3,500.00
Last Name Maroney	First Name Robert	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 # 1042	Amount of Contribution
Residential Street Address PO Box 414	City Fishkill	State NY	Zip Code 12524-0414	Date Received 09/14/2010	
Principal Occupation Investor/Advisor	Name of Employer Connecticut Investments LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09092010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$2,000.00	\$2,000.00
Last Name Matthews	First Name Phil	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 # 1043	Amount of Contribution
Residential Street Address 223 Glenville Rd	City Greenwich	State CT	Zip Code 06831-4432	Date Received 09/14/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09092010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00	\$3,500.00
Last Name McArdle	First Name Kevin	MI J	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1044	Amount of Contribution
Residential Street Address 57 Cherrylawn Ln	City Northport	State NY	Zip Code 11768-1170	Date Received 09/14/2010	
Principal Occupation East Coast Worldwide	Name of Employer Manager	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09092010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00	\$3,500.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

**B. Itemized Contributions from Individuals**

Last Name McCann	First Name Anna	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 # 1045	Amount of Contribution
Residential Street Address 8 Agawam Ave	City Old Saybrook	State CT	Zip Code 06475-3102	Date Received 09/14/2010	
Principal Occupation Self-employed	Name of Employer Com R.E.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00	\$200.00
Last Name Miller	First Name Priscilla	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 # 1048	Amount of Contribution
Residential Street Address 255 Via Tortuga	City Palm Beach	State FL	Zip Code 33480	Date Received 09/14/2010	
Principal Occupation Volunteer	Name of Employer Volunteer	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09092010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00	\$3,500.00
Last Name Nielsen	First Name Mark	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 # 1049	Amount of Contribution
Residential Street Address 3 Parley Ln	City Ridgefield	State CT	Zip Code 06877-4903	Date Received 09/14/2010	
Principal Occupation Attorney	Name of Employer Praxair, Inc.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09092010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00
Last Name O'Connor	First Name Brian	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 # 1050	Amount of Contribution
Residential Street Address 285 Lake Ave	City Greenwich	State CT	Zip Code 06830-4517	Date Received 09/14/2010	
Principal Occupation Attorney	Name of Employer Diserio Martin O'Connor & Castiglioni LLP	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09092010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00	\$500.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

**B. Itemized Contributions from Individuals**

Last Name O'Connor	First Name Maura	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 # 1051	Amount of Contribution
Residential Street Address 285 Lake Ave	City Greenwich	State CT	Zip Code 06830-4517	Date Received 09/14/2010	
Principal Occupation Teacher	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09092010A</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 Eilers	First Name Robert	MI F	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1023	Amount of Contribution
Residential Street Address 24 Ferry Ln	City Simsbury	State CT	Zip Code 06070-1803	Date Received 09/14/2010	
Principal Occupation Insurance Agent	Name of Employer Brown & Brown of CT Inc.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09152010A</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 Zakszewski	First Name James	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 # 1068	Amount of Contribution
Residential Street Address 132 Shipman Dr	City Glastonbury	State CT	Zip Code 06033-4190	Date Received 09/14/2010	
Principal Occupation Pharmacy Consultant	Name of Employer State of Connecticut	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Crumbine	First Name Beatrice	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 # 1015	Amount of Contribution
Residential Street Address 3 Copper Beech Rd	City Greenwich	State CT	Zip Code 06830-4033	Date Received 09/14/2010	
Principal Occupation Civil Leader	Name of Employer The Maritime Aquarium	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09092010A</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 \$50.00	\$50.00



**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

**B. Itemized Contributions from Individuals**

Last Name Crumbine	First Name Peter	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1016	Amount of Contribution
Residential Street Address 3 Copper Beech Rd	City Greenwich	State CT	Zip Code 06830-4033	Date Received 09/14/2010	
Principal Occupation Vice President	Name of Employer RBS Sempra	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09092010A</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 \$50.00	\$50.00
Last Name Pritchard	First Name Thomas	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1054	Amount of Contribution
Residential Street Address 425 Peachtree Battle Ave NW	City Atlanta	State GA	Zip Code 30305-4063	Date Received 09/14/2010	
Principal Occupation Owner	Name of Employer E2 Capital Group, LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00	\$3,500.00
Last Name Pyne	First Name Robert W.	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 # 1056	Amount of Contribution
Residential Street Address 77 Park Ave	City Greenwich	State CT	Zip Code 06830-4849	Date Received 09/14/2010	
Principal Occupation Independent Consultant	Name of Employer Life Options LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09142010A</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 Pyne	First Name Lisa	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 # 1055	Amount of Contribution
Residential Street Address 77 Park Ave	City Greenwich	State CT	Zip Code 06830-4849	Date Received 09/14/2010	
Principal Occupation Benefits Director	Name of Employer Philips Electronics	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09142010A</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

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

**B. Itemized Contributions from Individuals**

Last Name Comunale	First Name Sal	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 # 1010	Amount of Contribution
Residential Street Address 8 Osee Pl	City Cos Cob	State CT	Zip Code 06807-2307	Date Received 09/14/2010	
Principal Occupation Investor	Name of Employer Self-employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09092010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00	\$3,500.00
Last Name Delano	First Name Diana	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1019	Amount of Contribution
Residential Street Address 143 Old Church Rd	City Greenwich	State CT	Zip Code 06830-4861	Date Received 09/14/2010	
Principal Occupation Money Manager	Name of Employer Beck, Mack & Oliver, LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09142010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00
Last Name Miller	First Name Donald	MI K	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1047	Amount of Contribution
Residential Street Address 588 Round Hill Rd	City Greenwich	State CT	Zip Code 06831-2724	Date Received 09/14/2010	
Principal Occupation Axiom International Investors LLC	Name of Employer Axiom International Investors	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09092010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00	\$3,500.00
Last Name DaPuzzo	First Name Peter	MI J	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 # 1017	Amount of Contribution
Residential Street Address 18 Pilot Rock Ln	City Riverside	State CT	Zip Code 06878-2621	Date Received 09/14/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09142010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$2,500.00	\$1,000.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

**B. Itemized Contributions from Individuals**

Last Name Fisher	First Name Melissa	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 # 1026	Amount of Contribution
Residential Street Address 1 Hobart Dr	City Greenwich	State CT	Zip Code 06831-4407	Date Received 09/14/2010	
Principal Occupation Homemaker	Name of Employer Homemaker	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09092010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$7,000.00	\$3,500.00
Last Name Fisher	First Name Andrew	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 # 1025	Amount of Contribution
Residential Street Address 1 Hobart Dr	City Greenwich	State CT	Zip Code 06831-4407	Date Received 09/14/2010	
Principal Occupation Self-employed	Name of Employer Self-Employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09092010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$7,000.00	\$3,500.00
Last Name David	First Name George	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 # 1018	Amount of Contribution
Residential Street Address 605 Deercliff Rd	City Avon	State CT	Zip Code 06001-2856	Date Received 09/14/2010	
Principal Occupation Retired Chairman & CEO	Name of Employer Retired from United Technologies Corporation	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$7,000.00	\$3,500.00
Last Name Wilson	First Name James F.	MI F	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1067	Amount of Contribution
Residential Street Address 44 Greenhaven Rd	City Rye	State NY	Zip Code 10580-2209	Date Received 09/14/2010	
Principal Occupation Investment Management	Name of Employer Carl Marks Management Co.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09222010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,000.00	\$1,000.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

**B. Itemized Contributions from Individuals**

Last Name Zimmerman	First Name Michael	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 # 1069	Amount of Contribution
Residential Street Address 67 Glenville Rd	City Greenwich	State CT	Zip Code 06831-4427	Date Received 09/14/2010	
Principal Occupation Investment Manager	Name of Employer Tower Capital,LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09092010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$7,000.00	\$3,500.00
Last Name McArdle	First Name Brian	MI P	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1040	Amount of Contribution
Residential Street Address 110 Flintlock Rd	City Southport	State CT	Zip Code 06890-1076	Date Received 09/14/2010	
Principal Occupation Business Owner	Name of Employer ECS Transportation	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09092010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$7,000.00	\$3,500.00
Last Name McArdle	First Name Laurie	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 # 1041	Amount of Contribution
Residential Street Address 110 Flintlock Rd	City Southport	State CT	Zip Code 06890-1076	Date Received 09/14/2010	
Principal Occupation Homemaker	Name of Employer Homemaker	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09092010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$7,000.00	\$3,500.00
Last Name Hamilton-Merritt	First Name Jane	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 # 1033	Amount of Contribution
Residential Street Address 25 Old Hattertown Rd	City Redding	State CT	Zip Code 06896-2114	Date Received 09/14/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09142010A</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.	Original 10/12/2010

**B. Itemized Contributions from Individuals**

Last Name Merritt	First Name Henry	MI F	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1046	Amount of Contribution
Residential Street Address 25 Old Hattertown Rd	City Redding	State CT	Zip Code 06896-2114	Date Received 09/14/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09142010A</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
<hr/>					
Last Name Boeschenstein	First Name Stephen	MI S	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1004	Amount of Contribution
Residential Street Address 30 Valley Rd	City New Canaan	State CT	Zip Code 06840-3808	Date Received 09/14/2010	
Principal Occupation Executive	Name of Employer Stanwich Partners LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09102010A</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	\$150.00
<hr/>					
Last Name Henry	First Name Barbara	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 # 1035	Amount of Contribution
Residential Street Address 74 Mallory Rd	City Roxbury	State CT	Zip Code 06783-2038	Date Received 09/14/2010	
Principal Occupation First Selectman	Name of Employer Town of Roxbury	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$50.00
<hr/>					
Last Name Henry	First Name Craig	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 # 1036	Amount of Contribution
Residential Street Address 74 Mallory Rd	City Roxbury	State CT	Zip Code 06783-2038	Date Received 09/14/2010	
Principal Occupation Self-Employed	Name of Employer Self-Employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$150.00	\$100.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

**B. Itemized Contributions from Individuals**

Last Name Drake	First Name Philip	MI M	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1022	Amount of Contribution
Residential Street Address 27 Ridgebrook Rd	City Greenwich	State CT	Zip Code 06830-4747	Date Received 09/14/2010	
Principal Occupation Lawyer	Name of Employer Cummings & Lockwood	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 Erdmann	First Name John	MI F	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1024	Amount of Contribution
Residential Street Address 2 Nathan Hale Dr	City Norwalk	State CT	Zip Code 06854-5004	Date Received 09/14/2010	
Principal Occupation Merrill Lynch	Name of Employer Investment Advisor	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09092010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00
Last Name Floren	First Name Olivia	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1027	Amount of Contribution
Residential Street Address 210 Round Hill Rd	City Greenwich	State CT	Zip Code 06831-3357	Date Received 09/14/2010	
Principal Occupation State Representative	Name of Employer State of Connecticut	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09092010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00
Last Name Flynn	First Name William	MI J	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1028	Amount of Contribution
Residential Street Address 212 E 57th St	City New York	State NY	Zip Code 10022-2811	Date Received 09/14/2010	
Principal Occupation Reverend/ Retired	Name of Employer The Roman Catholic Diocese of Norwich	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00	\$500.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

**B. Itemized Contributions from Individuals**

Last Name Frantz	First Name Allison	MI H	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1029	Amount of Contribution
Residential Street Address 123 Meadow Rd	City Riverside	State CT	Zip Code 06878-2521	Date Received 09/14/2010	
Principal Occupation Homemaker	Name of Employer Homemaker	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00	\$3,500.00
Last Name Orchulli	First Name Jack	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1052	Amount of Contribution
Residential Street Address 446 Hollow Tree Ridge Rd	City Darien	State CT	Zip Code 06820-3031	Date Received 09/14/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09092010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00
Last Name Pizzimenti	First Name John	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1053	Amount of Contribution
Residential Street Address 126 Rose Haven Rd	City Somers	State CT	Zip Code 06071-1215	Date Received 09/14/2010	
Principal Occupation Recycling & Waste Handling	Name of Employer Somers Sanitation SVC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09152010A</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 Read	First Name John	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1057	Amount of Contribution
Residential Street Address 111 Marlborough Rd	City Briarcliff Manor	State NY	Zip Code 10510-2012	Date Received 09/14/2010	
Principal Occupation Non-profit	Name of Employer Outward Bound, USA	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09142010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00	\$500.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

**B. Itemized Contributions from Individuals**

Last Name Reynolds	First Name Timothy	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 # 1058	Amount of Contribution
Residential Street Address 192 Quail Run Rd	City Suffield	State CT	Zip Code 06078-1803	Date Received 09/14/2010	
Principal Occupation CPA	Name of Employer Self-Employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09152010A</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 Santomero	First Name Camillo	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 # 1059	Amount of Contribution
Residential Street Address 393 Guard Hill Rd	City Bedford	State NY	Zip Code 10506-1043	Date Received 09/14/2010	
Principal Occupation Managing Director	Name of Employer Guard Hill Holdings	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09092010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00
Last Name Santomero	First Name Denise	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 # 1060	Amount of Contribution
Residential Street Address 393 Guard Hill Rd	City Bedford	State NY	Zip Code 10506-1043	Date Received 09/14/2010	
Principal Occupation Homemaker	Name of Employer Homemaker	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09092010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00
Last Name Shumway	First Name Chris	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1061	Amount of Contribution
Residential Street Address 1 Fawcett Pl Ste 130	City Greenwich	State CT	Zip Code 06830-6553	Date Received 09/14/2010	
Principal Occupation Chairman	Name of Employer Shumway Capital Partners	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00	\$3,500.00



**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

**B. Itemized Contributions from Individuals**

Last Name Stapleton	First Name Craig	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 # 1062	Amount of Contribution
Residential Street Address 135 E Putnam Ave	City Greenwich	State CT	Zip Code 06830-5612	Date Received 09/14/2010	
Principal Occupation President	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09092010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00	\$3,500.00
Last Name Stapleton	First Name Dorothy	MI D	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 # 1063	Amount of Contribution
Residential Street Address 135 E Putnam Ave	City Greenwich	State CT	Zip Code 06830-5612	Date Received 09/14/2010	
Principal Occupation Homemaker	Name of Employer Homemaker	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09092010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00	\$3,500.00
Last Name Turner	First Name Stephen	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 # 1064	Amount of Contribution
Residential Street Address 67 Londonderry Dr	City Greenwich	State CT	Zip Code 06830-3509	Date Received 09/14/2010	
Principal Occupation Lawyer	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Van Verdeghe	First Name Irene	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 # 1065	Amount of Contribution
Residential Street Address 527 Alewife Pkwy	City New London	State CT	Zip Code 06320-2943	Date Received 09/14/2010	
Principal Occupation Volunteer	Name of Employer Volunteer	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09152010B</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 \$38.00	\$38.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

**B. Itemized Contributions from Individuals**

Last Name Van Verdeghe	First Name Jack	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1066	Amount of Contribution
Residential Street Address 527 Alewife Pkwy	City New London	State CT	Zip Code 06320-2943	Date Received 09/14/2010	
Principal Occupation Volunteer	Name of Employer Volunteer	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09152010B</u>			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$38.00	\$38.00
Last Name Flynn	First Name Garrett	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 # 1070	Amount of Contribution
Residential Street Address 329 Westmont St	City West Hartford	State CT	Zip Code 06117-2934	Date Received 09/15/2010	
Principal Occupation Attorney	Name of Employer Law Ofc G.S. Flynn, LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$100.00	\$100.00
Last Name Gardner	First Name William	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1071	Amount of Contribution
Residential Street Address 6 Graystone Cir	City New Canaan	State CT	Zip Code 06840-5969	Date Received 09/15/2010	
Principal Occupation Attorney	Name of Employer Social Security Administration	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$25.00	\$25.00
Last Name Grayson	First Name Thomas	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1072	Amount of Contribution
Residential Street Address 83 Belden St	City Falls Village	State CT	Zip Code 06031-1113	Date Received 09/15/2010	
Principal Occupation Sales/Engineering	Name of Employer Associated Lightning Rod	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$25.00	\$25.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

**B. Itemized Contributions from Individuals**

Last Name Stavros	First Name George	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 # 1073	Amount of Contribution
Residential Street Address 6046 SW 25th Ave	City Portland	State OR	Zip Code 97239-2081	Date Received 09/15/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name Gladstone	First Name Laura	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 # 1074	Amount of Contribution
Residential Street Address 3 Mercia Ln	City Greenwich	State CT	Zip Code 06830-7068	Date Received 09/16/2010	
Principal Occupation Finance	Name of Employer Gladstone Capital	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00	\$500.00
Last Name Levy	First Name Leora	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1075	Amount of Contribution
Residential Street Address 59 Peckslan Rd	City Greenwich	State CT	Zip Code 06831-3711	Date Received 09/16/2010	
Principal Occupation Volunteer	Name of Employer Volunteer	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$2,000.00	\$2,000.00
Last Name Thoms	First Name Robert	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1076	Amount of Contribution
Residential Street Address 75 Sawmill Rd	City Stamford	State CT	Zip Code 06903-3109	Date Received 09/17/2010	
Principal Occupation Manager	Name of Employer Alexion Pharmaceuticals	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

**B. Itemized Contributions from Individuals**

Last Name Carper	First Name Linda	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 # 1078	Amount of Contribution
Residential Street Address 228 Bayberry Ln	City Westport	State CT	Zip Code 06880-1606	Date Received 09/18/2010	
Principal Occupation Trainer	Name of Employer MDA Training LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Allawi	First Name Saad	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 # 1077	Amount of Contribution
Residential Street Address 9832 N La Reserve Pl	City Oro Valley	State AZ	Zip Code 85737-9363	Date Received 09/18/2010	
Principal Occupation Chairman	Name of Employer Performance Logic	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$750.00	\$500.00
Last Name Winokur, Jr.	First Name Herbert	MI S	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1079	Amount of Contribution
Residential Street Address 341 North St	City Greenwich	State CT	Zip Code 06830-3901	Date Received 09/18/2010	
Principal Occupation Investments	Name of Employer Capricorn Management LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$2,000.00	\$1,000.00
Last Name Cashin	First Name Elizabeth	MI S	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1087	Amount of Contribution
Residential Street Address 10 Gracie Sq Apt 8G	City New York	State NY	Zip Code 10028-8031	Date Received 09/20/2010	
Principal Occupation volunteer	Name of Employer Unemployed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$7,000.00	\$3,500.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

**B. Itemized Contributions from Individuals**

Last Name Cashin	First Name Richard	MI M	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1088	Amount of Contribution
Residential Street Address 10 Gracie Sq Apt 8G	City New York	State NY	Zip Code 10028-8031	Date Received 09/20/2010	
Principal Occupation Finance	Name of Employer JP Morgan Chase	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$7,000.00	\$3,500.00
Last Name Israel	First Name Thomas	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 # 1101	Amount of Contribution
Residential Street Address 21 E 79th St	City New York	State NY	Zip Code 10075-0125	Date Received 09/20/2010	
Principal Occupation President	Name of Employer A.C. Israel Enterprises	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$2,000.00	\$1,000.00
Last Name Ponterotto	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 # 1111	Amount of Contribution
Residential Street Address 155 Brookwood Ln	City New Canaan	State CT	Zip Code 06840-3104	Date Received 09/20/2010	
Principal Occupation Banker	Name of Employer Oppenheimer & Co.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 09102010A			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Shaw	First Name Debra	MI L	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 # 1114	Amount of Contribution
Residential Street Address 8 Indian Dr	City Old Greenwich	State CT	Zip Code 06870-2307	Date Received 09/20/2010	
Principal Occupation Staffing Director	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00	\$3,500.00

**I. MONETARY RECEIPTS (Section A-I)**

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Foley For Governor, Inc.	Original 10/12/2010

**B. Itemized Contributions from Individuals**

Last Name Shaw	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 # 1115	Amount of Contribution
Residential Street Address 8 Indian Dr	City Old Greenwich	State CT	Zip Code 06870-2307	Date Received 09/20/2010	
Principal Occupation Investor	Name of Employer Resource Holdings LTD.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00	\$3,500.00
Last Name Simmons	First Name Robert	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 # 1116	Amount of Contribution
Residential Street Address PO Box 268	City Stonington	State CT	Zip Code 06378-0268	Date Received 09/20/2010	
Principal Occupation Business Advocate	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Fairley	First Name Caroline	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 # 1093	Amount of Contribution
Residential Street Address 36 W 84th St Apt 7C	City New York	State NY	Zip Code 10024-4742	Date Received 09/20/2010	
Principal Occupation homemaker	Name of Employer none	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$7,000.00	\$3,500.00
Last Name Power	First Name Liz	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 # 1112	Amount of Contribution
Residential Street Address 54 Oxford Ct	City Mystic	State CT	Zip Code 06355-1705	Date Received 09/20/2010	
Principal Occupation Director, Media Relations	Name of Employer Pfizer 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 \$700.00	\$500.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

**B. Itemized Contributions from Individuals**

Last Name Halsey	First Name Martina	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 # 1099	Amount of Contribution
Residential Street Address 33 Grey Rock Dr	City Greenwich	State CT	Zip Code 06831-4218	Date Received 09/20/2010	
Principal Occupation Manager	Name of Employer The Field Club of Greenwich	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$150.00	\$100.00
Last Name Berardino	First Name Thomas	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1083	Amount of Contribution
Residential Street Address 295 Brushy Ridge Rd	City New Canaan	State CT	Zip Code 06840-4212	Date Received 09/20/2010	
Principal Occupation Managing Director	Name of Employer Saugatuck Capital	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09102010A</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 Borns	First Name Cynthia	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 # 1084	Amount of Contribution
Residential Street Address 1 Chapman Pl	City West Redding	State CT	Zip Code 06896-1224	Date Received 09/20/2010	
Principal Occupation Homemaker	Name of Employer Homemaker	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <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 Vorvis	First Name Peter	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1122	Amount of Contribution
Residential Street Address 1 Chapman Pl	City West Redding	State CT	Zip Code 06896-1224	Date Received 09/20/2010	
Principal Occupation Business Owner	Name of Employer Self-Employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

**B. Itemized Contributions from Individuals**

Last Name Burshtein	First Name Kathryn	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 # 1085	Amount of Contribution
Residential Street Address 75 Samp Mortar Dr	City Fairfield	State CT	Zip Code 06824-2463	Date Received 09/20/2010	
Principal Occupation IT Management	Name of Employer Beyond IT Support	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09142010A</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 \$20.00	\$20.00
Last Name Carreira	First Name Randall	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 # 1086	Amount of Contribution
Residential Street Address 19 New Preston Hill Rd	City New Preston	State CT	Zip Code 06777-1508	Date Received 09/20/2010	
Principal Occupation Attorney	Name of Employer Offices of Lawyers	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 Davis	First Name Harold	MI W	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1089	Amount of Contribution
Residential Street Address 66 Quaker Farms Rd	City Southbury	State CT	Zip Code 06488-2745	Date Received 09/20/2010	
Principal Occupation First Selectman	Name of Employer Town of Southbury	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00
Last Name Deluca	First Name Elizabeth	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1090	Amount of Contribution
Residential Street Address 1106 Smith Ridge Rd	City New Canaan	State CT	Zip Code 06840-2332	Date Received 09/20/2010	
Principal Occupation Owner / President	Name of Employer Fitwell Group LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09102010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00



**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

**B. Itemized Contributions from Individuals**

Last Name Ehlers	First Name Gregory	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 # 1091	Amount of Contribution
Residential Street Address 7 Woods End Rd	City Darien	State CT	Zip Code 06820-2908	Date Received 09/20/2010	
Principal Occupation Salesman	Name of Employer Owner Owned Navigate Advisor	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00
Last Name Fagan	First Name Kenneth	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 # 1092	Amount of Contribution
Residential Street Address 20 Dickinson Rd	City Darien	State CT	Zip Code 06820-5331	Date Received 09/20/2010	
Principal Occupation Trader	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09102010A</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 Fisch	First Name Michael	MI G	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1094	Amount of Contribution
Residential Street Address 56 E 92nd St	City New York	State NY	Zip Code 10128-1316	Date Received 09/20/2010	
Principal Occupation Partner	Name of Employer W.R. Family Associates	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00
Last Name Fuhrman	First Name Jeffrey	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1095	Amount of Contribution
Residential Street Address 202 Laurel Rd	City New Canaan	State CT	Zip Code 06840-2706	Date Received 09/20/2010	
Principal Occupation Business Executive	Name of Employer IMG Artists LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09102010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00	\$500.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

**B. Itemized Contributions from Individuals**

Last Name Gibbons	First Name Lile	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 # 1096	Amount of Contribution
Residential Street Address 27 Sunset Rd	City Old Greenwich	State CT	Zip Code 06870-2109	Date Received 09/20/2010	
Principal Occupation State Representative	Name of Employer State of CT	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09142010A</u>			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions \$1,500.00	\$1,500.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Last Name Goergen	First Name Todd	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 # 1097	Amount of Contribution
Residential Street Address c/o Ropart, 1 E Weaver St	City Greenwich	State CT	Zip Code 06831	Date Received 09/20/2010	
Principal Occupation Managing Partner	Name of Employer Ropart Asset Management LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions \$1,000.00	\$1,000.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Last Name Grenier	First Name Marc	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 # 1098	Amount of Contribution
Residential Street Address 242 Franklin Street Ext	City Danbury	State CT	Zip Code 06811-4350	Date Received 09/20/2010	
Principal Occupation Attorney	Name of Employer DePanfilis & Vallerie, LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions \$100.00	\$100.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Last Name Harris	First Name Roger	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 # 1100	Amount of Contribution
Residential Street Address 265 Dans Hwy	City New Canaan	State CT	Zip Code 06840-2506	Date Received 09/20/2010	
Principal Occupation Investment Management	Name of Employer Porter Orlin	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09102010A</u>			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions \$2,000.00	\$2,000.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

**B. Itemized Contributions from Individuals**

Last Name Johnson	First Name Johnny	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 # 1102	Amount of Contribution
Residential Street Address 12 Tantummaheag Rd	City Old Lyme	State CT	Zip Code 06371-1137	Date Received 09/20/2010	
Principal Occupation Developer	Name of Employer Thames River Properties, LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00	\$500.00
Last Name Jones	First Name Gordon	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 # 1103	Amount of Contribution
Residential Street Address 77 Lukes Wood Rd	City New Canaan	State CT	Zip Code 06840-2202	Date Received 09/20/2010	
Principal Occupation Publishing	Name of Employer Gannett	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09102010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$150.00	\$150.00
Last Name LaPadula	First Name Vincent	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 # 1104	Amount of Contribution
Residential Street Address 270 Park Ave	City New York	State NY	Zip Code 10017-2014	Date Received 09/20/2010	
Principal Occupation Banker	Name of Employer 58 Morgan Chase Private Bank	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09102010A</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 Levy	First Name Nancy	MI N	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1105	Amount of Contribution
Residential Street Address 18 Mayfair Ln	City Greenwich	State CT	Zip Code 06831-3640	Date Received 09/20/2010	
Principal Occupation Real Estate	Name of Employer Kamber Management Company	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

**B. Itemized Contributions from Individuals**

Last Name Levy	First Name Peter	MI B	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1106	Amount of Contribution
Residential Street Address 18 Mayfair Ln	City Greenwich	State CT	Zip Code 06831-3640	Date Received 09/20/2010	
Principal Occupation Real Estate Mgmt	Name of Employer Kamber Management Company	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00
Last Name Luse	First Name James	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 # 1107	Amount of Contribution
Residential Street Address 7 Konittekock Rd	City Greenwich	State CT	Zip Code 06831-3730	Date Received 09/20/2010	
Principal Occupation Banking	Name of Employer ING	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 Muller, Jr.	First Name John	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 # 1108	Amount of Contribution
Residential Street Address 67 Bank St	City New Canaan	State CT	Zip Code 06840-6203	Date Received 09/20/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 09102010A			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Norton	First Name Andrew	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 # 1109	Amount of Contribution
Residential Street Address 94 Westchester Rd	City Colchester	State CT	Zip Code 06415-2420	Date Received 09/20/2010	
Principal Occupation Justice of the Peace	Name of Employer Town of Colchester	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

**B. Itemized Contributions from Individuals**

Last Name O'Hora	First Name James	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 # 1110	Amount of Contribution
Residential Street Address 382 White Oak Shade Rd	City New Canaan	State CT	Zip Code 06840-6929	Date Received 09/20/2010	
Principal Occupation Securities - Senior M.D.	Name of Employer OMNICAP LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00	\$200.00
Last Name Ross	First Name Martin	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1113	Amount of Contribution
Residential Street Address 300 Lost District Dr	City New Canaan	State CT	Zip Code 06840-2014	Date Received 09/20/2010	
Principal Occupation Orthopaedic Surgeon	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09102010A</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 Sorbaro	First Name Sheryl	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 # 1117	Amount of Contribution
Residential Street Address 34 Khakum Wood Rd	City Greenwich	State CT	Zip Code 06831-3748	Date Received 09/20/2010	
Principal Occupation Homemaker	Name of Employer Homemaker	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09102010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00	\$3,500.00
Last Name Tannenbaum	First Name Leonard	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 # 1120	Amount of Contribution
Residential Street Address 39 Day Rd	City Greenwich	State CT	Zip Code 06831-2654	Date Received 09/20/2010	
Principal Occupation CEO	Name of Employer Fifth Street Finance Corp.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

**B. Itemized Contributions from Individuals**

Last Name Thorne	First Name Stacy	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 # 1121	Amount of Contribution
Residential Street Address 39 Day Rd	City Greenwich	State CT	Zip Code 06831-2654	Date Received 09/20/2010	
Principal Occupation Executive Director	Name of Employer Head of Investor Relations	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00
Last Name Walko	First Name Stephen	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 # 1123	Amount of Contribution
Residential Street Address 7 Charter Oak Ln	City Greenwich	State CT	Zip Code 06830-6911	Date Received 09/20/2010	
Principal Occupation Attorney	Name of Employer Ivey, Barnum & O'Mara LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09142010A</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 Wellenius	First Name Jennifer	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1124	Amount of Contribution
Residential Street Address 287 Laurel Rd	City New Canaan	State CT	Zip Code 06840-2707	Date Received 09/20/2010	
Principal Occupation In charge of 2nd Dist 26th and 125th	Name of Employer Republican Town Committee	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 Wellenius	First Name John	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1125	Amount of Contribution
Residential Street Address 287 Laurel Rd	City New Canaan	State CT	Zip Code 06840-2707	Date Received 09/20/2010	
Principal Occupation Managing Director	Name of Employer Navigate Advisors	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09102010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00	\$500.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

**B. Itemized Contributions from Individuals**

Last Name Whitney	First Name Benson	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 # 1126	Amount of Contribution
Residential Street Address 600 Carlson Pkwy Ste 800	City Minnetonka	State MN	Zip Code 55305	Date Received 09/20/2010	
Principal Occupation Consultant	Name of Employer Self-Employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$2,000.00	\$2,000.00
Last Name Wilmut	First Name Helen	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 # 1127	Amount of Contribution
Residential Street Address 308D Gunntown Rd	City Naugatuck	State CT	Zip Code 06770	Date Received 09/20/2010	
Principal Occupation Homemaker	Name of Employer Homemaker	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name Wilmut	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 # 1128	Amount of Contribution
Residential Street Address 308D Gunntown Rd	City Naugatuck	State CT	Zip Code 06770	Date Received 09/20/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name Wilson	First Name Mary	MI S	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1129	Amount of Contribution
Residential Street Address 5 Orchard St	City Niantic	State CT	Zip Code 06357-2617	Date Received 09/20/2010	
Principal Occupation Education Admin	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

**B. Itemized Contributions from Individuals**

Last Name Wilson	First Name Steven	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 # 1131	Amount of Contribution
Residential Street Address 5 Orchard St	City Niantic	State CT	Zip Code 06357-2617	Date Received 09/20/2010	
Principal Occupation Regional Sls. Mgr	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name Wilson	First Name Scott	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 # 1130	Amount of Contribution
Residential Street Address 1130 Park Ave Apt 7-2	City New York	State NY	Zip Code 10128-1255	Date Received 09/20/2010	
Principal Occupation Financial Advisor	Name of Employer Morgan Stanley	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$2,500.00	\$2,500.00
Last Name Abramowitz	First Name Roy	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 # 1080	Amount of Contribution
Residential Street Address 581 Laurel Rd	City New Canaan	State CT	Zip Code 06840-2717	Date Received 09/20/2010	
Principal Occupation Certified Public Accountant	Name of Employer Roy A. Abramowitz & Co.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 09102010A			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Arnold	First Name Karen	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 # 1081	Amount of Contribution
Residential Street Address 28 Tyler City Rd	City Orange	State CT	Zip Code 06477-2536	Date Received 09/20/2010	
Principal Occupation Homemaker	Name of Employer Homemaker	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 09142010A			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00



**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

**B. Itemized Contributions from Individuals**

Last Name Baker	First Name Emily	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 # 1082	Amount of Contribution
Residential Street Address 93 Thurton Dr	City New Canaan	State CT	Zip Code 06840-6011	Date Received 09/20/2010	
Principal Occupation Homemaker	Name of Employer Homemaker	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00
Last Name Sriubas	First Name Michelle	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 # 1119	Amount of Contribution
Residential Street Address 85 Lukes Wood Rd	City New Canaan	State CT	Zip Code 06840-2202	Date Received 09/20/2010	
Principal Occupation Homemaker	Name of Employer Homemaker	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09102010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$6,100.00	\$2,600.00
Last Name Sriubas	First Name Andrew	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 # 1118	Amount of Contribution
Residential Street Address 85 Lukes Wood Rd	City New Canaan	State CT	Zip Code 06840-2202	Date Received 09/20/2010	
Principal Occupation Investment Banker	Name of Employer JP Morgan Chase	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09102010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$2,600.00	\$2,600.00
Last Name Frantz	First Name Scott	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 # 1142	Amount of Contribution
Residential Street Address 123 Meadow Rd	City Riverside	State CT	Zip Code 06878-2521	Date Received 09/21/2010	
Principal Occupation President	Name of Employer Haebler Capital	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09092010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00	\$3,500.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

**B. Itemized Contributions from Individuals**

Last Name <b>Bradford</b>	First Name <b>Phillip</b>	MI <b>G</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 # <b>1132</b>	Amount of Contribution
Residential Street Address <b>38 Yale Ct</b>	City <b>Stamford</b>	State <b>CT</b>	Zip Code <b>06905-2606</b>	Date Received <b>09/21/2010</b>	
Principal Occupation <b>Application Architect</b>	Name of Employer <b>General Electric Asset Management</b>	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 <b>\$125.00</b>	<b>\$125.00</b>
Last Name <b>Mueller</b>	First Name <b>Dorothy</b>	MI <b>F</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 # <b>1146</b>	Amount of Contribution
Residential Street Address <b>38 Yale Ct</b>	City <b>Stamford</b>	State <b>CT</b>	Zip Code <b>06905-2606</b>	Date Received <b>09/21/2010</b>	
Principal Occupation <b>President &amp; Founder</b>	Name of Employer <b>DFM Consulting</b>	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 <b>\$125.00</b>	<b>\$125.00</b>
Last Name <b>Canelas</b>	First Name <b>Frank</b>	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 # <b>1133</b>	Amount of Contribution
Residential Street Address <b>97 Frogtown Rd</b>	City <b>New Canaan</b>	State <b>CT</b>	Zip Code <b>06840-4403</b>	Date Received <b>09/21/2010</b>	
Principal Occupation <b>Partner</b>	Name of Employer <b>Pursuit Partners</b>	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 <b>\$250.00</b>	<b>\$250.00</b>
Last Name <b>Canelas</b>	First Name <b>Ruth</b>	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 # <b>1134</b>	Amount of Contribution
Residential Street Address <b>97 Frogtown Rd</b>	City <b>New Canaan</b>	State <b>CT</b>	Zip Code <b>06840-4403</b>	Date Received <b>09/21/2010</b>	
Principal Occupation <b>Homemaker</b>	Name of Employer <b>Homemaker</b>	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 <b>\$250.00</b>	<b>\$250.00</b>

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

**B. Itemized Contributions from Individuals**

Last Name Carlson	First Name David	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1135	Amount of Contribution
Residential Street Address 29 Father Peters Ln	City New Canaan	State CT	Zip Code 06840-2214	Date Received 09/21/2010	
Principal Occupation Investment Manager	Name of Employer General Electric Asset Management	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00
Last Name Carlson	First Name Dionna	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 # 1136	Amount of Contribution
Residential Street Address 29 Father Peters Ln	City New Canaan	State CT	Zip Code 06840-2214	Date Received 09/21/2010	
Principal Occupation Homemaker	Name of Employer Homemaker	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00
Last Name Connolly	First Name William	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1137	Amount of Contribution
Residential Street Address 18 Carriage Ln	City New Canaan	State CT	Zip Code 06840-4401	Date Received 09/21/2010	
Principal Occupation CPA	Name of Employer UTC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Cordes	First Name Tom	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 # 1138	Amount of Contribution
Residential Street Address 81 Lukes Wood Rd	City New Canaan	State CT	Zip Code 06840-2202	Date Received 09/21/2010	
Principal Occupation Dir. Sales Asia	Name of Employer RTP	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

**B. Itemized Contributions from Individuals**

Last Name Ely, III	First Name James	MI S	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1139	Amount of Contribution
Residential Street Address 65 Amys Ln	City New Canaan	State CT	Zip Code 06840-3700	Date Received 09/21/2010	
Principal Occupation Finance	Name of Employer Priority Capital	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00
Last Name Feiner	First Name Robert	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1140	Amount of Contribution
Residential Street Address 110 Norwood Rd	City West Hartford	State CT	Zip Code 06117-2238	Date Received 09/21/2010	
Principal Occupation Attorney	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Flynn	First Name William	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1141	Amount of Contribution
Residential Street Address 320 Park Ave	City New York	State NY	Zip Code 10022-6815	Date Received 09/21/2010	
Principal Occupation Chairman	Name of Employer National Committee on American Foreign Policy	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 Hall	First Name Robert	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1143	Amount of Contribution
Residential Street Address 5 Nettleton Ave	City Newtown	State CT	Zip Code 06470-2016	Date Received 09/21/2010	
Principal Occupation Lawyer	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00	\$200.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

**B. Itemized Contributions from Individuals**

Last Name Keyes	First Name Edward	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 # 1144	Amount of Contribution
Residential Street Address 40 Marbern Dr	City Suffield	State CT	Zip Code 06078-1533	Date Received 09/21/2010	
Principal Occupation Merrill Lynch	Name of Employer Merrill Lynch	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 Naylor	First Name Barret P.	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 # 1147	Amount of Contribution
Residential Street Address 783 Valley Rd	City New Canaan	State CT	Zip Code 06840-2811	Date Received 09/21/2010	
Principal Occupation Executive Vice President	Name of Employer Brownstone Asset Management	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00
Last Name Pippitt	First Name Douglas	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 # 1148	Amount of Contribution
Residential Street Address 10 Nutmeg Ln	City New Canaan	State CT	Zip Code 06840-4230	Date Received 09/21/2010	
Principal Occupation Managing Partner	Name of Employer Higgins Group Real Estate	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$150.00	\$150.00
Last Name Rodger	First Name Wally	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 # 1149	Amount of Contribution
Residential Street Address 48 Deep Brook Hbr	City Suffield	State CT	Zip Code 06078-1454	Date Received 09/21/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

**B. Itemized Contributions from Individuals**

Last Name Simon	First Name Katie	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 # 1150	Amount of Contribution
Residential Street Address 320 Old Church Rd	City Greenwich	State CT	Zip Code 06830-4824	Date Received 09/21/2010	
Principal Occupation Homemaker	Name of Employer Homemaker	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00
Last Name Slattery	First Name Kathryn	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 # 1151	Amount of Contribution
Residential Street Address 228 South Ave	City New Canaan	State CT	Zip Code 06840-5812	Date Received 09/21/2010	
Principal Occupation Writer	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Smith	First Name Thomas	MI W	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1152	Amount of Contribution
Residential Street Address 323 Railroad Ave	City Greenwich	State CT	Zip Code 06830-6779	Date Received 09/21/2010	
Principal Occupation Private Investor	Name of Employer Prescott Investors 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 \$2,000.00	\$2,000.00
Last Name Soper	First Name Tappen	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 # 1153	Amount of Contribution
Residential Street Address 75 Beaver Brook Rd	City Lyme	State CT	Zip Code 06371-3202	Date Received 09/21/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

**B. Itemized Contributions from Individuals**

Last Name Thomas	First Name Peter	MI J	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1154	Amount of Contribution
Residential Street Address 130 Leroy Ave	City Darien	State CT	Zip Code 06820-3414	Date Received 09/21/2010	
Principal Occupation Management Consulting	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00
Last Name Zoller	First Name Nicholas	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 # 1155	Amount of Contribution
Residential Street Address 67 Harley Dr Apt 1	City Worcester	State MA	Zip Code 01606-1714	Date Received 09/21/2010	
Principal Occupation Political Consultant	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$5.00	\$5.00
Last Name Landers	First Name David	MI W	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1145	Amount of Contribution
Residential Street Address 96 Mimosa Cir	City Ridgefield	State CT	Zip Code 06877-2506	Date Received 09/21/2010	
Principal Occupation Self-employed	Name of Employer Totalcare of NA	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	\$10.00
Last Name Yamin	First Name Dianne	MI E	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1170	Amount of Contribution
Residential Street Address 66 Barnum Rd	City Danbury	State CT	Zip Code 06811-2938	Date Received 09/22/2010	
Principal Occupation Attorney/Judge	Name of Employer Yamin & Yamin LLP	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$275.00	\$275.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

**B. Itemized Contributions from Individuals**

Last Name Yamin	First Name Robert	MI J	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 # 1171	Amount of Contribution
Residential Street Address 66 Barnum Rd	City Danbury	State CT	Zip Code 06811-2938	Date Received 09/22/2010	
Principal Occupation Attorney	Name of Employer Yamin & Yamin, LLP	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$275.00	\$275.00
Last Name Osborn	First Name Frank	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1165	Amount of Contribution
Residential Street Address 64 Hemlock Hill Rd	City New Canaan	State CT	Zip Code 06840-3001	Date Received 09/22/2010	
Principal Occupation Executive	Name of Employer Qantum Communitcations	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$7,000.00	\$3,500.00
Last Name DaPuzzo	First Name Peter	MI J	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 # 1157	Amount of Contribution
Residential Street Address 18 Pilot Rock Ln	City Riverside	State CT	Zip Code 06878-2621	Date Received 09/22/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00	\$1,000.00
Last Name Fast	First Name Eric	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 # 1158	Amount of Contribution
Residential Street Address 29 Hillside Rd	City Greenwich	State CT	Zip Code 06830-4834	Date Received 09/22/2010	
Principal Occupation CEO	Name of Employer Crane Co.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00	\$3,500.00



**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

**B. Itemized Contributions from Individuals**

Last Name O'Connor	First Name Maura	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 # 1164	Amount of Contribution
Residential Street Address 285 Lake Ave	City Greenwich	State CT	Zip Code 06830-4517	Date Received 09/22/2010	
Principal Occupation Teacher	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 \$750.00	\$250.00
Last Name Feldman	First Name Jonathan	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 # 1159	Amount of Contribution
Residential Street Address 200 Byram Shore Rd	City Greenwich	State CT	Zip Code 06830-6932	Date Received 09/22/2010	
Principal Occupation Investments	Name of Employer Patriot Exploration LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00	\$3,500.00
Last Name Marlas	First Name James	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1160	Amount of Contribution
Residential Street Address 445 Park Ave Fl 14	City New York	State NY	Zip Code 10022-2606	Date Received 09/22/2010	
Principal Occupation Chairman	Name of Employer Union Capital Corp.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00	\$500.00
Last Name Mitchell	First Name Donald	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 # 1161	Amount of Contribution
Residential Street Address 84 S Lake Shore Dr	City Brookfield	State CT	Zip Code 06804-1429	Date Received 09/22/2010	
Principal Occupation Petroleum Distributor	Name of Employer Norbert E. Mitchell Co., Inc.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

**B. Itemized Contributions from Individuals**

Last Name Mitchell	First Name Nancy	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 # 1163	Amount of Contribution
Residential Street Address 84 S Lake Shore Dr	City Brookfield	State CT	Zip Code 06804-1429	Date Received 09/22/2010	
Principal Occupation Homemaker	Name of Employer Homemaker	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Mitchell	First Name John	MI W	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 # 1162	Amount of Contribution
Residential Street Address 250 E 54th St Apt 38D	City New York	State NY	Zip Code 10022-4819	Date Received 09/22/2010	
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 \$2,000.00	\$2,000.00
Last Name Salame	First Name Roy	MI J	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 # 1166	Amount of Contribution
Residential Street Address 16 Hedgerow Ln	City Greenwich	State CT	Zip Code 06831-3340	Date Received 09/22/2010	
Principal Occupation Banker	Name of Employer JP Morgan	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00
Last Name Tullis	First Name James	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 # 1168	Amount of Contribution
Residential Street Address 1326 Lake Worth Ln	City North Palm Beach	State FL	Zip Code 33408-2905	Date Received 09/22/2010	
Principal Occupation CEO	Name of Employer Tullis Health Investors	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

**B. Itemized Contributions from Individuals**

Last Name Weeden	First Name Donald	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 # 1169	Amount of Contribution
Residential Street Address 85 Middle River Rd	City Danbury	State CT	Zip Code 06811-4351	Date Received 09/22/2010	
Principal Occupation Securities Financer	Name of Employer Weeden & Co.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00	\$500.00
Last Name Sexton	First Name Barbara	MI K	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 # 1167	Amount of Contribution
Residential Street Address 206 Ocean Dr W	City Stamford	State CT	Zip Code 06902-8029	Date Received 09/22/2010	
Principal Occupation Lic/Ord Clergy & Alt HC Provider	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$75.00	\$25.00
Last Name Baker	First Name Emily	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1156	Amount of Contribution
Residential Street Address 93 Thurton Dr	City New Canaan	State CT	Zip Code 06840-6011	Date Received 09/22/2010	
Principal Occupation Homemaker	Name of Employer Homemaker	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00	\$250.00
Last Name Svengalis	First Name Kendall	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 # 1172	Amount of Contribution
Residential Street Address 204 Wyassup Rd	City North Stonington	State CT	Zip Code 06359-1330	Date Received 09/23/2010	
Principal Occupation Writer & Publisher	Name of Employer Rhode Island LawPress	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

**B. Itemized Contributions from Individuals**

Last Name Seagraves	First Name Edward	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 # 1174	Amount of Contribution
Residential Street Address 26 Chipmunk Ln	City Ridgefield	State CT	Zip Code 06877-1006	Date Received 09/25/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Mango	First Name Paul	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 # 1173	Amount of Contribution
Residential Street Address 116 Snowberry Ln	City Gibsonia	State PA	Zip Code 15044-6090	Date Received 09/25/2010	
Principal Occupation Consultant	Name of Employer McKinsey & Company	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00
Last Name Frontera	First Name Yolanda	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 # 1175	Amount of Contribution
Residential Street Address 49 Ridge Blvd	City East Granby	State CT	Zip Code 06026-9302	Date Received 09/26/2010	
Principal Occupation Oral Surgeon	Name of Employer West Hartford Maxillofacial Surgery	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name Tittley	First Name John	MI H	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1176	Amount of Contribution
Residential Street Address 151 Hamilton Ave	City Watertown	State CT	Zip Code 06795-2402	Date Received 09/26/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

**B. Itemized Contributions from Individuals**

Last Name Alix	First Name Jane	MI G	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1177	Amount of Contribution
Residential Street Address 18 Canterbury Ln	City Southington	State CT	Zip Code 06489-4600	Date Received 09/27/2010	
Principal Occupation Business Development Manager	Name of Employer Clinical Laboratory Partners	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Angelini	First Name Bruce	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1178	Amount of Contribution
Residential Street Address 30 Derek Ln	City Windsor	State CT	Zip Code 06095-1757	Date Received 09/27/2010	
Principal Occupation Bruce Angelini Enterprises LLC	Name of Employer Bruce Angelini Enterprises LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Bruckmann	First Name Bruce	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 # 1179	Amount of Contribution
Residential Street Address 32 Perry St	City New York	State NY	Zip Code 10014-2704	Date Received 09/27/2010	
Principal Occupation Investor	Name of Employer Bruckmann, Rosser, Sherrill Management III LP	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00	\$3,500.00
Last Name Keeney	First Name Lafayette	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 # 1181	Amount of Contribution
Residential Street Address 41 Pettipaug Ave	City Old Saybrook	State CT	Zip Code 06475-3133	Date Received 09/27/2010	
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

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

**B. Itemized Contributions from Individuals**

Last Name Mascaro	First Name Joseph	MI A	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1183	Amount of Contribution
Residential Street Address 53 Oswegatchie Hills Rd	City Niantic	State CT	Zip Code 06357-1916	Date Received 09/27/2010	
Principal Occupation Chiropractor	Name of Employer Self-Employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09152010B</u>			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions \$100.00	\$100.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Last Name Roebelen	First Name Faith	MI W	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1184	Amount of Contribution
Residential Street Address 92 Wendover Rd	City Suffield	State CT	Zip Code 06078-1618	Date Received 09/27/2010	
Principal Occupation Homemaker	Name of Employer Homemaker	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions \$100.00	\$100.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Last Name Roebelen	First Name George	MI J	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1185	Amount of Contribution
Residential Street Address 92 Wendover Rd	City Suffield	State CT	Zip Code 06078-1618	Date Received 09/27/2010	
Principal Occupation Vice President	Name of Employer Iron Mountain	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions \$100.00	\$100.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Last Name Valenzon III	First Name Peter	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1186	Amount of Contribution
Residential Street Address 166 Old Brookfield Rd	City Danbury	State CT	Zip Code 06811-4048	Date Received 09/27/2010	
Principal Occupation Bank Operations	Name of Employer First County Bank	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions \$50.00	\$50.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

**B. Itemized Contributions from Individuals**

Last Name Winokur	First Name Deanne	MI H	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1187	Amount of Contribution
Residential Street Address 341 North St	City Greenwich	State CT	Zip Code 06830-3901	Date Received 09/27/2010	
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 \$2,000.00	\$1,000.00
Last Name Lundgren	First Name Tina	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 # 1182	Amount of Contribution
Residential Street Address 650 Park Ave	City New York	State NY	Zip Code 10065-6115	Date Received 09/27/2010	
Principal Occupation Homemaker	Name of Employer Homemaker	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00
Last Name Guilmartin	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 # 1180	Amount of Contribution
Residential Street Address 759 Hale St	City Suffield	State CT	Zip Code 06078-2507	Date Received 09/27/2010	
Principal Occupation Investor	Name of Employer Self-Employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00
Last Name Heidenreich	First Name Per	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 # 1197	Amount of Contribution
Residential Street Address 4 Sound Shore Dr	City Greenwich	State CT	Zip Code 06830-7252	Date Received 09/28/2010	
Principal Occupation General Partner	Name of Employer Heidenreich Ent. LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

**B. Itemized Contributions from Individuals**

Last Name Garthwait	First Name Robert	MI W	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1193	Amount of Contribution
Residential Street Address 14 Hemingway Ave	City Wolcott	State CT	Zip Code 06716	Date Received 09/28/2010	
Principal Occupation Chairman	Name of Employer Cly-Del Manufacturing Company	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00
Last Name Natt	First Name Robert	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1200	Amount of Contribution
Residential Street Address 51 Tuckahoe Rd	City Easton	State CT	Zip Code 06612-2053	Date Received 09/28/2010	
Principal Occupation Executive	Name of Employer Payflex USA, Inc.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00
Last Name Reynolds	First Name Michael	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 # 1203	Amount of Contribution
Residential Street Address 200 Mercer St Apt 4D	City New York	State NY	Zip Code 10012-1513	Date Received 09/28/2010	
Principal Occupation Attorney	Name of Employer Cravath, Swaine & Moore LLP	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$2,500.00	\$1,000.00
Last Name Belousov	First Name Arkadiy	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 # 1188	Amount of Contribution
Residential Street Address 12 Stoneleigh Rd	City Trumbull	State CT	Zip Code 06611-3317	Date Received 09/28/2010	
Principal Occupation Software Engineer	Name of Employer RBS	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00



**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

**B. Itemized Contributions from Individuals**

Last Name Brooks	First Name Alice	MI K	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1189	Amount of Contribution
Residential Street Address PO Box 674	City Greenwich	State CT	Zip Code 06836-0674	Date Received 09/28/2010	
Principal Occupation Homemaker	Name of Employer Homemaker	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Brooks	First Name Joseph	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 # 1190	Amount of Contribution
Residential Street Address PO Box 674	City Greenwich	State CT	Zip Code 06836-0674	Date Received 09/28/2010	
Principal Occupation Investment Counselor	Name of Employer Joseph E. Brooks Associates	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Budd	First Name Edward	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 # 1191	Amount of Contribution
Residential Street Address 270 Chestnut Hill Rd	City Glastonbury	State CT	Zip Code 06033-4153	Date Received 09/28/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00	\$500.00
Last Name Budd	First Name Mary	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 # 1192	Amount of Contribution
Residential Street Address 270 Chestnut Hill Rd	City Glastonbury	State CT	Zip Code 06033-4153	Date Received 09/28/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00	\$500.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

**B. Itemized Contributions from Individuals**

Last Name Hanratty	First Name Katherine	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 # 1194	Amount of Contribution
Residential Street Address 319 Thomaston Rd Unit 102	City Watertown	State CT	Zip Code 06795-2058	Date Received 09/28/2010	
Principal Occupation Executive	Name of Employer Jaci Carroll Staffing Services	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$150.00	\$150.00
Last Name Harrington	First Name Frances	MI S	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1195	Amount of Contribution
Residential Street Address 66 Tom Lin Rd	City Newington	State CT	Zip Code 06111-2339	Date Received 09/28/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Hart	First Name Bradford	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 # 1196	Amount of Contribution
Residential Street Address 14 Woodside Dr	City Greenwich	State CT	Zip Code 06830-6730	Date Received 09/28/2010	
Principal Occupation Self-employed	Name of Employer Self-Employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00
Last Name McCartney	First Name Ken	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 # 1198	Amount of Contribution
Residential Street Address 70 Kelly Ln	City Granby	State CT	Zip Code 06035-2920	Date Received 09/28/2010	
Principal Occupation Sprinkler Installer	Name of Employer Grass Helper Lawn Care	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

**B. Itemized Contributions from Individuals**

Last Name McMahon	First Name Linda	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 # 1199	Amount of Contribution
Residential Street Address 14 Hurlingham Dr	City Greenwich	State CT	Zip Code 06831-2739	Date Received 09/28/2010	
Principal Occupation Candidate	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00	\$3,500.00
Last Name Nicholas	First Name Phyllis	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1201	Amount of Contribution
Residential Street Address 40 Howard Rd	City Greenwich	State CT	Zip Code 06831-3104	Date Received 09/28/2010	
Principal Occupation Homemaker	Name of Employer Homemaker	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00	\$200.00
Last Name Quain	First Name Mitchell	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 # 1202	Amount of Contribution
Residential Street Address 1 Bristol Rd	City Middlebury	State CT	Zip Code 06762-2228	Date Received 09/28/2010	
Principal Occupation Partner	Name of Employer One Equity Partners	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00
Last Name Smith	First Name Elenor	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 # 1204	Amount of Contribution
Residential Street Address 100 Breezy Hill Rd	City Collinsville	State CT	Zip Code 06019-3607	Date Received 09/28/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00	\$500.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

**B. Itemized Contributions from Individuals**

Last Name Smith	First Name Lawrence	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 # 1205	Amount of Contribution
Residential Street Address 100 Breezy Hill Rd	City Collinsville	State CT	Zip Code 06019-3607	Date Received 09/28/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00	\$500.00
Last Name Abramowitz	First Name Kenneth	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 # 1206	Amount of Contribution
Residential Street Address PO Box 958	City Southport	State CT	Zip Code 06890-0958	Date Received 09/29/2010	
Principal Occupation Analyst	Name of Employer NGN Capital	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00
Last Name Alosco	First Name Louis	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 # 1207	Amount of Contribution
Residential Street Address 18 Ashley Ct	City Danbury	State CT	Zip Code 06810-7288	Date Received 09/29/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00
Last Name Barlow	First Name Mary Jane	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 # 1208	Amount of Contribution
Residential Street Address 234 Peach Orchard Rd	City Waterbury	State CT	Zip Code 06706-2833	Date Received 09/29/2010	
Principal Occupation President & CEO	Name of Employer MJ Barlow Career & Staffing	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>10062010A</u>			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$150.00	\$150.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

**B. Itemized Contributions from Individuals**

Last Name <b>Barrett</b>	First Name <b>Barbara</b>	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 # <b>1209</b>	Amount of Contribution
Residential Street Address <b>4617 E Ocotillo Rd</b>	City <b>Paradise Valley</b>	State <b>AZ</b>	Zip Code <b>85253-4032</b>	Date Received <b>09/29/2010</b>	
Principal Occupation <b>CEO/President</b>	Name of Employer <b>Triple Creek Ranch</b>	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 <b>\$2,000.00</b>	<b>\$2,000.00</b>
Last Name <b>Bauchiero</b>	First Name <b>Frank</b>	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # <b>1210</b>	Amount of Contribution
Residential Street Address <b>316 N Grand St</b>	City <b>West Suffield</b>	State <b>CT</b>	Zip Code <b>06093-3403</b>	Date Received <b>09/29/2010</b>	
Principal Occupation <b>Contractor</b>	Name of Employer <b>FEB Construction</b>	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <b>09152010A</b> <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 <b>\$100.00</b>	<b>\$100.00</b>
Last Name <b>Bayer</b>	First Name <b>Stephen</b>	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 # <b>1211</b>	Amount of Contribution
Residential Street Address <b>16 Guardhouse Dr</b>	City <b>Redding</b>	State <b>CT</b>	Zip Code <b>06896-1827</b>	Date Received <b>09/29/2010</b>	
Principal Occupation <b>Real Estate Investor</b>	Name of Employer <b>Self</b>	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <b>09232010A</b> <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 <b>\$100.00</b>	<b>\$100.00</b>
Last Name <b>Bellano</b>	First Name <b>Jim</b>	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # <b>1212</b>	Amount of Contribution
Residential Street Address <b>40 Candlewood Shores Rd</b>	City <b>Brookfield</b>	State <b>CT</b>	Zip Code <b>06804-1443</b>	Date Received <b>09/29/2010</b>	
Principal Occupation <b>Assistant Professor</b>	Name of Employer <b>Western Connecticut State University</b>	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <b>09232010A</b> <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 <b>\$100.00</b>	<b>\$100.00</b>

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

**B. Itemized Contributions from Individuals**

Last Name Billingsley	First Name Robert	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1213	Amount of Contribution
Residential Street Address 6 Rampart Pass	City Waccabuc	State NY	Zip Code 10597	Date Received 09/29/2010	
Principal Occupation Commercial RE Broker	Name of Employer Cassidy Turley	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09222010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00
Last Name Boughton	First Name Mark	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1214	Amount of Contribution
Residential Street Address 23 Alan Ave	City Danbury	State CT	Zip Code 06811-4712	Date Received 09/29/2010	
Principal Occupation Mayor	Name of Employer City of Danbury	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09232010A</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 Bucchi	First Name Ronald	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1215	Amount of Contribution
Residential Street Address 112 Spicewood Ln	City Kensington	State CT	Zip Code 06037-2837	Date Received 09/29/2010	
Principal Occupation CPA	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10072010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00
Last Name Burke	First Name James	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 # 1216	Amount of Contribution
Residential Street Address 600 Madison Ave Fl 16	City New York	State NY	Zip Code 10022-1615	Date Received 09/29/2010	
Principal Occupation Investment Banker	Name of Employer Stonington Partners	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09222010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
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**B. Itemized Contributions from Individuals**

Last Name Chatterjee	First Name Purnendu	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 # 1217	Amount of Contribution
Residential Street Address 888 7th Ave Ste 3400	City New York	State NY	Zip Code 10106-3099	Date Received 09/29/2010	
Principal Occupation Business Owner	Name of Employer Chatterjee Management Co.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09222010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00
Last Name Curry	First Name George	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 # 1219	Amount of Contribution
Residential Street Address 395 Broad St	City Windsor	State CT	Zip Code 06095-3007	Date Received 09/29/2010	
Principal Occupation Chiropractor	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09152010A</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 Duff	First Name William	MI I	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 # 1220	Amount of Contribution
Residential Street Address 33 Long Meadow Ln	City Bethel	State CT	Zip Code 06801-2612	Date Received 09/29/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09232010A</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 Egan	First Name Aileen	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 # 1222	Amount of Contribution
Residential Street Address 113 High Ridge Ave	City Ridgefield	State CT	Zip Code 06877-4402	Date Received 09/29/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09232010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

**I. MONETARY RECEIPTS (Section A-I)**

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Foley For Governor, Inc.	Original 10/12/2010

**B. Itemized Contributions from Individuals**

Last Name Foley	First Name Brian	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 # 1223	Amount of Contribution
Residential Street Address 76 Hartford Rd	City Simsbury	State CT	Zip Code 06070-2508	Date Received 09/29/2010	
Principal Occupation Owner	Name of Employer Apple Rehab	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10072010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00
Last Name Foley	First Name Lisa	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 # 1224	Amount of Contribution
Residential Street Address 76 Hartford Rd	City Simsbury	State CT	Zip Code 06070-2508	Date Received 09/29/2010	
Principal Occupation Owner	Name of Employer Allstar Therapy	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10072010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$2,000.00	\$2,000.00
Last Name Foley	First Name Mary	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 # 1225	Amount of Contribution
Residential Street Address 6 Beach Dr	City Danbury	State CT	Zip Code 06811-3103	Date Received 09/29/2010	
Principal Occupation Realtor	Name of Employer Wm Pitt Sotheby's	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09232010A</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 Getz	First Name Robert	MI H	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1226	Amount of Contribution
Residential Street Address 45 Peckslan Rd	City Greenwich	State CT	Zip Code 06831-3711	Date Received 09/29/2010	
Principal Occupation Investments	Name of Employer Cornerstone Equity Investor LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00



**I. MONETARY RECEIPTS (Section A-I)**

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**B. Itemized Contributions from Individuals**

Last Name Goldman	First Name Ethan	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 # 1227	Amount of Contribution
Residential Street Address 9 Vardon Rd	City West Hartford	State CT	Zip Code 06117-2848	Date Received 09/29/2010	
Principal Occupation Manufacturing	Name of Employer Flexcon, Inc.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10072010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Guarco	First Name Michael	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 # 1228	Amount of Contribution
Residential Street Address 80 Harmony Hill Rd	City Granby	State CT	Zip Code 06035-1221	Date Received 09/29/2010	
Principal Occupation Management	Name of Employer State Line Oil	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09152010A</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 Hanna	First Name Alistair	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 # 1230	Amount of Contribution
Residential Street Address 100 Edward Bentley Rd	City Lawrence	State NY	Zip Code 11559-2118	Date Received 09/29/2010	
Principal Occupation Management Consultant	Name of Employer Grace International Enterprises	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00	\$3,500.00
Last Name Kingsbury	First Name Warren	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 # 1231	Amount of Contribution
Residential Street Address 51 Elm St	City Windsor Locks	State CT	Zip Code 06096-2305	Date Received 09/29/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

**B. Itemized Contributions from Individuals**

Last Name Kohanski	First Name Renee	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 # 1232	Amount of Contribution
Residential Street Address 289 New London Tpke	City Norwich	State CT	Zip Code 06360-2657	Date Received 09/29/2010	
Principal Occupation Psychiatrist	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09152010B</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 Kraus	First Name Steve	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 # 1233	Amount of Contribution
Residential Street Address 405 Weed St	City New Canaan	State CT	Zip Code 06840-6124	Date Received 09/29/2010	
Principal Occupation Investment	Name of Employer Blue Line Partners	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09222010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00	\$500.00
Last Name Magid	First Name Arnold	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1236	Amount of Contribution
Residential Street Address 27 Fox Mead	City Suffield	State CT	Zip Code 06078-2259	Date Received 09/29/2010	
Principal Occupation Financial Advisor	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09152010A</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 Mahadeva	First Name Wijayaraj	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 # 1237	Amount of Contribution
Residential Street Address 10 Skyridge Rd	City Greenwich	State CT	Zip Code 06831-3136	Date Received 09/29/2010	
Principal Occupation CEO	Name of Employer Cognizant Technology Solutions Corp.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09222010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

**B. Itemized Contributions from Individuals**

Last Name Malley	First Name John	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1238	Amount of Contribution
Residential Street Address 20 McKeon Pl	City Ridgefield	State CT	Zip Code 06877-1043	Date Received 09/29/2010	
Principal Occupation Lawyer	Name of Employer Smith,Buss & Jacobs LLP	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09232010A</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 Mazzucco	First Name Ward	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 # 1239	Amount of Contribution
Residential Street Address PO Box 511	City Redding Ridge	State CT	Zip Code 06876-0511	Date Received 09/29/2010	
Principal Occupation Lawyer	Name of Employer Chipman Mazzucco	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09232010A</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 McDonald	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 # 1240	Amount of Contribution
Residential Street Address 15 Michael Ln	City Windsor	State CT	Zip Code 06095-1604	Date Received 09/29/2010	
Principal Occupation Contract Security	Name of Employer Paramount Security	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09152010A</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 McEver	First Name Bruce	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1241	Amount of Contribution
Residential Street Address 198 Weatogue Rd	City Salisbury	State CT	Zip Code 06068	Date Received 09/29/2010	
Principal Occupation Investment Banker	Name of Employer Berkshire Capital Securities LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09222010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

**B. Itemized Contributions from Individuals**

Last Name McLachlan	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 # 1242	Amount of Contribution
Residential Street Address PO Box 4665	City Danbury	State CT	Zip Code 06813-4665	Date Received 09/29/2010	
Principal Occupation State Senator	Name of Employer State of Connecticut	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09232010A</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
<hr/>					
Last Name Moore	First Name Rhys	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 # 1243	Amount of Contribution
Residential Street Address 45 Indian Cave Rd	City Ridgefield	State CT	Zip Code 06877-5804	Date Received 09/29/2010	
Principal Occupation Consultant	Name of Employer Griffin Llewellyn LLC.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09232010A</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
<hr/>					
Last Name Muthersbaugh	First Name Jeffry	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 # 1244	Amount of Contribution
Residential Street Address 54 Milwaukee Ave	City Bethel	State CT	Zip Code 06801-2235	Date Received 09/29/2010	
Principal Occupation Executive Recruiter	Name of Employer Heritage Recruiting Group LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09232010A</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
<hr/>					
Last Name Nelson	First Name James	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 # 1245	Amount of Contribution
Residential Street Address 24 Kettle Pond Ln	City Granby	State CT	Zip Code 06035-2934	Date Received 09/29/2010	
Principal Occupation Surety Broker	Name of Employer Smith Bros. Insurance	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09152010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

**B. Itemized Contributions from Individuals**

Last Name Niemiec	First Name David	MI W	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1246	Amount of Contribution
Residential Street Address 1 E End Ave	City New York	State NY	Zip Code 10075-1102	Date Received 09/29/2010	
Principal Occupation Investments	Name of Employer Saratoga Partners	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09222010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00
Last Name Orr	First Name Howard	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 # 1247	Amount of Contribution
Residential Street Address 12 Harmon Dr	City Suffield	State CT	Zip Code 06078-2038	Date Received 09/29/2010	
Principal Occupation Business Executive	Name of Employer KTI, Inc.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09152010A</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 Palanzo	First Name Roger	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 # 1248	Amount of Contribution
Residential Street Address 45 Briarwood Dr	City Danbury	State CT	Zip Code 06810-7001	Date Received 09/29/2010	
Principal Occupation Consultant	Name of Employer Vivere, LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09232010A</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 Pastula	First Name Gina	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 # 1249	Amount of Contribution
Residential Street Address 62 Thistledown	City Suffield	State CT	Zip Code 06078-1638	Date Received 09/29/2010	
Principal Occupation Owner	Name of Employer Skyline Restaurant	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09152010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

**B. Itemized Contributions from Individuals**

Last Name Prunty	First Name Peter	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1250	Amount of Contribution
Residential Street Address 4 Marc Rd	City Danbury	State CT	Zip Code 06810-8262	Date Received 09/29/2010	
Principal Occupation Representative	Name of Employer City of Danbury	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09232010A</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 \$20.00	\$20.00
Last Name Roncaioli	First Name Tony	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 # 1252	Amount of Contribution
Residential Street Address 125 Randall Dr	City Suffield	State CT	Zip Code 06078-1225	Date Received 09/29/2010	
Principal Occupation Banking	Name of Employer Windsor Federal Savings	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09152010A</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 Samolyk	First Name Keith	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 # 1253	Amount of Contribution
Residential Street Address 998 Windsor Ave	City Windsor	State CT	Zip Code 06095-3427	Date Received 09/29/2010	
Principal Occupation President & CEO	Name of Employer Global Blood Resources LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09152010A</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 Seabury	First Name Gregg	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 # 1256	Amount of Contribution
Residential Street Address 40 Moody Ln	City Danbury	State CT	Zip Code 06811-3806	Date Received 09/29/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09232010A</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.	Original 10/12/2010

**B. Itemized Contributions from Individuals**

Last Name Sendzimir	First Name Thaddeus	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 # 1257	Amount of Contribution
Residential Street Address 247 West St	City Lakeside	State CT	Zip Code 06758	Date Received 09/29/2010	
Principal Occupation President	Name of Employer T. Sendzimir, Inc.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10062010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$150.00	\$150.00
Last Name Shepperd	First Name Wayne	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1258	Amount of Contribution
Residential Street Address 1205 Bradford Dr	City Danbury	State CT	Zip Code 06811-2633	Date Received 09/29/2010	
Principal Occupation Admin. - Mayor's Chief of Staff	Name of Employer City of Danbury	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09232010A</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 Simones	First Name Charles	MI J	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1259	Amount of Contribution
Residential Street Address 3 Longview Ave	City Waterford	State CT	Zip Code 06385-1906	Date Received 09/29/2010	
Principal Occupation Priest	Name of Employer St. Sophia Church, New London	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09152010B</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 \$50.00	\$50.00
Last Name Simones	First Name Joan	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 # 1260	Amount of Contribution
Residential Street Address 3 Longview Ave	City Waterford	State CT	Zip Code 06385-1906	Date Received 09/29/2010	
Principal Occupation Retired	Name of Employer Connecticut College	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09152010B</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 \$50.00	\$50.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

**B. Itemized Contributions from Individuals**

Last Name Simones	First Name Tom	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 # 1261	Amount of Contribution
Residential Street Address 46 Gallup Ln	City Waterford	State CT	Zip Code 06385-2242	Date Received 09/29/2010	
Principal Occupation Attorney	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09152010B</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 Steiner	First Name Jessie	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 # 1264	Amount of Contribution
Residential Street Address 119 Walnut Hill Rd	City Bethel	State CT	Zip Code 06801-3009	Date Received 09/29/2010	
Principal Occupation Homemaker	Name of Employer Homemaker	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09232010A</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 Steiner	First Name Roy	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 # 1265	Amount of Contribution
Residential Street Address 119 Walnut Hill Rd	City Bethel	State CT	Zip Code 06801-3009	Date Received 09/29/2010	
Principal Occupation Builder/Developer	Name of Employer Berkshire Industrial Corp.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09232010A</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 Taubman	First Name Nicholas	MI F	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1267	Amount of Contribution
Residential Street Address 2818 Avenham Ave SW	City Roanoke	State VA	Zip Code 24014-1529	Date Received 09/29/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09222010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$2,000.00	\$2,000.00



**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

**B. Itemized Contributions from Individuals**

Last Name Thiele	First Name Steve	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1268	Amount of Contribution
Residential Street Address 88 Rushforde Dr	City Manchester	State CT	Zip Code 06040-7130	Date Received 09/29/2010	
Principal Occupation Chiropractor	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09152010A</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 Thomas	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 # 1269	Amount of Contribution
Residential Street Address 822 Colonel Ledyard Hwy	City Ledyard	State CT	Zip Code 06339-1208	Date Received 09/29/2010	
Principal Occupation Chiropractor	Name of Employer Advanced Back and Neck Care	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09152010B</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 Trase	First Name Lisa	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 # 1270	Amount of Contribution
Residential Street Address 901 Russell Ave	City Suffield	State CT	Zip Code 06078-1030	Date Received 09/29/2010	
Principal Occupation Stay at Home Parent	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09152010A</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 Trejo	First Name Kevin	MI G	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1271	Amount of Contribution
Residential Street Address 536 Shennecossett Rd Apt L	City Groton	State CT	Zip Code 06340-5240	Date Received 09/29/2010	
Principal Occupation Chairperson	Name of Employer Groton Republican Town Committee	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09152010B</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 \$50.00	\$50.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

**B. Itemized Contributions from Individuals**

Last Name Tuchmann	First Name Mark	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1272	Amount of Contribution
Residential Street Address 41 Pebblebrook Dr	City Rocky Hill	State CT	Zip Code 06067-4213	Date Received 09/29/2010	
Principal Occupation CEO	Name of Employer Beavex, Inc.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00	\$500.00
Last Name Ulrich	First Name Ronald	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1274	Amount of Contribution
Residential Street Address 329 Dans Hwy	City New Canaan	State CT	Zip Code 06840-2508	Date Received 09/29/2010	
Principal Occupation President	Name of Employer RJ Ulrich & Co	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09092010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00
Last Name Wertheim	First Name Philip	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 # 1275	Amount of Contribution
Residential Street Address 1 Chatsworth Pl	City Farmington	State CT	Zip Code 06032-1549	Date Received 09/29/2010	
Principal Occupation Self Employed	Name of Employer Airport Parking Management Inc.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09152010A</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 Zessin	First Name Mark	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 # 1277	Amount of Contribution
Residential Street Address 226 Overlook Rd	City Glastonbury	State CT	Zip Code 06033-3616	Date Received 09/29/2010	
Principal Occupation Engineer	Name of Employer Anchor Engineering Serv., Inc.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09152010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

**B. Itemized Contributions from Individuals**

Last Name Zessin	First Name Sandra	MI S	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1278	Amount of Contribution
Residential Street Address 226 Overlook Rd	City Glastonbury	State CT	Zip Code 06033-3616	Date Received 09/29/2010	
Principal Occupation Housewife	Name of Employer Housewife	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09152010A</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 Remington	First Name Eric	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1251	Amount of Contribution
Residential Street Address 953 River Blvd	City Suffield	State CT	Zip Code 06078-1414	Date Received 09/29/2010	
Principal Occupation VP	Name of Employer Kaman Corporation	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09152010A</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 Scocimara	First Name Marguerite	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 # 1255	Amount of Contribution
Residential Street Address 16 Laurel Ln	City Greenwich	State CT	Zip Code 06830-3846	Date Received 09/29/2010	
Principal Occupation Housewife	Name of Employer Housewife	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09142010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$2,000.00	\$2,000.00
Last Name Durkin	First Name Patrick J.	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 # 1221	Amount of Contribution
Residential Street Address 19 Rockwood Ln	City Greenwich	State CT	Zip Code 06830-3813	Date Received 09/29/2010	
Principal Occupation Investor	Name of Employer J Fitzgibbons LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09222010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00	\$3,500.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

**B. Itemized Contributions from Individuals**

Last Name Krediet	First Name Christoffel	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 # 1234	Amount of Contribution
Residential Street Address 262 Tokeneke Rd	City Darien	State CT	Zip Code 06820-4822	Date Received 09/29/2010	
Principal Occupation Attorney	Name of Employer CF Capital Corp.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$5,900.00	\$3,500.00
Last Name Krediet	First Name Courtney	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 # 1235	Amount of Contribution
Residential Street Address 262 Tokeneke Rd	City Darien	State CT	Zip Code 06820-4822	Date Received 09/29/2010	
Principal Occupation Homemaker	Name of Employer Homemaker	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$5,900.00	\$3,500.00
Last Name Saylor	First Name Roger	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 # 1254	Amount of Contribution
Residential Street Address 59 White Fall Ln	City New Canaan	State CT	Zip Code 06840-2038	Date Received 09/29/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,250.00	\$2,250.00
Last Name Streeter	First Name James	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 # 1266	Amount of Contribution
Residential Street Address 64 Pleasant St	City Groton	State CT	Zip Code 06340-3908	Date Received 09/29/2010	
Principal Occupation Forensic Examiner	Name of Employer Self-Employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>09152010B</u>			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00	\$500.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

**B. Itemized Contributions from Individuals**

Last Name Smith	First Name Richard	MI W	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1263	Amount of Contribution
Residential Street Address 19 Wertsville Rd	City Hillsborough	State NJ	Zip Code 08844-3230	Date Received 09/29/2010	
Principal Occupation Private Equity	Name of Employer J. P. Morgan	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09222010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$7,000.00	\$3,500.00
Last Name Smith	First Name Charlotte	MI V	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1262	Amount of Contribution
Residential Street Address 19 Wertsville Rd	City Hillsborough	State NJ	Zip Code 08844-3230	Date Received 09/29/2010	
Principal Occupation Homemaker	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09222010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00	\$3,500.00
Last Name Yamin	First Name Robert	MI J	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 # 1276	Amount of Contribution
Residential Street Address 66 Barnum Rd	City Danbury	State CT	Zip Code 06811-2938	Date Received 09/29/2010	
Principal Occupation Attorney	Name of Employer Yamin & Yamin, LLP	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09232010A</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 \$775.00	\$500.00
Last Name Han	First Name David	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1229	Amount of Contribution
Residential Street Address 628 Lake Ave	City Greenwich	State CT	Zip Code 06830-3854	Date Received 09/29/2010	
Principal Occupation Private Equity	Name of Employer One Equity Partners	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09222010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$7,000.00	\$3,500.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

**B. Itemized Contributions from Individuals**

Last Name Christian	First Name Paul	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 # 1218	Amount of Contribution	
Residential Street Address 281 Hill St	City Suffield	State CT	Zip Code 06078-1507	Date Received 09/29/2010		
Principal Occupation Self-Employed	Name of Employer Self-Employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09152010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			Aggregate Contributions \$200.00	\$100.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Last Name Turner	First Name Mary Ann	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1273	Amount of Contribution	
Residential Street Address 7 Meadow Rd	City Enfield	State CT	Zip Code 06082-6003	Date Received 09/29/2010		
Principal Occupation Business Owner	Name of Employer Projects Unlimited	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09152010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			Aggregate Contributions \$125.00	\$100.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Last Name Higdon	First Name Henry	MI G	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1298	Amount of Contribution	
Residential Street Address 486 North St	City Greenwich	State CT	Zip Code 06830-3449	Date Received 09/30/2010		
Principal Occupation Consultant	Name of Employer Higdon Partners	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09222010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			Aggregate Contributions \$5,900.00	\$3,500.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Last Name Coppage	First Name Timothy	MI H	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1293	Amount of Contribution	
Residential Street Address 4 Muirfield Rd	City Bloomfield	State CT	Zip Code 06002-2378	Date Received 09/30/2010		
Principal Occupation Vice President	Name of Employer Self-Employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10072010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			Aggregate Contributions \$2,975.00	\$500.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

**B. Itemized Contributions from Individuals**

Last Name Coppage	First Name Gail	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 # 1292	Amount of Contribution
Residential Street Address 4 Muirfield Rd	City Bloomfield	State CT	Zip Code 06002-2378	Date Received 09/30/2010	
Principal Occupation State Director of Workforce Development	Name of Employer Connecticut Community College System	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10072010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$625.00	\$500.00
Last Name Downey, Sr.	First Name John	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 # 1295	Amount of Contribution
Residential Street Address 3 Guardhouse Dr	City Redding	State CT	Zip Code 06896-1827	Date Received 09/30/2010	
Principal Occupation Lawyer	Name of Employer Rome McGuigan, P.C.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10072010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Braddock	First Name Richard	MI S	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1283	Amount of Contribution
Residential Street Address 10 Gracie Sq	City New York	State NY	Zip Code 10028-8031	Date Received 09/30/2010	
Principal Occupation CEO	Name of Employer Flash Direct	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09222010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$2,000.00	\$1,000.00
Last Name Roggeveen	First Name Robert	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1307	Amount of Contribution
Residential Street Address 45 Arlington Rd	City West Hartford	State CT	Zip Code 06107-1602	Date Received 09/30/2010	
Principal Occupation unemployed	Name of Employer none	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$50.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

**B. Itemized Contributions from Individuals**

Last Name Simmons	First Name Steven	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 # 1315	Amount of Contribution
Residential Street Address 66 Winding Ln	City Greenwich	State CT	Zip Code 06831-3734	Date Received 09/30/2010	
Principal Occupation Business Executive	Name of Employer Simmons/P? Media Comm.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,000.00	\$1,500.00
Last Name Tomasso, Jr.	First Name Angelo	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 # 1323	Amount of Contribution
Residential Street Address 132 Roslyn Dr	City New Britain	State CT	Zip Code 06052-1824	Date Received 09/30/2010	
Principal Occupation Civil Engineer	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10082010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00
Last Name Tomasso	First Name Joy	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 # 1321	Amount of Contribution
Residential Street Address 132 Roslyn Dr	City New Britain	State CT	Zip Code 06052-1824	Date Received 09/30/2010	
Principal Occupation Homemaker	Name of Employer Homemaker	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10082010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00
Last Name Sargent	First Name Mary	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 # 1310	Amount of Contribution
Residential Street Address 25 Colony Rd	City West Hartford	State CT	Zip Code 06117-2215	Date Received 09/30/2010	
Principal Occupation Homemaker	Name of Employer Homemaker	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10072010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00	\$500.00



**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

**B. Itemized Contributions from Individuals**

Last Name Sargent	First Name Joseph	MI D	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1309	Amount of Contribution
Residential Street Address 25 Colony Rd	City West Hartford	State CT	Zip Code 06117-2215	Date Received 09/30/2010	
Principal Occupation Investments	Name of Employer Bradley, Foster & Sargent	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10072010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$750.00	\$500.00
Last Name Ancona, Jr.	First Name Benjamin	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 # 1279	Amount of Contribution
Residential Street Address 1598 Main St	City Newington	State CT	Zip Code 06111-3148	Date Received 09/30/2010	
Principal Occupation Lawyer	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10072010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00
Last Name Ancona, Sr.	First Name Benjamin	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 # 1280	Amount of Contribution
Residential Street Address 411 Flanders River Rd	City Coventry	State CT	Zip Code 06238-3414	Date Received 09/30/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10072010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00
Last Name Blanchet	First Name Sheila	MI M	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1281	Amount of Contribution
Residential Street Address 98 Prospect Hill Rd	City Guilford	State CT	Zip Code 06437-2013	Date Received 09/30/2010	
Principal Occupation RN	Name of Employer Gladeview Healthcare Center	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$10.00	\$10.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

**B. Itemized Contributions from Individuals**

Last Name Bouvier	First Name Robert	MI F	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1282	Amount of Contribution
Residential Street Address 15 Borough Dr	City West Hartford	State CT	Zip Code 06117-3008	Date Received 09/30/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10072010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00	\$200.00
Last Name Brady	First Name Timothy	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1284	Amount of Contribution
Residential Street Address 343 High Street Ext	City Thomaston	State CT	Zip Code 06787-1437	Date Received 09/30/2010	
Principal Occupation Motorcoach Owner	Name of Employer LandJet Inc.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10062010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$150.00	\$150.00
Last Name Brown	First Name Diane	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1285	Amount of Contribution
Residential Street Address 62 Westwood Rd	City West Hartford	State CT	Zip Code 06117-2252	Date Received 09/30/2010	
Principal Occupation Homemaker	Name of Employer Homemaker	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10072010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00
Last Name Buchan	First Name Hannah	MI F	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1286	Amount of Contribution
Residential Street Address 1030 5th Ave Unit 3W	City New York	State NY	Zip Code 10028-0136	Date Received 09/30/2010	
Principal Occupation Homemaker	Name of Employer Homemaker	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00	\$500.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

**B. Itemized Contributions from Individuals**

Last Name Buchan	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 # 1287	Amount of Contribution
Residential Street Address 1030 5th Ave Unit 3W	City New York	State NY	Zip Code 10028-0136	Date Received 09/30/2010	
Principal Occupation Money Manager	Name of Employer Hunter Global Associates, LLC.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00	\$500.00
Last Name Carroll	First Name Chuck	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 # 1288	Amount of Contribution
Residential Street Address 206 Peach Orchard Rd	City Southbury	State CT	Zip Code 06488-1134	Date Received 09/30/2010	
Principal Occupation Accounts Receivable Specialist	Name of Employer Coface North America Inc.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10062010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$150.00	\$150.00
Last Name Caruso	First Name Michael	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1289	Amount of Contribution
Residential Street Address 4 Patton Rd	City Wilton	State CT	Zip Code 06492	Date Received 09/30/2010	
Principal Occupation Vice President	Name of Employer Connecticut Screen Works, Inc.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Chubet	First Name Thomas	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 # 1290	Amount of Contribution
Residential Street Address 49 Maplewood St	City Larchmont	State NY	Zip Code 10538-1632	Date Received 09/30/2010	
Principal Occupation Wealth Advisor	Name of Employer Morgan Stanley Smith Barney	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09222010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

**B. Itemized Contributions from Individuals**

Last Name Colley	First Name Bruce	MI D	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1291	Amount of Contribution
Residential Street Address PO Box 779	City Croton Falls	State NY	Zip Code 10519-0779	Date Received 09/30/2010	
Principal Occupation Self-employed	Name of Employer Self-Employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09232010A</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 Demmon	First Name Marc	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 # 1294	Amount of Contribution
Residential Street Address 2230 N Orchard St Apt 206	City Chicago	State IL	Zip Code 60614-3775	Date Received 09/30/2010	
Principal Occupation Broker	Name of Employer Etrade	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 Field	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 # 1296	Amount of Contribution
Residential Street Address 964 Smith Ridge Rd	City New Canaan	State CT	Zip Code 06840-2328	Date Received 09/30/2010	
Principal Occupation Private Investor	Name of Employer Richard D. Field Associates	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$2,500.00	\$2,500.00
Last Name Fleming	First Name David	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1297	Amount of Contribution
Residential Street Address 105 Norfield Rd	City Weston	State CT	Zip Code 06883-2224	Date Received 09/30/2010	
Principal Occupation Attorney	Name of Employer Warren Resources	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

**B. Itemized Contributions from Individuals**

Last Name Holcombe	First Name Shepherd	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 # 1299	Amount of Contribution
Residential Street Address 42 Pilgrim Rd	City West Hartford	State CT	Zip Code 06117-2242	Date Received 09/30/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10082010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00	\$500.00
Last Name Kelly	First Name Philip	MI F	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1300	Amount of Contribution
Residential Street Address 27 Glenwood Rd	City West Hartford	State CT	Zip Code 06107-1506	Date Received 09/30/2010	
Principal Occupation Self Employed	Name of Employer The PF Kelly Company	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10072010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00
Last Name Macary, Jr.	First Name Francis	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 # 1301	Amount of Contribution
Residential Street Address 49 Barnhill Rd	City Woodbury	State CT	Zip Code 06798-2220	Date Received 09/30/2010	
Principal Occupation CEO	Name of Employer HOB Industries, Inc.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10062010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$300.00	\$300.00
Last Name O'Meara	First Name Peter	MI H	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1304	Amount of Contribution
Residential Street Address PO Box 799	City South Orleans	State MA	Zip Code 02662-0799	Date Received 09/30/2010	
Principal Occupation Volunteer	Name of Employer Volunteer	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

**B. Itemized Contributions from Individuals**

Last Name O'Meara	First Name Susan	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 # 1305	Amount of Contribution
Residential Street Address PO Box 799	City South Orleans	State MA	Zip Code 02662-0799	Date Received 09/30/2010	
Principal Occupation Volunteer	Name of Employer Volunteer	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Pile	First Name Roger	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 # 1306	Amount of Contribution
Residential Street Address 53 Winthrop Dr	City Riverside	State CT	Zip Code 06878-1911	Date Received 09/30/2010	
Principal Occupation Software Executive	Name of Employer CA Technologies	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,250.00	\$1,250.00
Last Name Rowland	First Name John	MI G	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1308	Amount of Contribution
Residential Street Address 98 Leonard Rd	City Middlebury	State CT	Zip Code 06762-3603	Date Received 09/30/2010	
Principal Occupation Marketing Consultant	Name of Employer JGR Associates	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 10062010A			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$150.00	\$150.00
Last Name Schaus	First Name Michael	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1311	Amount of Contribution
Residential Street Address 24 Oakley Ln	City Greenwich	State CT	Zip Code 06830-3025	Date Received 09/30/2010	
Principal Occupation Analyst	Name of Employer Zweig Securities	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

**B. Itemized Contributions from Individuals**

Last Name Schnurr	First Name Robert	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1312	Amount of Contribution
Residential Street Address 30 Cornwall Bridge Rd	City Sharon	State CT	Zip Code 06069	Date Received 09/30/2010	
Principal Occupation Physician	Name of Employer Physician For Women's Health	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10082010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00
Last Name Sherrill	First Name Katherine	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 # 1313	Amount of Contribution
Residential Street Address 765 Park Ave PH 4B	City New York	State NY	Zip Code 10021-4271	Date Received 09/30/2010	
Principal Occupation Homemaker	Name of Employer Homemaker	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09092010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00	\$3,500.00
Last Name Sherrill	First Name Stephen	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 # 1314	Amount of Contribution
Residential Street Address 765 Park Ave PH 4B	City New York	State NY	Zip Code 10021-4271	Date Received 09/30/2010	
Principal Occupation Private Equity Investment	Name of Employer Bruckmann,Rosser,Sherrill & Co., LLC.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09092010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00	\$3,500.00
Last Name Spencer	First Name Norman	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 # 1316	Amount of Contribution
Residential Street Address 300 Merline Rd	City Vernon	State CT	Zip Code 06066-4030	Date Received 09/30/2010	
Principal Occupation Quality Analyst	Name of Employer Pratt & Whitney	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

**B. Itemized Contributions from Individuals**

Last Name Storr	First Name Hans	MI G	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1317	Amount of Contribution
Residential Street Address 33 Brookridge Dr	City Greenwich	State CT	Zip Code 06830-4829	Date Received 09/30/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10032010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00
Last Name Strobel, Sr.	First Name George	MI J	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1318	Amount of Contribution
Residential Street Address 35 Shannon Ave	City Watertown	State CT	Zip Code 06795-2522	Date Received 09/30/2010	
Principal Occupation Self Employed	Name of Employer GSS Industries	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10062010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$150.00	\$150.00
Last Name Sullivan	First Name Kathleen	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1319	Amount of Contribution
Residential Street Address 86 Bloomfield Ave	City Hartford	State CT	Zip Code 06105-1006	Date Received 09/30/2010	
Principal Occupation Volunteer	Name of Employer Volunteer	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10072010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$125.00	\$125.00
Last Name Sullivan	First Name Patrick	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 # 1320	Amount of Contribution
Residential Street Address 86 Bloomfield Ave	City Hartford	State CT	Zip Code 06105-1006	Date Received 09/30/2010	
Principal Occupation Government Relations	Name of Employer Sullivan & LeShane Inc.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10072010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$125.00	\$125.00



**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

**B. Itemized Contributions from Individuals**

Last Name Tomasso	First Name Linda	MI P	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1322	Amount of Contribution
Residential Street Address 1 Eton Pl	City Farmington	State CT	Zip Code 06032-1546	Date Received 09/30/2010	
Principal Occupation Homemaker	Name of Employer Homemaker	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10082010A</u>			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions \$1,000.00	\$1,000.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Last Name Ulbrich, Jr.	First Name Fred	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 # 1324	Amount of Contribution
Residential Street Address 59 Madison Ave	City Wallingford	State CT	Zip Code 06492-5160	Date Received 09/30/2010	
Principal Occupation Chairman	Name of Employer Ulbrich Steel	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10062010A</u>			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions \$150.00	\$150.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Last Name Vallely	First Name Mark	MI J	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 # 1325	Amount of Contribution
Residential Street Address 118 Glenwood Dr	City Greenwich	State CT	Zip Code 06830-7015	Date Received 09/30/2010	
Principal Occupation CEO	Name of Employer Intragrated Resources Holdings, Inc.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions \$3,500.00	\$3,500.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Last Name Wasmer	First Name Pedro	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 # 1326	Amount of Contribution
Residential Street Address 201 Old Academy Rd	City Fairfield	State CT	Zip Code 06824-7162	Date Received 09/30/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions \$2,000.00	\$2,000.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

**B. Itemized Contributions from Individuals**

Last Name Weld	First Name William	MI F	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 # 1327	Amount of Contribution
Residential Street Address 340 Madison Ave Fl 17	City New York	State NY	Zip Code 10173-1922	Date Received 09/30/2010	
Principal Occupation Partner	Name of Employer McDermott Will & Emery ,LLP.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09222010A</u>			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$1,000.00	\$1,000.00
Last Name Wendt	First Name Gary	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 # 1328	Amount of Contribution
Residential Street Address 3055 Harbor Dr	City Fort Lauderdale	State FL	Zip Code 33316-2460	Date Received 09/30/2010	
Principal Occupation Investor	Name of Employer Unemployed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$3,500.00	\$3,500.00
Last Name Wendt	First Name Rosemarie	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 # 1329	Amount of Contribution
Residential Street Address 3055 Harbor Dr	City Fort Lauderdale	State FL	Zip Code 33316-2460	Date Received 09/30/2010	
Principal Occupation Investor	Name of Employer Unemployed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$3,500.00	\$3,500.00
Last Name West	First Name Thomas	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 # 1330	Amount of Contribution
Residential Street Address 126 Taconic Rd	City Greenwich	State CT	Zip Code 06831-3139	Date Received 09/30/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$500.00	\$500.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

**B. Itemized Contributions from Individuals**

Last Name Westby	First Name Kie	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 # 1331	Amount of Contribution
Residential Street Address 45 Homestead Rd	City Southbury	State CT	Zip Code 06488-4421	Date Received 09/30/2010	
Principal Occupation Lawyer	Name of Employer Law Offices of Kie Westby	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>09232010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00
Last Name Williams	First Name Scott	MI W	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1332	Amount of Contribution
Residential Street Address 183 Spicewood Ln	City Kensington	State CT	Zip Code 06037-2831	Date Received 09/30/2010	
Principal Occupation Business Owner	Name of Employer Atlantic Steel & Processing	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>10062010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$150.00	\$150.00
Last Name Young	First Name Penelope	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 # 1333	Amount of Contribution
Residential Street Address 52 Indian Rock Rd	City New Canaan	State CT	Zip Code 06840-3115	Date Received 09/30/2010	
Principal Occupation Homemaker	Name of Employer Homemaker	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$125.00	\$125.00
Last Name Young	First Name Robert	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1334	Amount of Contribution
Residential Street Address 52 Indian Rock Rd	City New Canaan	State CT	Zip Code 06840-3115	Date Received 09/30/2010	
Principal Occupation Venture Capital	Name of Employer Self-Employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$125.00	\$125.00

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

**B. Itemized Contributions from Individuals**

Last Name <b>Moore</b>	First Name <b>Rhys</b>	MI <b>L</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 # <b>1303</b>	Amount of Contribution
Residential Street Address <b>45 Indian Cave Rd</b>	City <b>Ridgefield</b>	State <b>CT</b>	Zip Code <b>06877-5804</b>	Date Received <b>09/30/2010</b>	
Principal Occupation <b>Consultant</b>	Name of Employer <b>Griffin Llewellyn LLC.</b>	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <b>10032010A</b>			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions <b>\$350.00</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Last Name <b>Malone</b>	First Name <b>Claudine</b>	MI <b>B</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 # <b>1302</b>	Amount of Contribution
Residential Street Address <b>700 Belgrove Rd</b>	City <b>McLean</b>	State <b>VA</b>	Zip Code <b>22101-1836</b>	Date Received <b>09/30/2010</b>	
Principal Occupation <b>Mgt. Consultant</b>	Name of Employer <b>Financial &amp; Management Connecting, Inc.</b>	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions <b>\$1,000.00</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Total of Section B</b>					<b>\$355,586.00</b>
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS</b> (Sections A & B) <i>(Total on Line 14 of Summary Page)</i>					<b>\$355,586.00</b>

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

**C1. Contributions from Other Committees**

Name of Committee Middlebury Republican Town Committee				Name of Treasurer Thomas C King	
Address PO Box 1206		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			Amount of Contribution
City Middlebury	State CT	Zip Code 06762	Date Received 09/26/2010	Aggregate Contributions \$200.00	
Name of Committee New Canaan Republican Town Committee				Name of Treasurer Roy Abramowitz	
Address PO Box 42		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			Amount of Contribution
City New Canaan	State CT	Zip Code 06840	Date Received 09/29/2010	Aggregate Contributions \$2,000.00	
Name of Committee Southbury Republican Town Committee				Name of Treasurer Vincent Toscano	
Address PO Box 315		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			Amount of Contribution
City Southbury	State CT	Zip Code 06488	Date Received 09/30/2010	Aggregate Contributions \$500.00	
<b>Total of Section C1</b>					<b>\$2,700.00</b>

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

**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	
<b>Total of Section C2</b>				

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE						FILING DUE DATE	
Foley For Governor, Inc.						Original 10/12/2010	
<b>D. Loans Received this Period</b>							
Name of Lender Mr. Thomas C Foley				Source of Loan:		Is there a cosigner or Guarantor of this loan?	Amount Received
Street Address 62 Khakum Wood Rd		City Greenwich		State CT	Zip Code 06831-3748	<input type="checkbox"/> Bank <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Individual <input type="checkbox"/> Other Committee	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Name of Cosigner/Guarantor							
Street Address		City		State	Zip Code	Date Received 09/21/2010	\$500,000.00
Name of Lender Mr. Thomas C Foley				Source of Loan:		Is there a cosigner or Guarantor of this loan?	Amount Received
Street Address 62 Khakum Wood Rd		City Greenwich		State CT	Zip Code 06831-3748	<input type="checkbox"/> Bank <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Individual <input type="checkbox"/> Other Committee	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Name of Cosigner/Guarantor							
Street Address		City		State	Zip Code	Date Received 09/23/2010	\$315,000.00
Name of Lender Mr. Thomas C Foley				Source of Loan:		Is there a cosigner or Guarantor of this loan?	Amount Received
Street Address 62 Khakum Wood Rd		City Greenwich		State CT	Zip Code 06831-3748	<input type="checkbox"/> Bank <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Individual <input type="checkbox"/> Other Committee	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Name of Cosigner/Guarantor							
Street Address		City		State	Zip Code	Date Received 09/29/2010	\$485,000.00
<b>Total of Section D</b>						<b>\$1,300,000.00</b>	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

**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**



<b>I. MONETARY RECEIPTS (Section A-I)</b>					
NAME OF COMMITTEE					FILING DUE DATE
Foley For Governor, Inc.					Original 10/12/2010
<b>F. Anonymous Contributions</b>					
Date Received	\$ 1 bills	\$ 5 bills	\$ 10 bill	coins	Amount
<b>Total of Section F</b>					

<b>I. Monetary Receipts (Section A-I)</b>				
NAME OF COMMITTEE				FILING DUE DATE
Foley For Governor, Inc.				Original 10/12/2010
<b>G. Interest from Deposits in Authorized Accounts</b>				
Name of Institution		Date Received		Total Amount Received
Street Address	City	State	Zip Code	
<b>Total of Section G</b>				

<b>I. MONETARY RECEIPTS (Section A-K)</b>			
NAME OF COMMITTEE			FILING DUE DATE
Foley For Governor, Inc.			Original 10/12/2010
<b>H. Public Grant Funds Received from the Citizen's Election Fund</b>			
Purpose of Grant:	Supplemental/Independent Expenditure		Date Received
Initial			
Primary                      General or Special Election	Primary                      General or Special Election		
Supplemental/Post Election Deficit	Supplemental/Excess Expenditure		
General or Special Election	Primary                      General or Special Election		
<b>Total of Section H</b>			

<b>I. MONETARY RECEIPTS (Section A-K)</b>					
NAME OF COMMITTEE				FILING DUE DATE	
Foley For Governor, Inc.				Original 10/12/2010	
<b>I. Miscellaneous Monetary Receipts not Considered Contributions</b>					
Name			Date of Transaction		Amount Received
Street Address		City	State	Zip Code	
Description					
<b>Total of Section I</b>					

## II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE Foley For Governor, Inc.	FILING DUE DATE Original 10/12/2010
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### JI. Fundraising Event Information

Fundraising Event # Date of Fundraiser	Letter	Description	Location: Street Address	City	State	Zip Code
09/01/2010	A	Cocktail Event	114 West Rd	New Canaan	CT	06840-3013

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

Fundraising Event # Date of Fundraiser	Letter	Description	Location: Street Address	City	State	Zip Code
09/09/2010	A	Luncheon Event	1800 E Putnam Ave	Old Greenwich	CT	06870-1320

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

Fundraising Event # Date of Fundraiser	Letter	Description	Location: Street Address	City	State	Zip Code
09/10/2010	A	Cocktail Event	85 Lukes Wood Rd	New Canaan	CT	06840-2202

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

Fundraising Event # Date of Fundraiser	Letter	Description	Location: Street Address	City	State	Zip Code
09/14/2010	A	Party Event	1800 E Putnam Ave	Old Greenwich	CT	06870-1320

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

Fundraising Event # Date of Fundraiser	Letter	Description	Location: Street Address	City	State	Zip Code
09/15/2010	B	Luncheon Event	56 W Main St	Mystic	CT	06355-2518

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 Foley For Governor, Inc.	FILING DUE DATE Original 10/12/2010
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### J1. Fundraising Event Information

Fundraising Event # <small>Date of Fundraiser</small>	Description <small>Letter</small>	Location: Street Address	City	State	Zip Code
09/15/2010	A	Cocktail Event	106 Ella Grasso Tpke	Windsor Locks	CT 06096-1015

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

Fundraising Event # <small>Date of Fundraiser</small>	Description <small>Letter</small>	Location: Street Address	City	State	Zip Code
09/22/2010	A	Breakfast Event	50 Vanderbilt Ave	New York	NY 10017-3803

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

Fundraising Event # <small>Date of Fundraiser</small>	Description <small>Letter</small>	Location: Street Address	City	State	Zip Code
09/23/2010	A	Cocktail Event	20 Segar St	Danbury	CT 06810-6325

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

Fundraising Event # <small>Date of Fundraiser</small>	Description <small>Letter</small>	Location: Street Address	City	State	Zip Code
09/30/2010	A	Dinner Event	107 Saddle Rock Rd	Stamford	CT 06902-8228

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

Fundraising Event # <small>Date of Fundraiser</small>	Description <small>Letter</small>	Location: Street Address	City	State	Zip Code
10/03/2010	A	Home Fundraiser	2 Mercia Ln	Greenwich	CT 06830-7068

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 Foley For Governor, Inc.	FILING DUE DATE Original 10/12/2010
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### J1. Fundraising Event Information

Fundraising Event # Date of Fundraiser	Letter	Description	Location: Street Address	City	State	Zip Code
10/06/2010	A	Cocktail Event	100 E Main St	Waterbury	CT	06702-2312
Was this fundraising event hosted at a personal residence? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$50? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Was this fundraiser a tag sale, auction, or other sale of donated items? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
10/07/2010	A	Reception Event	995 Prospect Ave	Hartford	CT	06105-1101
Was this fundraising event hosted at a personal residence? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$50? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Was this fundraiser a tag sale, auction, or other sale of donated items? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
10/08/2010	A	Reception Event	Folly Farm 77 Hartford Rd	Simsbury	CT	06070-2506
Was this fundraising event hosted at a personal residence? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$50? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Was this fundraiser a tag sale, auction, or other sale of donated items? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						

**II. FUNDRAISING EVENT ACTIVITY**

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

**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.	Original 10/12/2010

**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 #		

<b>Total of Section J3</b>	
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### III. NONMONETARY RECEIPTS

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010
<b>K. In-Kind Contributions</b>	

Name Sriubas Andrew				Date Received 09/10/2010		Fair Market Value of this Contribution
Street Address 85 Lukes Wood Rd		City New Canaan	State CT	Zip Code 06840-2202		
Type of Contributor: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Committee	Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event# <u>09102010A</u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Description of In-Kind Contribution food, beverage		Aggregate contributions \$900.00
						\$900.00

Name Sriubas Andrew				Date Received 09/10/2010		Fair Market Value of this Contribution
Street Address 85 Lukes Wood Rd		City New Canaan	State CT	Zip Code 06840-2202		
Type of Contributor: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Committee	Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event# <u>09102010A</u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Description of In-Kind Contribution food, beverage		Aggregate contributions \$854.23
						\$854.23

Name Chryst Steven				Date Received 09/30/2010		Fair Market Value of this Contribution
Street Address 107 Saddle Rock Rd		City Stamford	State CT	Zip Code 06902-8228		
Type of Contributor: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Committee	Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event# <u>09302010A</u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Description of In-Kind Contribution food, beverages		Aggregate contributions \$446.82
						\$446.82

### III. NONMONETARY RECEIPTS

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

#### K. In-Kind Contributions

Name Chrust Steven				Date Received 09/30/2010		Fair Market Value of this Contribution
Street Address 107 Saddle Rock Rd		City Stamford		State CT	Zip Code 06902-8228	
Type of Contributor: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Committee		Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event# <u>09302010A</u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Description of In-Kind Contribution food, beverage		Aggregate contributions \$3,500.00
<b>Total of Section K</b>						<b>\$5,701.05</b>

**III. Non Monetary Receipts**

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

**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	
<b>Total of Section L</b>				



### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

#### N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount	
SSG Media, Inc.	09/03/2010	<input type="checkbox"/> Check #		
Street Address 2120 L St NW Ste 510	City Washington	State DC		Zip Code 20037-1534
Purpose of Expenditure A-OTH				<input checked="" type="checkbox"/> Debit Card
Description Advertising & Promotion - Inv #10M-074 Sept 8-14 Media Buy				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float: right;">Other Candidate(s) Name</span> <span style="float: right;">Office Sought</span>				
			\$223,750.00	
JP Morgan Chase Bank	09/03/2010	<input type="checkbox"/> Check #		
Street Address 3A Pickwick Plz	City Greenwich	State CT		Zip Code 06830
Purpose of Expenditure BNK				<input checked="" type="checkbox"/> Debit Card
Description Incoming Wire Fee				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float: right;">Other Candidate(s) Name</span> <span style="float: right;">Office Sought</span>				
			\$15.00	
JP Morgan Chase Bank	09/03/2010	<input type="checkbox"/> Check #		
Street Address 3A Pickwick Plz	City Greenwich	State CT		Zip Code 06830
Purpose of Expenditure BNK				<input checked="" type="checkbox"/> Debit Card
Description Outgoing Wire Fee / SSG Media				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float: right;">Other Candidate(s) Name</span> <span style="float: right;">Office Sought</span>				
			\$25.00	

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Foley For Governor, Inc.						Original 10/12/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
JP Morgan Chase Bank					09/03/2010	<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 #	
Incoming Domestic Wire Fee							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$15.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
JP Morgan Chase Bank					09/03/2010	<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 #	
Outgoing Domestic Wire Fee							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$25.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Target					09/03/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
21 Broad St		Stamford	CT	06901-2309	OFFICE		
Description						Event #	
Supplies							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$6.19
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Foley For Governor, Inc.						Original 10/12/2010	
<b>N. Expenses Paid By Committee</b>							
Name of Payee					Date of Payment	Method of Payment	Amount
INT*Intermedia.net					09/03/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	Method of Payment		
150 Mathilda Pl Ste 104	Sunnyvale	CA	94086-6010	OVHD	<input checked="" type="checkbox"/> Debit Card		
Description					Event #		
Computer Network Service Fees							
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		\$10.76
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
INT*Intermedia.net					09/03/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	Method of Payment		
150 Mathilda Pl Ste 104	Sunnyvale	CA	94086-6010	OVHD	<input checked="" type="checkbox"/> Debit Card		
Description					Event #		
Computer Network Service Fees							
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		\$10.76
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
INT*Intermedia.net					09/03/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	Method of Payment		
150 Mathilda Pl Ste 104	Sunnyvale	CA	94086-6010	OVHD	<input checked="" type="checkbox"/> Debit Card		
Description					Event #		
Computer Network Service Fee							
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		\$10.76
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							



IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Foley For Governor, Inc.						Original 10/12/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Katie's Gourmet					09/03/2010	<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 #	
Meals							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$260.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Dunkin Donuts					09/03/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
41 S Main St		West Hartford	CT	06107-2448	FOOD		
Description						Event #	
Coffee							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$13.99
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Town of West Hartford					09/03/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
20 Isham Rd		West Hartford	CT	06107-2204	TRVL		
Description						Event #	
Parking							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$3.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

#### N. Expenses Paid By Committee

Name of Payee United States Post Office				Date of Payment 09/07/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Street Address Ridgeway Station	City Stamford	State CT	Zip Code	Purpose of Expenditure POST	<input checked="" type="checkbox"/> Debit Card	
Description Mail					Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name		Office Sought		\$10.60
Name of Payee United States Post Office				Date of Payment 09/07/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Street Address Ridgeway Station	City Stamford	State CT	Zip Code	Purpose of Expenditure POST	<input checked="" type="checkbox"/> Debit Card	
Description Mail					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		\$132.00
Name of Payee Town of West Hartford				Date of Payment 09/07/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Street Address 20 Isham Rd	City West Hartford	State CT	Zip Code 06107-2204	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Description Parking					Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name		Office Sought		\$3.75

## IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

## N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount
CVS	09/07/2010	<input type="checkbox"/> Check #	
Street Address 150 S Main St	City West Hartford	State CT	Zip Code 06107-3432
Purpose of Expenditure OFFICE		<input checked="" type="checkbox"/> Debit Card	
Description Supplies			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$7.37
Name of Payee Matthew Joiner	Date of Payment 09/07/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address 150 Oxoboxo Dam Rd	City Oakdale	State CT	Zip Code 06370-1267
Purpose of Expenditure TRVL		2020 <input type="checkbox"/> Debit Card	
Description Vehicle Miles			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$195.00
Name of Payee Matthew Joiner	Date of Payment 09/07/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address 150 Oxoboxo Dam Rd	City Oakdale	State CT	Zip Code 06370-1267
Purpose of Expenditure WAGE		2019 <input type="checkbox"/> Debit Card	
Description Intern Stipend Week of 8/22/10 & 8/29/10			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$420.00

## IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

## N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount
Matthew Joiner	09/07/2010	<input checked="" type="checkbox"/> Check #	
Street Address 150 Oxoboxo Dam Rd	City Oakdale	State CT	Zip Code 06370-1267
Purpose of Expenditure RCW		2020 <input type="checkbox"/> Debit Card	
Description Vehicle Miles			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name Office Sought	\$195.00
Name of Payee Axiom Strategies	Date of Payment 09/07/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address 1251 NW Briarcliff Pkwy Ste 85	City Kansas City	State MO	Zip Code 64116-1780
Purpose of Expenditure Misc *		2075 <input type="checkbox"/> Debit Card	
Description Inv#1202 Sept Consulting,Yard Signs,Travel,Hotel			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	\$31,270.99
Name of Payee Networking CT	Date of Payment 09/07/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address 140 Yutaka Trl	City Shelton	State CT	Zip Code 06484-4972
Purpose of Expenditure A-OTH		2044 <input type="checkbox"/> Debit Card	
Description Advertising & Promotion - Foley Table at the Meetup Group			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name Office Sought	\$50.00

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Foley For Governor, Inc.						Original 10/12/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Michael Roberts					09/07/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	2021	
618 Belden Hall		Storrs	CT	06269-6905	WAGE	<input type="checkbox"/> Debit Card	
Description						Event #	
Payroll Expenses - Intern Stipend for 8/27/10 & Week of 8/30/10							
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
New England Southport Village Committee					09/07/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	2027	
Norwalk Seaport Association, Inc. 132 Wa		Norwalk	CT	06854	A-OTH	<input type="checkbox"/> Debit Card	
Description						Event #	
Advertising & Promotion - Norwalk Oyster Festival - Insurance for Foley booth 9/10-9/12							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$57.60	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
West Hartford Public Works					09/07/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure		
17 Brixton Rd		West Hartford	CT	06110-1501	TRVL	<input checked="" type="checkbox"/> Debit Card	
Description						Event #	
Parking							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$40.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

## IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

## N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount
Franklin Giant Sandwich Shop	09/07/2010	<input type="checkbox"/> Check #	
Street Address 464 Franklin Ave	City Hartford	State CT	Zip Code 06114-2908
Purpose of Expenditure FOOD		<input checked="" type="checkbox"/> Debit Card	
Description Meal		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	\$22.10
Name of Payee AT&T	Date of Payment 09/07/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address 208 S Akard St	City Dallas	State TX	Zip Code 75202-4206
Purpose of Expenditure OVHD		2028 <input type="checkbox"/> Debit Card	
Description Telephone Expense - Acct #860-570-4894-573 Billing Date 8/23/10		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name Office Sought	\$1,386.15
Name of Payee WashingtonBancard	Date of Payment 09/07/2010	Method of Payment <input type="checkbox"/> Check #	Amount
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 Credit Card Processing 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	\$70.46

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Foley For Governor, Inc.						Original 10/12/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
WashingtonBancard					09/07/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
2200 S Dixie Hwy		Miami	FL	33133-2300	BNK		
Description						Event #	
Bank Service Charges							
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							\$70.46
Name of Payee					Date of Payment	Method of Payment	Amount
Transatlantic 1 LLC					09/07/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>2033</u>	
89 Chestnut Hill Rd		Wilton	CT	06897-4606	OVHD	<input type="checkbox"/> Debit Card	
Description						Event #	
Rent Expense - Inv#1038, 505-507 N London Tpk,Norwich Sep Rent&Utilities							
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							\$1,251.00
Name of Payee					Date of Payment	Method of Payment	Amount
Aristotle					09/07/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
205 Pennsylvania Ave SE		Washington	DC	20003-1164	OVHD		
Description						Event #	
Campaign Database Software Fees							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$7,000.00

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Foley For Governor, Inc.						Original 10/12/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Fedex Kinko's					09/07/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
48 W Putnam Ave		Greenwich	CT	06830-5331	OFFICE		
Description						Event #	
Office Services							
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		\$20.96
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Fedex Kinko's					09/07/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
48 W Putnam Ave		Greenwich	CT	06830-5331	OFFICE		
Description						Event #	
Office Services							
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		\$29.62
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Fedex Kinko's					09/07/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
48 W Putnam Ave		Greenwich	CT	06830-5331	OFFICE		
Description						Event #	
Office Services							
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		\$20.96
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							



IV. EXPENDITURES						
NAME OF COMMITTEE						FILING DUE DATE
Foley For Governor, Inc.						Original 10/12/2010
N. Expenses Paid By Committee						
Name of Payee				Date of Payment	Method of Payment	Amount
Len Greene				09/07/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	
20 Summer St Ste 200		Stamford	CT	06901-2304	RCW	
Description					Event #	
Vehicle Miles						
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					\$144.50	
Name of Payee				Date of Payment	Method of Payment	Amount
Tarrance Group				09/07/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	
201 N Union St		Alexandria	VA	22314-2642	POLLS	
Description					Event #	
Professional Fees - Inv#8545 Survey#12649 Aug 29-31, 2010						
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name	Office Sought		
<input type="checkbox"/> Yes						
<input checked="" type="checkbox"/> No					\$19,457.00	
Name of Payee				Date of Payment	Method of Payment	Amount
West Park - Stamford LLC				09/07/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	
108 Prospect St		Stamford	CT	06901-1202	OVHD	
Description					Event #	
Rent Expense - Stamford Office Rent for Sept. 2010						
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name	Office Sought		
<input type="checkbox"/> Yes						
<input checked="" type="checkbox"/> No					\$2,862.00	

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Foley For Governor, Inc.						Original 10/12/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
TVEyes Inc.					09/07/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	2092	
2150 Post Rd		Fairfield	CT	06824-5669	WEB	<input type="checkbox"/> Debit Card	
Description						Event #	
Computer & Internet Expenses - Inv#2010-X7689 Media Monitoring Suite 9/1/10-9/30/10							
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
Chris Syrek					09/07/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	2014	
20 Summer St Ste 200		Stamford	CT	06901-2304	RCW	<input type="checkbox"/> Debit Card	
Description						Event #	
Vehicle Miles							
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		\$830.80
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Ben Hartman					09/07/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	2015	
20 Summer St Ste 200		Stamford	CT	06901-2304	RCW	<input type="checkbox"/> Debit Card	
Description						Event #	
Vehicle Miles							
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		\$667.93
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

## IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

## N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount
Schuyler Merritt	09/07/2010	<input checked="" type="checkbox"/> Check #	
Street Address 20 Summer St Ste 200	City Stamford	State CT	Zip Code 06901-2304
Purpose of Expenditure RCW		2013 <input type="checkbox"/> Debit Card	
Description Vehicle Miles		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name Office Sought	\$634.51
Justin R Clark	09/07/2010	<input checked="" type="checkbox"/> Check #	
Street Address 20 Summer St Ste 200	City Stamford	State CT	Zip Code 06901-2304
Purpose of Expenditure RCW		2023 <input type="checkbox"/> Debit Card	
Description Vehicle Miles		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name Office Sought	\$422.00
Sunghi P Frauen	09/07/2010	<input checked="" type="checkbox"/> Check #	
Street Address 20 Summer St Ste 200	City Stamford	State CT	Zip Code 06901-2304
Purpose of Expenditure RCW		2024 <input type="checkbox"/> Debit Card	
Description Call Plan		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	\$146.05

IV. EXPENDITURES						
NAME OF COMMITTEE						FILING DUE DATE
Foley For Governor, Inc.						Original 10/12/2010
N. Expenses Paid By Committee						
Name of Payee				Date of Payment	Method of Payment	Amount
Sunghi P Frauen				09/07/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	2024	
20 Summer St Ste 200	Stamford	CT	06901-2304	Misc *	<input type="checkbox"/> Debit Card	
Description					Event #	
Telephone Expense - Verizon Call Plan						
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						\$146.05
Name of Payee				Date of Payment	Method of Payment	Amount
Justin R Clark				09/07/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	2023	
20 Summer St Ste 200	Stamford	CT	06901-2304	TRVL	<input type="checkbox"/> Debit Card	
Description					Event #	
Vehicle Miles						
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		
<input type="checkbox"/> Yes						
<input checked="" type="checkbox"/> No						\$422.00
Name of Payee				Date of Payment	Method of Payment	Amount
Schuyler Merritt				09/07/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	2013	
20 Summer St Ste 200	Stamford	CT	06901-2304	TRVL	<input type="checkbox"/> Debit Card	
Description					Event #	
Vehicle Miles, Parking, Meals, Gas						
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						\$634.51

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Foley For Governor, Inc.						Original 10/12/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Chris Syrek					09/07/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	2014	
20 Summer St Ste 200		Stamford	CT	06901-2304	TRVL	<input type="checkbox"/> Debit Card	
Description						Event #	
Vehicle Miles, Cell Phone, Parking, Meals							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$830.80
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Ben Hartman					09/07/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	2015	
20 Summer St Ste 200		Stamford	CT	06901-2304	TRVL	<input type="checkbox"/> Debit Card	
Description						Event #	
Vehicle Miles, Cell Phone							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$667.93
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Len Greene					09/07/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	2016	
20 Summer St Ste 200		Stamford	CT	06901-2304	TRVL	<input type="checkbox"/> Debit Card	
Description						Event #	
Vehicle Miles, Parking							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$144.50
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Foley For Governor, Inc.						Original 10/12/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
SWC Office Furniture					09/07/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	2034	
375 Fairfield Ave		Stamford	CT	06902-7220	EFV *	<input type="checkbox"/> Debit Card	
Description						Event #	
Rent Expense - Inv#SWC67814, #SWC67176							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$1,113.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Cablevision of Connecticut					09/07/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	2029	
PO Box 9256		Chelsea	MA	02150-9256	OVHD	<input checked="" type="checkbox"/> Debit Card	
Description						Event #	
Cable TV Bill							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$243.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Comcast					09/07/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	2029	
PO Box 1577		Newark	NJ	07101-1577	WEB	<input type="checkbox"/> Debit Card	
Description						Event #	
Computer & Internet Expenses - Acct 8773402000691101 Norwich office due 9/17/10							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$339.39	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Foley For Governor, Inc.						Original 10/12/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Courtney Weaver					09/07/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	2012	
20 Summer St Fl 2		Stamford	CT	06901-2304	RCW	<input type="checkbox"/> Debit Card	
Description						Event #	
Vehicle Miles							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$808.26	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Chris Bandecchi					09/07/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	2022	
20 Summer St Fl 2		Stamford	CT	06901-2304	RCW	<input type="checkbox"/> Debit Card	
Description						Event #	
Vehicle Miles							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$164.73	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
John L Whitney					09/07/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	2017	
20 Summer St Fl 2		Stamford	CT	06901-2304	RCW	<input type="checkbox"/> Debit Card	
Description						Event #	
Vehicle Miles							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$38.50	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

#### N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount	
Thomas Daffron	09/07/2010	<input checked="" type="checkbox"/> Check #		
Street Address PO Box 31	City Shady Side	State MD		Zip Code 20764-0031
Purpose of Expenditure CNSLT				2049 <input type="checkbox"/> Debit Card
Description Professional Fees - Aug 2010 Consulting				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name			Office Sought	
			\$2,000.00	
Chris Covucci	09/07/2010	<input checked="" type="checkbox"/> Check #		
Street Address 20 Summer St Fl 2	City Stamford	State CT		Zip Code 06901-2304
Purpose of Expenditure RCW				2018 <input type="checkbox"/> Debit Card
Description Vehicle Miles				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name			Office Sought	
			\$896.35	
John L Whitney	09/07/2010	<input checked="" type="checkbox"/> Check #		
Street Address 20 Summer St Fl 2	City Stamford	State CT		Zip Code 06901-2304
Purpose of Expenditure TRVL				2017 <input type="checkbox"/> Debit Card
Description Vehicle Miles				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name			Office Sought	
			\$38.50	



IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Foley For Governor, Inc.						Original 10/12/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Chris Covucci					09/07/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	2018	
20 Summer St Fl 2		Stamford	CT	06901-2304	TRVL	<input type="checkbox"/> Debit Card	
Description						Event #	
Vehicle Miles, Parking, Events							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$896.35	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Courtney Weaver					09/07/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	2012	
20 Summer St Fl 2		Stamford	CT	06901-2304	TRVL	<input type="checkbox"/> Debit Card	
Description						Event #	
Vehicle Miles, Parking, Meals, Events							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$808.26	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Chris Bandecchi					09/07/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	2022	
20 Summer St Fl 2		Stamford	CT	06901-2304	Misc *	<input type="checkbox"/> Debit Card	
Description						Event #	
Telephone Expense - Vehicle Miles, Verizon Aircard							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$164.73	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Foley For Governor, Inc.						Original 10/12/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Verizon Wireless					09/08/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	2031	
PO Box 15062		Albany	NY	12212-5062	OVHD	<input type="checkbox"/> Debit Card	
Description						Event #	
Telephone Expense - Inv#899 VOIP Lease,Setup& Progam,Minutes used							
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							
\$60.07							
Name of Payee					Date of Payment	Method of Payment	Amount
ADP EasyPay Boston 2					09/08/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	2031	
225 2nd Ave		Waltham	MA	02451-1122	OVHD	<input checked="" type="checkbox"/> Debit Card	
Description						Event #	
Payroll Expenses - Payroll Fees							
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							
\$116.13							
Name of Payee					Date of Payment	Method of Payment	Amount
ADP EasyPay Boston 2					09/08/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	2031	
225 2nd Ave		Waltham	MA	02451-1122	OVHD	<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			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
\$116.13							

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Foley For Governor, Inc.						Original 10/12/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Red October Productions					09/08/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	2048	
2120 L St NW		Washington	DC	20037-1527	A-TV	<input type="checkbox"/> Debit Card	
Description						Event #	
Advertising & Promotion - Inv#2010172A,180A,194A,188A,180B,197A,198B							
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		\$48,205.64
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Redmen's Hall					09/08/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	2041	
17 E Elm St		Greenwich	CT	06830-6518	Misc *	<input type="checkbox"/> Debit Card	
Description						Event #	
Rent Expense - Inv#899 VOIP Lease, Setup & Program, Minutes used							
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		\$200.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Tony Scarnati					09/08/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	2042	
43 Vernon Pkwy		Mount Vernon	NY	10552-1224	Misc *	<input type="checkbox"/> Debit Card	
Description						Event #	
Repairs & Maintenance - 9-9-10 Greenwich Rally - Custodial Services							
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		\$100.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

#### N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount	
Front Porch Strategies	09/08/2010	<input checked="" type="checkbox"/> Check #	\$6,491.74	
Street Address 243 N 5th St Ste 330	City Columbus	State OH		Zip Code 43215-2676
Purpose of Expenditure A-OTH				2032
Description Advertising & Promotion - Inv#899 VOIP Lease,Setup& Progam,Minutes used				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought?				
<input type="checkbox"/> Yes		Other Candidate(s) Name		
<input checked="" type="checkbox"/> No		Office Sought		
CampaignGrid	09/09/2010	<input checked="" type="checkbox"/> Check #	\$50,000.00	
Street Address 223 Summit Ave	City Fort Washington	State PA		Zip Code 19034-1525
Purpose of Expenditure A-OTH				2056
Description Advertising & Promotion				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought?				
<input type="checkbox"/> Yes		Other Candidate(s) Name		
<input checked="" type="checkbox"/> No		Office Sought		
Angela Delucia	09/09/2010	<input checked="" type="checkbox"/> Check #	\$1,000.00	
Street Address 88 Clapboard Ridge Rd	City Danbury	State CT		Zip Code 06811-3643
Purpose of Expenditure OVHD				2043
Description Rent Expense - 56 Padanarum Rd,Danbury - Sept&Oct 2010 Rent				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought?				
<input type="checkbox"/> Yes		Other Candidate(s) Name		
<input checked="" type="checkbox"/> No		Office Sought		

IV. EXPENDITURES						
NAME OF COMMITTEE						FILING DUE DATE
Foley For Governor, Inc.						Original 10/12/2010
N. Expenses Paid By Committee						
Name of Payee				Date of Payment	Method of Payment	Amount
Aristotle				09/09/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
205 Pennsylvania Ave SE	Washington	DC	20003-1164	Misc *		
Description					Event #	
Professional Fees						
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		
<input type="checkbox"/> Yes						
<input checked="" type="checkbox"/> No						\$7,000.00
Name of Payee				Date of Payment	Method of Payment	Amount
City of Stamford, Cashiering & Permitting Division				09/09/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
888 Washington Blvd Fl 1	Stamford	CT	06901-2902	TRVL		
Description					Event #	
Parking Permit						
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		
<input type="checkbox"/> Yes						
<input checked="" type="checkbox"/> No						\$150.00
Name of Payee				Date of Payment	Method of Payment	Amount
Shawn Takatsu				09/10/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>2045</u> <input type="checkbox"/> Debit Card	
45 Beth Dr	Fairfield	CT	06825-2701	OVHD		
Description					Event #	
Computer & Internet Expenses, Reconfigured and Validated Backup						
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						\$60.00

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

#### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Party City					09/10/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
192 Kitts Ln		Newington	CT	06111-4250	Misc *		
Description						Event #	
Supplies							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$80.98
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Staples					09/10/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
2550 Albany Ave		West Hartford	CT	06117-2301	OFFICE		
Description						Event #	
Supplies							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$80.54
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Staples					09/10/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
2550 Albany Ave		West Hartford	CT	06117-2301	OFFICE		
Description						Event #	
Supplies							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$134.59
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Foley For Governor, Inc.						Original 10/12/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Torey Shepardson					09/10/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	2040	
49 Westmont St		West Hartford	CT	06117-2928	WAGE	<input type="checkbox"/> Debit Card	
Description						Event #	
Payroll Expenses - Intern Stipend for 8/27, Week of 8/30/10&9/6/10							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$528.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
T Mobile					09/10/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	2040	
326 N Main St		West Hartford	CT	06117-2510	OVHD	<input checked="" type="checkbox"/> Debit Card	
Description						Event #	
Cell Phone							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$53.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
T Mobile					09/10/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	2040	
326 N Main St		West Hartford	CT	06117-2510	OVHD	<input checked="" type="checkbox"/> Debit Card	
Description						Event #	
Cell Phone							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$53.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Foley For Governor, Inc.						Original 10/12/2010	
<b>N. Expenses Paid By Committee</b>							
Name of Payee					Date of Payment	Method of Payment	Amount
T Mobile					09/10/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
326 N Main St		West Hartford	CT	06117-2510	OVHD		
Description						Event #	
Cell Phone							
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							
\$53.00							
Name of Payee					Date of Payment	Method of Payment	Amount
T Mobile					09/10/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
326 N Main St		West Hartford	CT	06117-2510	OVHD		
Description						Event #	
Cell Phone							
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							
\$148.37							
Name of Payee					Date of Payment	Method of Payment	Amount
T Mobile					09/10/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
326 N Main St		West Hartford	CT	06117-2510	OVHD		
Description						Event #	
Cell Phone							
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							
\$53.00							



### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

#### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
T Mobile					09/10/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
326 N Main St	West Hartford	CT	06117-2510	OVHD			
Description						Event #	
Cell Phone							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$106.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
T Mobile					09/10/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
326 N Main St	West Hartford	CT	06117-2510	OVHD			
Description						Event #	
Cell Phone							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$106.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Emily Duus					09/10/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card		
20 Summer St Ste 200	Stamford	CT	06901-2304	WAGE	2037		
Description						Event #	
Payroll Expenses - Intern Stipend Week of 9/6/10							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$250.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

## IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

## N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount
Grand Rental Station	09/10/2010	<input type="checkbox"/> Check #	
Street Address 246 Terryville Rd	City Bristol	State CT	Zip Code 06010-4012
Purpose of Expenditure OVHD		<input checked="" type="checkbox"/> Debit Card	
Description Rental 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
			\$83.21
Name of Payee Michael Roberts	Date of Payment 09/10/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address 618 Belden Hall	City Storrs	State CT	Zip Code 06269-6905
Purpose of Expenditure WAGE		<u>2039</u> <input type="checkbox"/> Debit Card	
Description Payroll Expenses - Intern Stipend Week of 9/6/10		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$250.00
Name of Payee Matthew Joiner	Date of Payment 09/10/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address 150 Oxoboxo Dam Rd	City Oakdale	State CT	Zip Code 06370-1267
Purpose of Expenditure WAGE		<u>2038</u> <input type="checkbox"/> Debit Card	
Description Payroll Expenses - Intern Stipend Week of 9/6/10		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$210.00

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Foley For Governor, Inc.						Original 10/12/2010	
<b>N. Expenses Paid By Committee</b>							
Name of Payee					Date of Payment	Method of Payment	Amount
Town of West Hartford					09/10/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
20 Isham Rd		West Hartford	CT	06107-2204	TRVL		
Description						Event #	
Parking							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$7.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Town of West Hartford					09/13/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
20 Isham Rd		West Hartford	CT	06107-2204	TRVL		
Description						Event #	
Parking							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$6.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Town of West Hartford					09/13/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
20 Isham Rd		West Hartford	CT	06107-2204	TRVL		
Description						Event #	
Parking							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$7.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

## IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

## N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount
CVS	09/13/2010	<input type="checkbox"/> Check #	
Street Address 150 S Main St	City West Hartford	State CT	Zip Code 06107-3432
Purpose of Expenditure OFFICE		<input checked="" type="checkbox"/> Debit Card	
Description Supplies		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$25.73
Name of Payee Premier Graphics	Date of Payment 09/13/2010	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 PRNT		2047 <input type="checkbox"/> Debit Card	
Description Printing and Reproduction - Intern Stipend for 8/27, Week of 8/30/10&9/6/10		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$1,858.00
Name of Payee Handmaid Design & Graphics	Date of Payment 09/13/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address PO Box 142	City Hanover	State CT	Zip Code 06350-0142
Purpose of Expenditure PRNT		2091 <input type="checkbox"/> Debit Card	
Description Printing and Reproduction - Inv#159,#194,#228.96		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
			\$581.96

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Foley For Governor, Inc.						Original 10/12/2010	
<b>N. Expenses Paid By Committee</b>							
Name of Payee					Date of Payment	Method of Payment	Amount
Demers Exposition SVS Inc.					09/13/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
180 Johnson St		Middletown	CT	06457-2247	Misc *		
Description						Event #	
Expo Service Fees							
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		\$102.82
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Starbucks					09/13/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
96 Broad St		Stamford	CT	06901-2312	FOOD		
Description						Event #	
Coffee							
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		\$9.33
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Starbucks					09/13/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
96 Broad St		Stamford	CT	06901-2312	FOOD		
Description						Event #	
Coffee							
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		\$4.88
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Foley For Governor, Inc.						Original 10/12/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Clarks Hill Sunoco					09/13/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
765 E Main St		Stamford	CT	06902-3833	TRVL		
Description						Event #	
Gas							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$43.15
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Cosi					09/13/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
970 Farmington Ave		West Hartford	CT	06107-2139	FOOD		
Description						Event #	
Meal							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$19.99
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
JP Morgan Chase Bank					09/14/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
3A Pickwick Plz		Greenwich	CT	06830	BNK		
Description						Event #	
Outgoing Domestic Wire Fe							
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							

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Foley For Governor, Inc.						Original 10/12/2010	
<b>N. Expenses Paid By Committee</b>							
Name of Payee					Date of Payment	Method of Payment	Amount
SSG Media, Inc.					09/14/2010	<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-OTH		
Description						Event #	
Advertising & Promotion - Inv #10M-075 Sept 15-21 Media Buy-Partial							
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		\$150,000.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Stevens & Schriefer Group					09/14/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>2054</u> <input type="checkbox"/> Debit Card	
2120 L St NW Ste 510		Washington	DC	20037-1534	TRVL		
Description						Event #	
Inv#Foley17							
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		\$1,030.65
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Starbucks					09/14/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
96 Broad St		Stamford	CT	06901-2312	FOOD		
Description						Event #	
Coffee							
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		\$40.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Foley For Governor, Inc.						Original 10/12/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
AT Conference					09/15/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
PO Box 2939		Southampton	NY	11969-2939	OVHD		
Description						Event #	
Conference Call Fee							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$583.75
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Ben And Jerry's					09/15/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
5 S Main St		West Hartford	CT	06107-2407	FOOD		
Description						Event #	
Meal							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$5.50
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Buffalo Wild Wings					09/15/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
208 Summer St		Stamford	CT	06901	FOOD		
Description						Event #	
Meal							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$29.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							



IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Foley For Governor, Inc.						Original 10/12/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Aristotle					09/16/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
205 Pennsylvania Ave SE		Washington	DC	20003-1164	Misc *		
Description						Event #	
Professional Fees - Ref #14980 Invoice 060834835 #2							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$7,000.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Red October Productions					09/16/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>2069</u> <input type="checkbox"/> Debit Card	
2120 L St NW		Washington	DC	20037-1527	A-TV		
Description						Event #	
Advertising & Promotion - Inv#2010 226A,222A,214A,209A,208A							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$26,363.76
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Stamps.com					09/16/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
12959 Coral Tree Pl		Los Angeles	CA	90066-7020	POST		
Description						Event #	
Stamps							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$15.99
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Foley For Governor, Inc.						Original 10/12/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Luna Pizza					09/16/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
999 Farmington Ave		Hartford	CT	06107-2103	FOOD		
Description						Event #	
Meal							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$21.41	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Town of West Hartford					09/16/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
20 Isham Rd		West Hartford	CT	06107-2204	TRVL		
Description						Event #	
Parking							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$7.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Town of West Hartford					09/16/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
20 Isham Rd		West Hartford	CT	06107-2204	TRVL		
Description						Event #	
Parking							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$2.25	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Foley For Governor, Inc.						Original 10/12/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Town of West Hartford					09/17/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
20 Isham Rd		West Hartford	CT	06107-2204	TRVL		
Description						Event #	
Parking							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$7.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Town of West Hartford					09/17/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
20 Isham Rd		West Hartford	CT	06107-2204	TRVL		
Description						Event #	
Parking							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$3.75
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Luna Pizza					09/17/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
999 Farmington Ave		Hartford	CT	06107-2103	FOOD		
Description						Event #	
Meal							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$67.79
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

#### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Matthew Joiner					09/17/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	2050		
150 Oxoboxo Dam Rd	Oakdale	CT	06370-1267	WAGE	<input type="checkbox"/> Debit Card		
Description						Event #	
Payroll Expenses - Intern Stipend Week of 9/13/10							
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
Michael Roberts					09/17/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	2052		
618 Belden Hall	Storrs	CT	06269-6905	WAGE	<input type="checkbox"/> Debit Card		
Description						Event #	
Payroll Expenses - Intern Stipend Week of 9/13/10							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$250.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Gyro Palace					09/17/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	2052		
7 S Main St	West Hartford	CT	06107-2447	FOOD	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Meal							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$23.30	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Foley For Governor, Inc.						Original 10/12/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
RNL LLC					09/17/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	2055	
40 Pleasant Dr		Southbury	CT	06488-3231	OVHD	<input type="checkbox"/> Debit Card	
Description						Event #	
Rent Expense - Sept 17-Oct 17 Rent + \$500 Security Deposit - Lease ends 11/17/10							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$1,400.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Emily Duus					09/17/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	2051	
20 Summer St Ste 200		Stamford	CT	06901-2304	WAGE	<input type="checkbox"/> Debit Card	
Description						Event #	
Payroll Expenses - Intern Stipend Week of 9/13/10							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$250.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Peerless Insurance					09/17/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure		
c/o Dan Brennan 184 Bedford St		Stamford	CT	06901	OVHD	<input checked="" type="checkbox"/> Debit Card	
Description						Event #	
Insurance Expense - Office Ins: Quarterly Inv for Acct #400912410 End Dec 2010							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$238.50	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Foley For Governor, Inc.						Original 10/12/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Peerless Insurance					09/17/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
c/o Dan Brennan 184 Bedford St		Stamford	CT	06901	OVHD		
Description						Event #	
Insurance							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$238.50
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Aristotle					09/17/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
205 Pennsylvania Ave SE		Washington	DC	20003-1164	OVHD		
Description						Event #	
Campaign database Software Fee							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$7,000.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Torey Shepardson					09/17/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>2053</u> <input type="checkbox"/> Debit Card	
49 Westmont St		West Hartford	CT	06117-2928	WAGE		
Description						Event #	
Payroll Expenses - Intern Stipend Week of 9/13/10							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$240.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Foley For Governor, Inc.						Original 10/12/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Diane L. Browne Catering					09/20/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	2088	
865 Post Rd		Darien	CT	06820-4603	FOOD	<input type="checkbox"/> Debit Card	
Description						Event #	
Meals, Entertainment - 8/17/10 Invoice - 8/12/10 Foley Event							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$1,266.70	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Best Buy					09/20/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure		
1501 New Britain Ave		West Hartford	CT	06110-1659	OFFICE	<input checked="" type="checkbox"/> Debit Card	
Description						Event #	
Supplies							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$63.59	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Subway					09/20/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure		
116 Broad St		Stamford	CT	06901-2702	FOOD	<input checked="" type="checkbox"/> Debit Card	
Description						Event #	
Meal							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$6.89	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Foley For Governor, Inc.						Original 10/12/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
INT*Intermedia.net					09/20/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
150 Mathilda Pl Ste 104		Sunnyvale	CA	94086-6010	OVHD		
Description						Event #	
Intermedia Fees							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$4.78
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Exxon Mobile					09/20/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
1139 Post Rd		Fairfield	CT	06824-6074	TRVL		
Description						Event #	
Gas							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$44.71
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Dean Pagani					09/20/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>2065</u> <input type="checkbox"/> Debit Card	
309 Holland Ln Ste 226		Alexandria	VA	22314-6104	RCW		
Description						Event #	
Vehicle Miles, Travel							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$832.50
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							



## IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

## N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount
Dean Pagani	09/20/2010	<input checked="" type="checkbox"/> Check #	
Street Address 309 Holland Ln Ste 226	City Alexandria	State VA	Zip Code 22314-6104
Purpose of Expenditure TRVL		2065 <input type="checkbox"/> Debit Card	
Description Parking, Acela		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
			\$832.50
Name of Payee	Date of Payment	Method of Payment	Amount
Schuyler Merritt	09/20/2010	<input checked="" type="checkbox"/> Check #	
Street Address 20 Summer St Ste 200	City Stamford	State CT	Zip Code 06901-2304
Purpose of Expenditure RCW		2068 <input type="checkbox"/> Debit Card	
Description Parking, Meals, Other		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
			\$452.06
Name of Payee	Date of Payment	Method of Payment	Amount
Justin R Clark	09/20/2010	<input checked="" type="checkbox"/> Check #	
Street Address 20 Summer St Ste 200	City Stamford	State CT	Zip Code 06901-2304
Purpose of Expenditure TRVL		2067 <input type="checkbox"/> Debit Card	
Description Vehicle Miles		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$226.00

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

#### N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount	
Chris Syrek	09/20/2010	<input checked="" type="checkbox"/> Check #	\$877.07	
Street Address 20 Summer St Ste 200	City Stamford	State CT		Zip Code 06901-2304
Purpose of Expenditure RCW		2064		<input type="checkbox"/> Debit Card
Description Vehicle Miles, Parking, Meals		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
James O'Connell	09/20/2010	<input checked="" type="checkbox"/> Check #	\$493.59	
Street Address 20 Summer St Ste 200	City Stamford	State CT		Zip Code 06901-2304
Purpose of Expenditure RCW		2063		<input type="checkbox"/> Debit Card
Description Vehicle Miles, 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	
Ben Hartman	09/20/2010	<input checked="" type="checkbox"/> Check #	\$849.44	
Street Address 20 Summer St Ste 200	City Stamford	State CT		Zip Code 06901-2304
Purpose of Expenditure RCW		2061		<input type="checkbox"/> Debit Card
Description Vehicle Miles, Parking, Meals, 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	

## IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

## N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount
Justin R Clark	09/20/2010	<input checked="" type="checkbox"/> Check #	
Street Address 20 Summer St Ste 200	City Stamford	State CT	Zip Code 06901-2304
Purpose of Expenditure TRVL		2067 <input type="checkbox"/> Debit Card	
Description Vehicle Miles		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$226.00
Name of Payee	Date of Payment	Method of Payment	Amount
Schuyler Merritt	09/20/2010	<input checked="" type="checkbox"/> Check #	
Street Address 20 Summer St Ste 200	City Stamford	State CT	Zip Code 06901-2304
Purpose of Expenditure TRVL		2068 <input type="checkbox"/> Debit Card	
Description Meals, Gas		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
			\$452.06
Name of Payee	Date of Payment	Method of Payment	Amount
Ben Hartman	09/20/2010	<input checked="" type="checkbox"/> Check #	
Street Address 20 Summer St Ste 200	City Stamford	State CT	Zip Code 06901-2304
Purpose of Expenditure TRVL		2061 <input type="checkbox"/> Debit Card	
Description Vehicle Miles, Meals, 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
			\$894.44

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Foley For Governor, Inc.						Original 10/12/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
James O'Connell					09/20/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	2063	
20 Summer St Ste 200		Stamford	CT	06901-2304	TRVL	<input type="checkbox"/> Debit Card	
Description						Event #	
Vehicle Miles							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$493.59
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Chris Syrek					09/20/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	2064	
20 Summer St Ste 200		Stamford	CT	06901-2304	TRVL	<input type="checkbox"/> Debit Card	
Description						Event #	
Vehicle Miles, Meal							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$877.07
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Bill Cortese					09/20/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	2059	
20 Summer St Ste 200		Stamford	CT	06901-2304	TRVL	<input type="checkbox"/> Debit Card	
Description						Event #	
Vehicle Miles, Fedex, Event							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$718.07
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Foley For Governor, Inc.						Original 10/12/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Chris Covucci					09/20/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	2060	
20 Summer St Fl 2		Stamford	CT	06901-2304	TRVL	<input type="checkbox"/> Debit Card	
Description						Event #	
Vehicle Miles, Parking, Meals, Supplies							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$1,368.07	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Courtney Weaver					09/20/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	2066	
20 Summer St Fl 2		Stamford	CT	06901-2304	TRVL	<input type="checkbox"/> Debit Card	
Description						Event #	
Vehicle Miles, Parking							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$966.03	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Chris Covucci					09/20/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	2060	
20 Summer St Fl 2		Stamford	CT	06901-2304	RCW	<input type="checkbox"/> Debit Card	
Description						Event #	
Vehicle Miles, Parking, Meals, Supplies							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$1,368.07	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Foley For Governor, Inc.						Original 10/12/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
John L Whitney					09/20/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	2070	
20 Summer St Fl 2		Stamford	CT	06901-2304	RCW	<input type="checkbox"/> Debit Card	
Description						Event #	
Vehicle Miles, Parking, Mail							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$408.65	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Courtney Weaver					09/20/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	2066	
20 Summer St Fl 2		Stamford	CT	06901-2304	RCW	<input type="checkbox"/> Debit Card	
Description						Event #	
Vehicle Miles, Parking, Meals, Supplies							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$966.03	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
The Advocate/Greenwich Time					09/20/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure		
9 Riverbend Dr		Stamford	CT	06906	A-NEWS	<input checked="" type="checkbox"/> Debit Card	
Description						Event #	
Advertising							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$19.99	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

#### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Burger King					09/20/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
1058 High Ridge Rd	Stamford	CT	06905-1122	FOOD	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Meal							
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						\$12.23	
Name of Payee					Date of Payment	Method of Payment	Amount
Harry's Pizza					09/20/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
1003 Farmington Ave	West Hartford	CT	06107-2191	FOOD	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Meal							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No						\$22.26	
Name of Payee					Date of Payment	Method of Payment	Amount
United States Post Office West Hartford					09/21/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
Lasalle Road	West Hartford	CT		POST	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Mail							
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						\$230.50	

## IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

## N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount
Media Placement Technologies	09/21/2010	<input type="checkbox"/> Check #	
Street Address 336 Commerce St	City Alexandria	State VA	Zip Code 22314-2802
Purpose of Expenditure A-OTH		<input checked="" type="checkbox"/> Debit Card	
Description Advertising & Promotion - 9-20-10 Invoice Media Buy Sep 22-26			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 \$215,940.00
John L Whitney	09/21/2010	<input checked="" type="checkbox"/> Check #	
Street Address 20 Summer St Fl 2	City Stamford	State CT	Zip Code 06901-2304
Purpose of Expenditure POST		2070 <input type="checkbox"/> Debit Card	
Description Vehicle Miles, Shipping Costs			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 \$408.65
Chris O'Brien	09/21/2010	<input checked="" type="checkbox"/> Check #	
Street Address 20 Summer St Ste 200	City Stamford	State CT	Zip Code 06901-2304
Purpose of Expenditure RCW		2072 <input type="checkbox"/> Debit Card	
Description Vehicle Miles, Parking, Meals, 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 \$330.77



IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Foley For Governor, Inc.						Original 10/12/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Len Greene					09/21/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	2071	
20 Summer St Ste 200		Stamford	CT	06901-2304	RCW	<input type="checkbox"/> Debit Card	
Description						Event #	
Vehicle Miles, Parking, Meals							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$195.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
JP Morgan Chase Bank					09/21/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure		
3A Pickwick Plz		Greenwich	CT	06830	BNK	<input checked="" type="checkbox"/> Debit Card	
Description						Event #	
Incoming Domestic Wire Fee							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$15.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
JP Morgan Chase Bank					09/21/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure		
3A Pickwick Plz		Greenwich	CT	06830	BNK	<input checked="" type="checkbox"/> Debit Card	
Description						Event #	
Outgoing Domestic Wire Fee							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$25.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Foley For Governor, Inc.						Original 10/12/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Target					09/21/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
21 Broad St		Stamford	CT	06901-2309	OFFICE		
Description						Event #	
Supplies							
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		\$10.77
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Len Greene					09/21/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>2071</u> <input type="checkbox"/> Debit Card	
20 Summer St Ste 200		Stamford	CT	06901-2304	TRVL		
Description						Event #	
Vehicle Miles, Parking, Meals							
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		\$195.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Chris O'Brien					09/21/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>2072</u> <input type="checkbox"/> Debit Card	
20 Summer St Ste 200		Stamford	CT	06901-2304	TRVL		
Description						Event #	
Vehicle Miles, Parking, Supplies							
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		\$330.77
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Foley For Governor, Inc.						Original 10/12/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Fedex Kinko's					09/21/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card	
48 W Putnam Ave		Greenwich	CT	06830-5331	OFFICE		
Description						Event #	
Office Services							
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							\$8.76
Name of Payee					Date of Payment	Method of Payment	Amount
Starbucks					09/21/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
96 Broad St		Stamford	CT	06901-2312	FOOD		
Description						Event #	
Coffee							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$33.67
Name of Payee					Date of Payment	Method of Payment	Amount
Tim Coffey Photography					09/22/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>2087</u> <input type="checkbox"/> Debit Card	
1802 Bedford St # 2		Stamford	CT	06905-4718	PRNT		
Description						Event #	
Printing & Reproduction Inv#2393 Newtown Labor Day Photography							
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							\$500.00

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

#### N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount	
S.B. Andrews Company / RLM Co.	09/22/2010	<input checked="" type="checkbox"/> Check #		
Street Address 10 N Main St	City West Hartford	State CT		Zip Code 06107-1968
Purpose of Expenditure OVHD				2093 <input type="checkbox"/> Debit Card
Description Rent Expense - Inv#00483,7 S Main St,W Hartford,Oct 2010 Rent				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float: right;">Other Candidate(s) Name</span> <span style="float: right;">Office Sought</span>				
			\$1,680.00	
DMI, Inc	09/22/2010	<input checked="" type="checkbox"/> Check #		
Street Address 1145 W Collins Ave	City Orange	State CA		Zip Code 92867-5445
Purpose of Expenditure PRNT				2090 <input type="checkbox"/> Debit Card
Description Inv#10207 Lapel Stickers,Rally Signs				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float: right;">Other Candidate(s) Name</span> <span style="float: right;">Office Sought</span>				
			\$4,322.11	
Campaign Solutions	09/22/2010	<input checked="" type="checkbox"/> Check #		
Street Address 117 N Asaph St	City Alexandria	State VA		Zip Code 22314
Purpose of Expenditure WEB				2095 <input type="checkbox"/> Debit Card
Description Computer & Internet Expenses - Inv#7866 Monthly Web Maint,Email Deploy,Hosting Fee				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float: right;">Other Candidate(s) Name</span> <span style="float: right;">Office Sought</span>				
			\$2,194.15	

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Foley For Governor, Inc.						Original 10/12/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
CD Inc.					09/22/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>2089</u>	
PO Box 1877		Alexandria	VA	22313-1877	A-WEB	<input type="checkbox"/> Debit Card	
Description						Event #	
Computer & Internet Expenses - Inv #3031 Aug 2010 Google Ads							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$866.65	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Premier Graphics					09/22/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>2085</u>	
860 Honeyspot Rd		Stratford	CT	06615-7159	PRNT	<input type="checkbox"/> Debit Card	
Description						Event #	
Inv #56399 Foley/Boughton for CT -3000							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$742.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Chris Bandecchi					09/22/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>2076</u>	
20 Summer St Fl 2		Stamford	CT	06901-2304	TRVL	<input type="checkbox"/> Debit Card	
Description						Event #	
Vehicle Miles							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$130.18	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES						
NAME OF COMMITTEE						FILING DUE DATE
Foley For Governor, Inc.						Original 10/12/2010
N. Expenses Paid By Committee						
Name of Payee				Date of Payment	Method of Payment	Amount
Sprint				09/22/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	
PO Box 660075		Dallas	TX	75266-0075	WEB	<input type="checkbox"/> Debit Card
Description					Event #	
Computer & Internet Expenses - Acct #78746693 Billing 8/5/10-9/7/10						
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		
<input type="checkbox"/> Yes						
<input checked="" type="checkbox"/> No						\$122.92
Name of Payee				Date of Payment	Method of Payment	Amount
Comcast				09/22/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	
PO Box 1577		Newark	NJ	07101-1577	WEB	<input type="checkbox"/> Debit Card
Description					Event #	
Computer & Internet Expenses - Acct 8773402000691101 Norwich office due 10/2/10						
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		
<input type="checkbox"/> Yes						
<input checked="" type="checkbox"/> No						\$132.64
Name of Payee				Date of Payment	Method of Payment	Amount
Irving J Kern				09/22/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	
PO Box 1821		Bridgeport	CT	06601-1821	FOOD	<input type="checkbox"/> Debit Card
Description					Event #	
Meals and Entertainment - 9/13/10 Foley Event - Beverage Reimbursement						
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						\$69.04

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Foley For Governor, Inc.						Original 10/12/2010	
<b>N. Expenses Paid By Committee</b>							
Name of Payee					Date of Payment	Method of Payment	Amount
Anthem BCBS					09/22/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>2084</u>	
PO Box 11017		Lewiston	ME	04243-9468	OVHD	<input type="checkbox"/> Debit Card	
Description						Event #	
Insurance Expense - Acct#1052181000001,Inv#7025600340,10/1/10-10/31/10							
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$2,964.86
Name of Payee					Date of Payment	Method of Payment	Amount
Hinckley, Allen & Snyder LLP					09/22/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>2074</u>	
50 Kennedy Plz		Providence	RI	02903-2393	Misc *	<input type="checkbox"/> Debit Card	
Description						Event #	
Professional Fees - Bill#(RA) 839514, Client #064178 Foley vs SEEC							
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$7,791.97
Name of Payee					Date of Payment	Method of Payment	Amount
Sherry Sopin					09/22/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>2082</u>	
1115 Broad St # 1821		Bridgeport	CT	06604-4234	FOOD	<input type="checkbox"/> Debit Card	
Description						Event #	
Meals and Entertainment - 9/13/10 Foley Event - Food Reimbursement							
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							\$143.10

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Foley For Governor, Inc.						Original 10/12/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Media Placement Technologies					09/23/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
336 Commerce St		Alexandria	VA	22314-2802	A-OTH		
Description						Event #	
Advertising & Promotion - 9-21-10 Inv Sep 27-Oct 3 Media Buy							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$365,205.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Clark Hill PLC					09/23/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card	
1250 Eye St NW		Washington	DC	20005	Misc *		
Description						Event #	
Professional Fees							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$2,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
United States Post Office West Hartford					09/23/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
Lasalle Road		West Hartford	CT		POST		
Description						Event #	
Mail							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$440.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							



### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

#### N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount	
JP Morgan Chase Bank	09/23/2010	<input type="checkbox"/> Check #		
Street Address 3A Pickwick Plz	City Greenwich	State CT		Zip Code 06830
Purpose of Expenditure BNK				<input checked="" type="checkbox"/> Debit Card
Description Incoming Domestic Wire Fee				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float: right;">Other Candidate(s) Name</span> <span style="float: right;">Office Sought</span>				
			\$15.00	
JP Morgan Chase Bank	09/23/2010	<input type="checkbox"/> Check #		
Street Address 3A Pickwick Plz	City Greenwich	State CT		Zip Code 06830
Purpose of Expenditure BNK				<input checked="" type="checkbox"/> Debit Card
Description Outgoing Domestic wire Fee				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float: right;">Other Candidate(s) Name</span> <span style="float: right;">Office Sought</span>				
			\$25.00	
Exxon Mobile	09/23/2010	<input type="checkbox"/> Check #		
Street Address 1139 Post Rd	City Fairfield	State CT		Zip Code 06824-6074
Purpose of Expenditure TRVL				<input checked="" type="checkbox"/> Debit Card
Description Gas				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float: right;">Other Candidate(s) Name</span> <span style="float: right;">Office Sought</span>				
			\$44.97	

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Foley For Governor, Inc.						Original 10/12/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Brueggers					09/23/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
1 S Main St		West Hartford	CT	06107-2407	FOOD		
Description						Event #	
Meal							
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							\$4.43
Name of Payee					Date of Payment	Method of Payment	Amount
Torey Shepardson					09/24/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>2080</u>	
49 Westmont St		West Hartford	CT	06117-2928	WAGE	<input type="checkbox"/> Debit Card	
Description						Event #	
Payroll Expenses - Intern Stipend Week of 9/20/10							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$240.00
Name of Payee					Date of Payment	Method of Payment	Amount
Emily Duus					09/24/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>2077</u>	
20 Summer St Ste 200		Stamford	CT	06901-2304	WAGE	<input type="checkbox"/> Debit Card	
Description						Event #	
Payroll Expenses - Intern Stipend Week of 9/20/10							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$250.00

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Foley For Governor, Inc.						Original 10/12/2010	
N. Expenses Paid By Committee							
Name of Payee				Date of Payment	Method of Payment		Amount
David M Hellriegel				09/24/2010	<input checked="" type="checkbox"/> Check #		
Street Address		City	State	Zip Code	Purpose of Expenditure	2081	
20 Summer St Ste 200		Stamford	CT	06901-2304	WAGE	<input type="checkbox"/> Debit Card	
Description					Event #		
Payroll Expenses - Intern Stipend Week of 9/20/10							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$150.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee				Date of Payment	Method of Payment		Amount
Staples				09/24/2010	<input type="checkbox"/> Check #		
Street Address		City	State	Zip Code	Purpose of Expenditure	2081	
2299 Summer St		Stamford	CT	06905-4502	OFFICE	<input checked="" type="checkbox"/> Debit Card	
Description					Event #		
Supplies							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$500.40
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee				Date of Payment	Method of Payment		Amount
Sephora				09/24/2010	<input type="checkbox"/> Check #		
Street Address		City	State	Zip Code	Purpose of Expenditure	2081	
75 Greenwich Ave		Greenwich	CT	06830-5511	Misc *	<input checked="" type="checkbox"/> Debit Card	
Description					Event #		
Make-up							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$42.40
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Foley For Governor, Inc.						Original 10/12/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
CVS					09/24/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
150 S Main St		West Hartford	CT	06107-3432	OFFICE		
Description						Event #	
Supplies							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
						\$32.91	
Name of Payee					Date of Payment	Method of Payment	Amount
Matthew Joiner					09/24/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>2078</u> <input type="checkbox"/> Debit Card	
150 Oxoboxo Dam Rd		Oakdale	CT	06370-1267	WAGE		
Description						Event #	
Payroll Expenses - Intern Stipend Week of 9/20/10							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
						\$210.00	
Name of Payee					Date of Payment	Method of Payment	Amount
Town of West Hartford					09/24/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
20 Isham Rd		West Hartford	CT	06107-2204	TRVL		
Description						Event #	
Parking							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
						\$1.50	

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Foley For Governor, Inc.						Original 10/12/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Town of West Hartford					09/24/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
20 Isham Rd		West Hartford	CT	06107-2204	TRVL		
Description						Event #	
Parking							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$4.50
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Carbonite Inc.					09/24/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
334 Boylston St Fl 3		Boston	MA	02116-3496	OVHD		
Description						Event #	
IT							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$129.95
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Apple Store					09/24/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
100 Greyrock Pl Spc F-115		Stamford	CT	06901-3118	OFFICE		
Description						Event #	
Computer							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$1,429.89
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Foley For Governor, Inc.						Original 10/12/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Michael Roberts					09/24/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	2079	
618 Belden Hall		Storrs	CT	06269-6905	WAGE	<input type="checkbox"/> Debit Card	
Description						Event #	
Payroll Expenses - Intern Stipend Week of 9/20/10							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$250.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Queen Street Citgo					09/27/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure		
682 Queen St		Southington	CT	06489-1540	TRVL	<input checked="" type="checkbox"/> Debit Card	
Description						Event #	
Gas							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$42.06
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
McLadden's Irish Pub					09/27/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure		
37 Lasalle Rd		West Hartford	CT	06107-2304	FOOD	<input checked="" type="checkbox"/> Debit Card	
Description						Event #	
Meal							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$72.50
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Foley For Governor, Inc.						Original 10/12/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Town of West Hartford					09/27/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
20 Isham Rd		West Hartford	CT	06107-2204	TRVL		
Description						Event #	
Parking							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$7.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Town of West Hartford					09/27/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
20 Isham Rd		West Hartford	CT	06107-2204	TRVL		
Description						Event #	
Parking							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$4.50
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Town of West Hartford					09/27/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
20 Isham Rd		West Hartford	CT	06107-2204	TRVL		
Description						Event #	
Parking							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$7.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Foley For Governor, Inc.						Original 10/12/2010	
N. Expenses Paid By Committee							
Name of Payee Target					Date of Payment 09/27/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Street Address 21 Broad St		City Stamford	State CT	Zip Code 06901-2309	Purpose of Expenditure OFFICE	<input checked="" type="checkbox"/> Debit Card	
Description Supplies					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name		Office Sought		
							\$13.34
Name of Payee Chris Bandecchi					Date of Payment 09/27/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address 20 Summer St Fl 2		City Stamford	State CT	Zip Code 06901-2304	Purpose of Expenditure RCW	<input type="checkbox"/> Debit Card	
Description Vehicle Miles					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name		Office Sought		
							\$130.18
Name of Payee Reuben's Deli					Date of Payment 09/27/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Street Address 35 Lasalle Rd		City West Hartford	State CT	Zip Code 06107-2304	Purpose of Expenditure FOOD	<input checked="" type="checkbox"/> Debit Card	
Description Meal					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name		Office Sought		
							\$17.38



### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

#### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Max's Burger					09/27/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
124 Lasalle Rd Ste 1	West Hartford	CT	06107-2314	FOOD	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Meal							
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						\$32.74	
Name of Payee					Date of Payment	Method of Payment	Amount
Fedex Kinko's					09/27/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
48 W Putnam Ave	Greenwich	CT	06830-5331	OFFICE	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Office Services							
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						\$18.73	
Name of Payee					Date of Payment	Method of Payment	Amount
Freedom Voice Systems					09/28/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
169 Saxony Rd Ste 206	Encinitas	CA	92024-6780	OVHD	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Phone system services							
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						\$593.28	

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Foley For Governor, Inc.						Original 10/12/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Starbucks					09/28/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
96 Broad St		Stamford	CT	06901-2312	FOOD		
Description						Event #	
Coffee							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$40.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Connecticut Light & Power					09/28/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
PO Box 150493		Hartford	CT	06115-0493	OVHD		
Description						Event #	
Acct#51428445043 - 56 Padanarum Rd, Danbury							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$200.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
ADP EasyPay Boston 2					09/29/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
225 2nd Ave		Waltham	MA	02451-1122	OVHD		
Description						Event #	
TX/FINCL SVC ADP - TAX RIBIT 093009A01 CCD ID: 1223006057							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$19,805.89
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

#### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
ADP EasyPay Boston 2					09/29/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
225 2nd Ave	Waltham	MA	02451-1122	OVHD	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
TX/FINCL SVC ADP - TAX 647026887673BIT CCD ID: 9333006057							
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						\$64,717.26	
Name of Payee					Date of Payment	Method of Payment	Amount
JP Morgan Chase Bank					09/29/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
3A Pickwick Plz	Greenwich	CT	06830	BNK	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Incoming 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						\$15.00	
Name of Payee					Date of Payment	Method of Payment	Amount
Freedom Voice Systems					09/29/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
169 Saxony Rd Ste 206	Encinitas	CA	92024-6780	OVHD	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Phone system services							
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						\$10.92	

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

#### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Starbucks					09/30/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
96 Broad St	Stamford	CT	06901-2312	FOOD	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Coffee							
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							\$3.66
Name of Payee					Date of Payment	Method of Payment	Amount
JP Morgan Chase Bank					09/30/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
3A Pickwick Plz	Greenwich	CT	06830	BNK	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Service 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							\$105.20
Name of Payee					Date of Payment	Method of Payment	Amount
JP Morgan Chase Bank					09/30/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
3A Pickwick Plz	Greenwich	CT	06830	BNK	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Outgoing 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

## IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

## N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount
Staples	09/30/2010	<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 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
			\$131.36
Name of Payee C. Christopher Semmes	Date of Payment 09/30/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address 23 Pilgrim Dr	City Greenwich	State CT	Zip Code 06831-4925
Purpose of Expenditure OVHD		2106 <input type="checkbox"/> Debit Card	
Description Photos for Romney Event - 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
			\$969.00
Name of Payee Town of Glastonbury	Date of Payment 09/30/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address 2155 Main St	City Glastonbury	State CT	Zip Code 06033-2282
Purpose of Expenditure OVHD		2105 <input type="checkbox"/> Debit Card	
Description Community Center Room Rental for Scott Brown - Rent Expense			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$530.00

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Foley For Governor, Inc.						Original 10/12/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Chatham Light Media					09/30/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	2107	
PO Box 1330		Stowe	VT	05672-1330	A-OTH	<input type="checkbox"/> Debit Card	
Description						Event #	
Advertising & Promotion - Inv#1523,1524,1529,1530,1531,1536,1539							
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		\$67,694.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Media Placement Technologies					09/30/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure		
336 Commerce St		Alexandria	VA	22314-2802	A-OTH	<input checked="" type="checkbox"/> Debit Card	
Description						Event #	
Advertising & Promotion - 9-24-10 Inv Oct 4-10 Media Buy							
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		\$365,205.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
<b>Total of Section N</b>						<b>\$1,761,422.39</b>	

<b>IV. EXPENDITURES</b>						
NAME OF COMMITTEE					FILING DUE DATE	
Foley For Governor, Inc.					Original 10/12/2010	
<b>O. Campaign Expenses Paid By Candidate</b>						
Name of Payee				Date of Payment	Is Reimbursement Claimed?	
Street Address			City	State	Zip Code	Yes No
Purpose of Expenditure	Description				Event #	
<b>Total of Section O</b>						

### IV. EXPENDITURES

NAME OF COMMITTEE							FILING DUE DATE	
Foley For Governor, Inc.							Original 10/12/2010	
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 09/14/2010		Amount	
Street Address 2540 Summer St		City Stamford		State CT	Zip Code 06905-4302			
Purpose of Expenditure A-NEWS	Description Advertising & Promotion Expense					Event #		\$50.99
Name of Issuing Institution Chase Cardmember Service					Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor Hyatt Hotel & Resorts: Hyatt Regenc					Date of Transaction 09/14/2010		Amount	
Street Address 1800 E Putnam Ave		City Old Greenwich		State CT	Zip Code 06870-1320			
Purpose of Expenditure TRVL	Description Lodging Expense					Event #		\$3,693.96
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 Best Buy					Date of Transaction 09/15/2010		Amount	
Street Address 1501 New Britain Ave		City West Hartford		State CT	Zip Code 06110-1659			
Purpose of Expenditure OFFICE	Description Supplies					Event #		\$50.84



### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

#### 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 Target				Date of Transaction 09/15/2010		Amount	
Street Address 21 Broad St		City Stamford	State CT	Zip Code 06901-2309			
Purpose of Expenditure OFFICE	Description Supplies				Event #		\$90.09
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 09/16/2010		Amount	
Street Address 2540 Summer St		City Stamford	State CT	Zip Code 06905-4302			
Purpose of Expenditure A-NEWS	Description Advertising & Promotion				Event #		\$1,128.01
Name of Issuing Institution Chase Cardmember Service				Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor Hyatt Hotel & Resorts: Hyatt Regenc				Date of Transaction 09/17/2010		Amount	
Street Address 1800 E Putnam Ave		City Old Greenwich	State CT	Zip Code 06870-1320			
Purpose of Expenditure TRVL	Description Lodging Expense				Event #		\$6,871.46

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

#### 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 Town of West Hartford				Date of Transaction 09/27/2010		Amount	
Street Address 20 Isham Rd		City West Hartford	State CT	Zip Code 06107-2204			
Purpose of Expenditure TRVL	Description Parking				Event #		\$7.00
Name of Issuing Institution Chase Cardmember Service				Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor Town of West Hartford				Date of Transaction 09/28/2010		Amount	
Street Address 20 Isham Rd		City West Hartford	State CT	Zip Code 06107-2204			
Purpose of Expenditure TRVL	Description Parking				Event #		\$7.00
Name of Issuing Institution Chase Cardmember Service				Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor Staples				Date of Transaction 09/28/2010		Amount	
Street Address 2299 Summer St		City Stamford	State CT	Zip Code 06905-4502			
Purpose of Expenditure OFFICE	Description Supplies				Event #		\$25.42

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

#### 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 United States Post Office				Date of Transaction 09/28/2010		Amount	
Street Address Ridgeway Station		City Stamford	State CT	Zip Code 06902			
Purpose of Expenditure POST	Description Mail				Event #		\$176.00
Name of Issuing Institution Chase Cardmember Service				Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor Reuben's Deli				Date of Transaction 09/28/2010		Amount	
Street Address 35 Lasalle Rd		City West Hartford	State CT	Zip Code 06107-2304			
Purpose of Expenditure FOOD	Description Meal Expense				Event #		\$15.26
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 McDonalds				Date of Transaction 09/28/2010		Amount	
Street Address 172 Washington St		City Stamford	State CT	Zip Code 06901			
Purpose of Expenditure FOOD	Description Meal Expense				Event #		\$56.56

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

#### 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 RadioShack				Date of Transaction 09/28/2010		Amount	
Street Address 561 Elm St # 1-1419		City Stamford	State CT	Zip Code 06902-5113			
Purpose of Expenditure OFFICE	Description Supplies				Event #		\$106.00
Name of Issuing Institution Chase Cardmember Service				Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor Luna Pizza				Date of Transaction 09/30/2010		Amount	
Street Address 999 Farmington Ave		City Hartford	State CT	Zip Code 06107-2103			
Purpose of Expenditure FOOD	Description Meal				Event #		\$81.20
Name of Issuing Institution Chase Cardmember Service				Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor Staples				Date of Transaction 09/30/2010		Amount	
Street Address 2299 Summer St		City Stamford	State CT	Zip Code 06905-4502			
Purpose of Expenditure OFFICE	Description Supplies				Event #		\$25.42

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

#### 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 Town of West Hartford				Date of Transaction 09/30/2010		Amount	
Street Address 20 Isham Rd		City West Hartford		State CT	Zip Code 06107-2204		
Purpose of Expenditure TRVL	Description Parking				Event #		\$7.00
Name of Issuing Institution Chase Cardmember Service				Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor Town of West Hartford				Date of Transaction 09/30/2010		Amount	
Street Address 20 Isham Rd		City West Hartford		State CT	Zip Code 06107-2204		
Purpose of Expenditure TRVL	Description Parking				Event #		\$1.50
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 09/30/2010		Amount	
Street Address 2540 Summer St		City Stamford		State CT	Zip Code 06905-4302		
Purpose of Expenditure A-NEWS	Description Advertising & Promotion				Event #		\$1,739.46

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

#### 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 United States Post Office					Date of Transaction 09/30/2010		Amount
Street Address Ridgeway Station		City Stamford		State CT	Zip Code 06902		
Purpose of Expenditure POST	Description Mail					Event #	\$132.00
<b>Total of Section P</b>							<b>\$14,265.17</b>

### IV. EXPENDITURES

IV. EXPENDITURES					
NAME OF COMMITTEE					FILING DUE DATE
Foley For Governor, Inc.					Original 10/12/2010
<b>Q. Expenses Incurred By Committee but Not Paid During this Period</b>					
Name of Creditor			Date Incurred	Event #	
Chase Cardmember Service			09/30/2010		
Street Address		City		State	Zip Code
PO Box 15153		Wilmington		DE	19886-5153
Purpose of Expenditure	Description				
CCP	Payment to campaign card				
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					
					\$14,265.17
<b>Total of Section Q</b>					<b>\$14,265.17</b>

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Folev For Governor. Inc.	Original 10/12/2010

#### R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Justin R Clark	09/07/2010	<input checked="" type="checkbox"/> Check # 2023		
Secondary Payee Justin R Clark	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card		
Street Address 20 Summer St Ste 200	City Stamford	State CT		Zip Code 06901-2304
Description vehicle miles				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$422.00	
Other Candidate(s) Name Office Sought				
Sunghi P Frauen	09/07/2010	<input checked="" type="checkbox"/> Check # 2024		
Secondary Payee Verizon Wireless	Purpose of Expenditure A-PH-BNK	<input type="checkbox"/> Debit Card		
Street Address PO Box 15062	City Albany	State NY		Zip Code 12212-5062
Description cell phone				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$146.05	
Other Candidate(s) Name Office Sought				



### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

#### R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Matthew Joiner	09/07/2010	<input checked="" type="checkbox"/> Check # 2020	
Secondary Payee Matthew Joiner	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address 150 Oxoboxo Dam Rd	City Oakdale	State CT	
Zip Code 06370-1267	Description Vehicle miles		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$195.00
Courtney Weaver	09/07/2010	<input checked="" type="checkbox"/> Check # 2012	
Secondary Payee Courtney Weaver	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address 20 Summer St Fl 2	City Stamford	State CT	
Zip Code 06901-2304	Description vehicle miles		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$553.00

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

#### R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Courtney Weaver	09/07/2010	<input checked="" type="checkbox"/> Check # 2012		
Secondary Payee Town of West Hartford	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card		
Street Address 20 Isham Rd	City West Hartford	State CT		Zip Code 06107-2204
Description parking				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Other Candidate(s) Name
			Office Sought	
			\$35.00	
Courtney Weaver	09/07/2010	<input checked="" type="checkbox"/> Check # 2012		
Secondary Payee SBC	Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card		
Street Address 131 Summer St	City Stamford	State CT		Zip Code 06901-2323
Description Campaign meeting w/ town co-ordinators				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	
			\$110.98	

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

#### R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Courtney Weaver	09/07/2010	<input checked="" type="checkbox"/> Check # 2012	
Secondary Payee Verizon Wireless	Purpose of Expenditure A-PH-BNK	<input type="checkbox"/> Debit Card	
Street Address PO Box 15062	City Albany	State NY	
Zip Code 12212-5062		Event #	
Description cell phone bill			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name
			Office Sought
			\$54.28
Courtney Weaver	09/07/2010	<input checked="" type="checkbox"/> Check # 2012	
Secondary Payee Blackstone Library	Purpose of Expenditure Misc *	<input type="checkbox"/> Debit Card	
Street Address 758 Main St	City Branford	State CT	
Zip Code 06405-3617		Event #	
Description Books, blues, and BBQ event			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name
			Office Sought
			\$25.00

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

#### R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Courtney Weaver	09/07/2010	<input checked="" type="checkbox"/> Check # 2012	
Secondary Payee United Ride	Purpose of Expenditure Misc *	<input type="checkbox"/> Debit Card	
Street Address 10 Norden Pl	City Norwalk	State CT	
Zip Code 06855-1452		Event #	
Description Memorial T-Shirts for United Ride			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought
			\$30.00
Chris Bandecchi	09/07/2010	<input checked="" type="checkbox"/> Check # 2022	
Secondary Payee Chris Bandecchi	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address 20 Summer St Fl 2	City Stamford	State CT	
Zip Code 06901-2304		Event #	
Description vehicle miles			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought
			\$18.00

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

#### R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Chris Bandecchi	09/07/2010	<input checked="" type="checkbox"/> Check # 2022	
Secondary Payee Verizon Wireless	Purpose of Expenditure A-PH-BNK	<input type="checkbox"/> Debit Card	
Street Address PO Box 15062	City Albany	State NY	
Zip Code 12212-5062		Event #	
Description Air card for wireless			
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
			\$146.73
Schuyler Merritt	09/07/2010	<input checked="" type="checkbox"/> Check # 2013	
Secondary Payee Schuyler Merritt	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address 20 Summer St Ste 200	City Stamford	State CT	
Zip Code 06901-2304		Event #	
Description vehicle miles			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$99.35

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

#### R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Schuyler Merritt	09/07/2010	<input checked="" type="checkbox"/> Check # 2013	
Secondary Payee Town of West Hartford	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address 20 Isham Rd	City West Hartford	State CT	
Description parking		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name Office Sought	
			\$11.50
Schuyler Merritt	09/07/2010	<input checked="" type="checkbox"/> Check # 2013	
Secondary Payee Wendy's	Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card	
Street Address 306 Prospect Ave	City Hartford	State CT	
Description Toms lunch		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name Office Sought	
			\$45.05

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

#### R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Schuyler Merritt	09/07/2010	<input checked="" type="checkbox"/> Check # 2013		
Secondary Payee McDonalds	Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card		
Street Address 172 Washington St	City Stamford	State CT		Zip Code
Description Toms lunch				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Other Candidate(s) Name
			Office Sought	
			\$13.10	
Schuyler Merritt	09/07/2010	<input checked="" type="checkbox"/> Check # 2013		
Secondary Payee Sprint	Purpose of Expenditure A-PH-BNK	<input type="checkbox"/> Debit Card		
Street Address PO Box 660075	City Dallas	State TX		Zip Code 75266-0075
Description cell phone (August)				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	
			\$70.00	

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

#### R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Schuyler Merritt	09/07/2010	<input checked="" type="checkbox"/> Check # 2013	
Secondary Payee Exxon Mobile	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address 1139 Post Rd	City Fairfield	State CT	
Zip Code 06824-6074		Event #	
Description Gas for BMW			
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
			\$271.71
Schuyler Merritt	09/07/2010	<input checked="" type="checkbox"/> Check # 2013	
Secondary Payee Schuyler Merritt	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address 20 Summer St Ste 200	City Stamford	State CT	
Zip Code 06901-2304		Event #	
Description vehicle miles			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought
			\$87.30



### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

#### R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Schuyler Merritt	09/07/2010	<input checked="" type="checkbox"/> Check # 2013	
Secondary Payee Summer Place Parking	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address Summer Place	City Stamford	State CT	
Description parking		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$25.00
Chris Covucci	09/07/2010	<input checked="" type="checkbox"/> Check # 2018	
Secondary Payee Chris Covucci	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address 20 Summer St Fl 2	City Stamford	State CT	
Description vehicle miles		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$395.85

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

#### R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Chris Covucci	09/07/2010	<input checked="" type="checkbox"/> Check # 2018	
Secondary Payee Summer Place Parking	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address Summer Place	City Stamford	State CT	Zip Code 06901
Description parking			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought
			\$6.00
Chris Covucci	09/07/2010	<input checked="" type="checkbox"/> Check # 2018	
Secondary Payee Verizon Wireless	Purpose of Expenditure A-PH-BNK	<input type="checkbox"/> Debit Card	
Street Address PO Box 15062	City Albany	State NY	Zip Code 12212-5062
Description cell phone bill			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
			\$148.73

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

#### R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Chris Covucci	09/07/2010	<input checked="" type="checkbox"/> Check # 2018	
Secondary Payee T Mobile	Purpose of Expenditure A-PH-BNK	<input type="checkbox"/> Debit Card	
Street Address 326 N Main St	City West Hartford	State CT	
Zip Code 06117-2510	Event #		
Description pre-paid cell phones			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$296.77
Other Candidate(s) Name			
Office Sought			
Chris Covucci	09/07/2010	<input checked="" type="checkbox"/> Check # 2018	
Secondary Payee Fair Tickets	Purpose of Expenditure Misc *	<input type="checkbox"/> Debit Card	
Street Address 100 Main St	City Bridgewater	State CT	
Zip Code 06752	Event #		
Description Tickets for Somers, Bridgewater, Terryville, and Chester Fairs			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$49.00
Other Candidate(s) Name			
Office Sought			

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

#### R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Chris Syrek	09/07/2010	<input checked="" type="checkbox"/> Check # 2014	
Secondary Payee Chris Syrek	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address 20 Summer St Ste 200	City Stamford	State CT	
Zip Code 06901-2304		Event #	
Description vehicle miles			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$645.00
Chris Syrek	09/07/2010	<input checked="" type="checkbox"/> Check # 2014	
Secondary Payee Verizon Wireless	Purpose of Expenditure A-PH-BNK	<input type="checkbox"/> Debit Card	
Street Address PO Box 15062	City Albany	State NY	
Zip Code 12212-5062		Event #	
Description cell phone bill			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$145.98

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

#### R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Chris Syrek	09/07/2010	<input checked="" type="checkbox"/> Check # 2014	
Secondary Payee Whole Foods	Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card	
Street Address 50 Raymond Rd	City West Hartford	State CT	
Zip Code 06107-2213		Event #	
Description Staff lunch			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$10.07
Chris Syrek	09/07/2010	<input checked="" type="checkbox"/> Check # 2014	
Secondary Payee Summer Place Parking	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address Summer Place	City Stamford	State CT	
Zip Code 06901		Event #	
Description parking			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$10.00

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

#### R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Chris Syrek	09/07/2010	<input checked="" type="checkbox"/> Check # 2014	
Secondary Payee Whole Foods	Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card	
Street Address 50 Raymond Rd	City West Hartford	State CT	
Zip Code 06107-2213		Event #	
Description staff lunch			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$11.75
Other Candidate(s) Name			
Office Sought			
Chris Syrek	09/07/2010	<input checked="" type="checkbox"/> Check # 2014	
Secondary Payee Bridgewater Fair	Purpose of Expenditure Misc *	<input type="checkbox"/> Debit Card	
Street Address 100 Main St	City Bridgewater	State CT	
Zip Code 06752		Event #	
Description admission to fair			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$8.00
Other Candidate(s) Name			
Office Sought			

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

#### R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Ben Hartman	09/07/2010	<input checked="" type="checkbox"/> Check # 2015		
Secondary Payee Ben Hartman	Purpose of Expenditure A-RAD	<input type="checkbox"/> Debit Card		
Street Address 20 Summer St Ste 200	City Stamford	State CT		Zip Code 06901-2304
Description vehicle miles				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Other Candidate(s) Name Office Sought
			\$502.00	
Ben Hartman	09/07/2010	<input checked="" type="checkbox"/> Check # 2015		
Secondary Payee Verizon Wireless	Purpose of Expenditure A-RAD	<input type="checkbox"/> Debit Card		
Street Address PO Box 15062	City Albany	State NY		Zip Code 12212-5062
Description cell phone				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Other Candidate(s) Name Office Sought
			\$157.93	

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

#### R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Ben Hartman	09/07/2010	<input checked="" type="checkbox"/> Check # 2015		
Secondary Payee Chester Fair	Purpose of Expenditure A-RAD	<input type="checkbox"/> Debit Card		
Street Address 11 Kirtland Ter	City Chester	State CT		Zip Code 06412
Description admission to fair		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$8.00	
John L. Whitney	09/07/2010	<input checked="" type="checkbox"/> Check # 2017		
Secondary Payee John L. Whitney	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card		
Street Address 20 Summer St Fl 2	City Stamford	State CT		Zip Code 06901-2304
Description vehicle miles		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$38.50	



### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

#### R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Len Greene	09/07/2010	<input checked="" type="checkbox"/> Check # 2016		
Secondary Payee Len Greene	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card		
Street Address 20 Summer St Ste 200	City Stamford	State CT		Zip Code 06901-2304
Description vehicle miles				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Other Candidate(s) Name
			Office Sought	
			<b>\$141.50</b>	
Len Greene	09/07/2010	<input checked="" type="checkbox"/> Check # 2016		
Secondary Payee Summer Place Parking	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card		
Street Address Summer Place	City Stamford	State CT		Zip Code 06901
Description parking				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Other Candidate(s) Name
			Office Sought	
			<b>\$3.00</b>	

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

#### R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Dean Pagani	09/20/2010	<input checked="" type="checkbox"/> Check # 2065	
Secondary Payee Summer Place Parking	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address Summer Place	City Stamford	State CT	
Description Parking		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$73.00
Dean Pagani	09/20/2010	<input checked="" type="checkbox"/> Check # 2065	
Secondary Payee Hartford Parking Authority	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address 155 Morgan St	City Hartford	State CT	
Description Parking		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$11.50

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

#### R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Dean Pagani	09/20/2010	<input checked="" type="checkbox"/> Check # 2065	
Secondary Payee Amtrak	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address 60 Massachusetts Ave NE	City Washington	State DC	
Zip Code 20002-4285		Event #	
Description Train			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$748.00
Other Candidate(s) Name Office Sought			
Courtney Weaver	09/20/2010	<input checked="" type="checkbox"/> Check # 2066	
Secondary Payee Courtney Weaver	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address 20 Summer St Fl 2	City Stamford	State CT	
Zip Code 06901-2304		Event #	
Description Vehicle Miles			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$821.00
Other Candidate(s) Name Office Sought			

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

#### R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Courtney Weaver	09/20/2010	<input checked="" type="checkbox"/> Check # 2066	
Secondary Payee Hartford Parking Authority	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address 155 Morgan St	City Hartford	State CT	
Zip Code 06103-1309		Event #	
Description Parking			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Other Candidate(s) Name			
Office Sought			\$52.50
Courtney Weaver	09/20/2010	<input checked="" type="checkbox"/> Check # 2066	
Secondary Payee Bella Napoli Pizza	Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card	
Street Address 864 Boston Post Rd	City Milford	State CT	
Zip Code 06460-3530		Event #	
Description Pizza for Phonebankers			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Other Candidate(s) Name			
Office Sought			\$7.37

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

#### R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Courtney Weaver	09/20/2010	<input checked="" type="checkbox"/> Check # 2066	
Secondary Payee Caron's Corner Deli	Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card	
Street Address 147 Montowese St	City Branford	State CT	
Zip Code 06405-3809		Event #	
Description Food for Phonebankers, door knockers			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$21.92
Courtney Weaver	09/20/2010	<input checked="" type="checkbox"/> Check # 2066	
Secondary Payee iParty Retail Stores	Purpose of Expenditure OFFICE	<input type="checkbox"/> Debit Card	
Street Address 6 Simms Road At Albany Ave	City West Hartford	State CT	
Zip Code 06117		Event #	
Description Supplies			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$20.84

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

#### R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Courtney Weaver	09/20/2010	<input checked="" type="checkbox"/> Check # 2066	
Secondary Payee Demers Exposition SVS Inc.	Purpose of Expenditure EFV *	<input type="checkbox"/> Debit Card	
Street Address 180 Johnson St	City Middletown	State CT	
Zip Code 06457-2247		Event #	
Description Folding Chairs Womens Expo			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$42.40
Other Candidate(s) Name  Office Sought  			
James O'Connell	09/20/2010	<input checked="" type="checkbox"/> Check # 2063	
Secondary Payee James O'Connell	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address 20 Summer St Ste 200	City Stamford	State CT	
Zip Code 06901-2304		Event #	
Description Vehicle Miles			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$165.00
Other Candidate(s) Name  Office Sought  			

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

#### R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
James O'Connell	09/20/2010	<input checked="" type="checkbox"/> Check # 2063	
Secondary Payee Radio Shack	Purpose of Expenditure OFFICE	<input type="checkbox"/> Debit Card	
Street Address 39 S Main St	City West Hartford	State CT	
Zip Code 06107-2412		Event #	
Description T-Mobile Recharge Cell Phones			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$328.59
Other Candidate(s) Name			Office Sought
Chris Syrek	09/20/2010	<input checked="" type="checkbox"/> Check # 2064	
Secondary Payee Chris Syrek	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address 20 Summer St Ste 200	City Stamford	State CT	
Zip Code 06901-2304		Event #	
Description Vehicle Miles			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$573.00
Other Candidate(s) Name			Office Sought

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

#### R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Chris Syrek	09/20/2010	<input checked="" type="checkbox"/> Check # 2064		
Secondary Payee Dunkin Donuts	Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card		
Street Address 50 Main St	City Stamford	State CT		Zip Code
Description Donuts/Coffee				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	
			\$140.28	
Chris Syrek	09/20/2010	<input checked="" type="checkbox"/> Check # 2064		
Secondary Payee Lowe's	Purpose of Expenditure OFFICE	<input type="checkbox"/> Debit Card		
Street Address 325 Cottage Grove Rd	City Bloomfield	State CT		Zip Code
Description Supplies				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Other Candidate(s) Name
			Office Sought	
			\$111.69	



### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

#### R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Chris Syrek	09/20/2010	<input checked="" type="checkbox"/> Check # 2064		
Secondary Payee CVS	Purpose of Expenditure OFFICE	<input type="checkbox"/> Debit Card		
Street Address 150 S Main St	City West Hartford	State CT		Zip Code 06107-3432
Description Supplies Newton Parade				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	
			\$52.10	
Ben Hartman	09/20/2010	<input checked="" type="checkbox"/> Check # 2061		
Secondary Payee Ben Hartman	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card		
Street Address 20 Summer St Ste 200	City Stamford	State CT		Zip Code 06901-2304
Description Vehicle Miles				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Other Candidate(s) Name
			Office Sought	
			\$551.00	

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

#### R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Ben Hartman	09/20/2010	<input checked="" type="checkbox"/> Check # 2061		
Secondary Payee Hartford Parking Authority	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card		
Street Address 155 Morgan St	City Hartford	State CT		Zip Code 06103-1309
Description Parking				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Other Candidate(s) Name
			Office Sought	
			\$23.00	
Ben Hartman	09/20/2010	<input checked="" type="checkbox"/> Check # 2061		
Secondary Payee Summer Place Parking	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card		
Street Address Summer Place	City Stamford	State CT		Zip Code 06901
Description Parking				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Other Candidate(s) Name
			Office Sought	
			\$2.00	

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

#### R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Ben Hartman	09/20/2010	<input checked="" type="checkbox"/> Check # 2061	
Secondary Payee Bricco	Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card	
Street Address 78 Lasalle Rd	City West Hartford	State CT	
Zip Code 06107-2303		Event #	
Description Volunteer Lunch			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$42.40
Other Candidate(s) Name			
Office Sought			
Ben Hartman	09/20/2010	<input checked="" type="checkbox"/> Check # 2061	
Secondary Payee Ninety Nine	Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card	
Street Address 85 Salem Tpke	City Norwich	State CT	
Zip Code		Event #	
Description Volunteer Lunch			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$25.41
Other Candidate(s) Name			
Office Sought			

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

#### R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Ben Hartman	09/20/2010	<input checked="" type="checkbox"/> Check # 2061		
Secondary Payee Infinity Palace	Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card		
Street Address 77 Salem Tpke	City Norwich	State CT		Zip Code 06360-6483
Description Tuesday Lunch				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Other Candidate(s) Name
			Office Sought	
			\$8.65	
Ben Hartman	09/20/2010	<input checked="" type="checkbox"/> Check # 2061		
Secondary Payee Staples	Purpose of Expenditure OFFICE	<input type="checkbox"/> Debit Card		
Street Address 45 Salem Tpke	City Norwich	State CT		Zip Code 06360-6533
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	
			\$134.98	

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

#### R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Ben Hartman	09/20/2010	<input checked="" type="checkbox"/> Check # 2061	
Secondary Payee The Haddam Neck Fair Association	Purpose of Expenditure Misc *	<input type="checkbox"/> Debit Card	
Street Address 26 Quarry Hill Rd	City Haddam Neck	State CT	
Zip Code 06424-3030		Event #	
Description Haddam Neck Fair			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$21.00
Other Candidate(s) Name			
Office Sought			
Ben Hartman	09/20/2010	<input checked="" type="checkbox"/> Check # 2061	
Secondary Payee Hebron Harvest Fair	Purpose of Expenditure Misc *	<input type="checkbox"/> Debit Card	
Street Address 347 Gilead St	City Hebron	State CT	
Zip Code 06248-1313		Event #	
Description Hebron Harvest Fair			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$41.00
Other Candidate(s) Name			
Office Sought			

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

#### R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Chris Covucci	09/20/2010	<input checked="" type="checkbox"/> Check # 2060	
Secondary Payee Chris Covucci	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address 20 Summer St Fl 2	City Stamford	State CT	
Zip Code 06901-2304		Event #	
Description Vehicle Miles			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought
			\$805.60
Chris Covucci	09/20/2010	<input checked="" type="checkbox"/> Check # 2060	
Secondary Payee Hartford Parking Authority	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address 155 Morgan St	City Hartford	State CT	
Zip Code 06103-1309		Event #	
Description Parking			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought
			\$5.50

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

#### R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Chris Covucci	09/20/2010	<input checked="" type="checkbox"/> Check # 2060		
Secondary Payee Summer Place Parking	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card		
Street Address Summer Place	City Stamford	State CT		Zip Code 06901
Description Parking				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Other Candidate(s) Name
			Office Sought	
			\$3.00	
Chris Covucci	09/20/2010	<input checked="" type="checkbox"/> Check # 2060		
Secondary Payee Bradley Int'l Airport	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card		
Street Address Schoephoester Road	City Windsor Locks	State CT		Zip Code 06096
Description Parking				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Other Candidate(s) Name
			Office Sought	
			\$4.50	

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

#### R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Chris Covucci	09/20/2010	<input checked="" type="checkbox"/> Check # 2060		
Secondary Payee Whole Foods	Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card		
Street Address 50 Raymond Rd	City West Hartford	State CT		Zip Code 06107-2213
Description Volunteer Refreshments		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	
			\$28.97	
Chris Covucci	09/20/2010	<input checked="" type="checkbox"/> Check # 2060		
Secondary Payee Luna Pizza	Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card		
Street Address 999 Farmington Ave	City Hartford	State CT		Zip Code 06107-2103
Description Volunteer Dinner		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$81.52	



### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

#### R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Chris Covucci	09/20/2010	<input checked="" type="checkbox"/> Check # 2060		
Secondary Payee The Home Depot	Purpose of Expenditure OFFICE	<input type="checkbox"/> Debit Card		
Street Address 600 Connecticut Ave	City Norwalk	State CT		Zip Code 06854-1616
Description Parade 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	
			\$51.79	
Chris Covucci	09/20/2010	<input checked="" type="checkbox"/> Check # 2060		
Secondary Payee CVS	Purpose of Expenditure OFFICE	<input type="checkbox"/> Debit Card		
Street Address 150 S Main St	City West Hartford	State CT		Zip Code 06107-3432
Description Band-aids				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	
			\$5.29	

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

#### R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Chris Covucci	09/20/2010	<input checked="" type="checkbox"/> Check # 2060		
Secondary Payee Staples	Purpose of Expenditure OFFICE	<input type="checkbox"/> Debit Card		
Street Address 2550 Albany Ave	City West Hartford	State CT		Zip Code 06117-2301
Description Supplies				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Other Candidate(s) Name
			Office Sought	
			\$233.17	
Chris Covucci	09/20/2010	<input checked="" type="checkbox"/> Check # 2060		
Secondary Payee Verizon Wireless	Purpose of Expenditure OFFICE	<input type="checkbox"/> Debit Card		
Street Address PO Box 15062	City Albany	State NY		Zip Code 12212-5062
Description Cell Phone				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Other Candidate(s) Name
			Office Sought	
			\$148.73	

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

#### R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Schuyler Merritt	09/20/2010	<input checked="" type="checkbox"/> Check # 2068		
Secondary Payee Hartford Parking Authority	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card		
Street Address 155 Morgan St	City Hartford	State CT		Zip Code 06103-1309
Description Parking				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Other Candidate(s) Name
			Office Sought	
			\$5.00	
Schuyler Merritt	09/20/2010	<input checked="" type="checkbox"/> Check # 2068		
Secondary Payee Reuben's Deli	Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card		
Street Address 35 Lasalle Rd	City West Hartford	State CT		Zip Code 06107-2304
Description Toms Lunch				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Other Candidate(s) Name
			Office Sought	
			\$31.96	

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

#### R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Schuyler Merritt	09/20/2010	<input checked="" type="checkbox"/> Check # 2068	
Secondary Payee Sunoco	Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card	
Street Address 240 Riverside Ave	City Westport	State CT	
Zip Code 06880-4608		Event #	
Description Toms Snack			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$7.25
Other Candidate(s) Name			
Office Sought			
Schuyler Merritt	09/20/2010	<input checked="" type="checkbox"/> Check # 2068	
Secondary Payee Wendy's	Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card	
Street Address 306 Prospect Ave	City Hartford	State CT	
Zip Code 06106-2028		Event #	
Description Toms Lunch			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$40.82
Other Candidate(s) Name			
Office Sought			

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

#### R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Schuyler Merritt	09/20/2010	<input checked="" type="checkbox"/> Check # 2068	
Secondary Payee Gyro Palace	Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card	
Street Address 7 S Main St	City West Hartford	State CT	
Zip Code 06107-2447		Event #	
Description Toms Lunch			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$28.59
Other Candidate(s) Name			
Office Sought			
Schuyler Merritt	09/20/2010	<input checked="" type="checkbox"/> Check # 2068	
Secondary Payee Barcelona	Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card	
Street Address 222 Summer St	City Stamford	State CT	
Zip Code 06901-2303		Event #	
Description Op-research Lunch			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$42.93
Other Candidate(s) Name			
Office Sought			

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

#### R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Schuyler Merritt	09/20/2010	<input checked="" type="checkbox"/> Check # 2068		
Secondary Payee BP	Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card		
Street Address 749 Main St	City Watertown	State CT		Zip Code 06795-2624
Description Toms Snack		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	
			\$4.21	
Schuyler Merritt	09/20/2010	<input checked="" type="checkbox"/> Check # 2068		
Secondary Payee Sprint	Purpose of Expenditure OVHD	<input type="checkbox"/> Debit Card		
Street Address PO Box 660075	City Dallas	State TX		Zip Code 75266-0075
Description Cell Phone (February service and BES)		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	
			\$70.00	

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

#### R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Schuyler Merritt	09/20/2010	<input checked="" type="checkbox"/> Check # 2068	
Secondary Payee Pilot Travel Centers	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address 433 Old Gate Ln	City Milford	State CT	
Zip Code 06460-8626		Event #	
Description Gas, Toms BMW			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$44.17
Other Candidate(s) Name			
Office Sought			
Schuyler Merritt	09/20/2010	<input checked="" type="checkbox"/> Check # 2068	
Secondary Payee BP	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address 749 Main St	City Watertown	State CT	
Zip Code 06795-2624		Event #	
Description Gas, Toms BMW			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$46.66
Other Candidate(s) Name			
Office Sought			

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

#### R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Schuyler Merritt	09/20/2010	<input checked="" type="checkbox"/> Check # 2068		
Secondary Payee Exxon Mobile	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card		
Street Address 1139 Post Rd	City Fairfield	State CT		Zip Code 06824-6074
Description Gas, Toms BMW				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	
			\$44.05	
Schuyler Merritt	09/20/2010	<input checked="" type="checkbox"/> Check # 2068		
Secondary Payee Splash Car Wash Center of Greenwich	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card		
Street Address 625 W Putnam Ave	City Greenwich	State CT		Zip Code 06830-6006
Description Wash, Toms BMW				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Other Candidate(s) Name
			Office Sought	
			\$13.00	



### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

#### R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Schuyler Merritt	09/20/2010	<input checked="" type="checkbox"/> Check # 2068		
Secondary Payee Mercury Fuel	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card		
Street Address 125 Foxon Blvd	City New Haven	State CT		Zip Code 06513-2359
Description gas, Toms BMW				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	
			\$40.85	
Schuyler Merritt	09/20/2010	<input checked="" type="checkbox"/> Check # 2068		
Secondary Payee Target	Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card		
Street Address 21 Broad St	City Stamford	State CT		Zip Code 06901-2309
Description Staff snacks and drinks				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	
			\$32.57	

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

#### R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
John L Whitney	09/20/2010	<input checked="" type="checkbox"/> Check # 2070		
Secondary Payee John L Whitney	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card		
Street Address 20 Summer St Fl 2	City Stamford	State CT		Zip Code 06901-2304
Description Vehicle Miles				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Other Candidate(s) Name Office Sought
			\$134.00	
John L Whitney	09/20/2010	<input checked="" type="checkbox"/> Check # 2070		
Secondary Payee City of Stamford, Cashiering & Perm	Purpose of Expenditure Misc *	<input type="checkbox"/> Debit Card		
Street Address 888 Washington Blvd Fl 1	City Stamford	State CT		Zip Code 06901-2902
Description Parking Fine				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
			\$35.00	

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

#### R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
John L Whitney	09/20/2010	<input checked="" type="checkbox"/> Check # 2070	
Secondary Payee United States Post Office	Purpose of Expenditure POST	<input type="checkbox"/> Debit Card	
Street Address Ridgeway Station	City Stamford	State CT	
Description 300 stamps/ 2 overnight packages		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
			\$168.40
John L Whitney	09/20/2010	<input checked="" type="checkbox"/> Check # 2070	
Secondary Payee Fedex Kinko's	Purpose of Expenditure POST	<input type="checkbox"/> Debit Card	
Street Address 48 W Putnam Ave	City Greenwich	State CT	
Description 3 Overnight packages		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
			\$71.25

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

#### R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Chris O'Brien	09/21/2010	<input checked="" type="checkbox"/> Check # 2072	
Secondary Payee Chris O'Brien	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address 20 Summer St Ste 200	City Stamford	State CT	
Zip Code 06901-2304		Event #	
Description Vehicle Miles			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name
			Office Sought
			\$252.50
Chris O'Brien	09/21/2010	<input checked="" type="checkbox"/> Check # 2072	
Secondary Payee Hartford Parking Authority	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address 155 Morgan St	City Hartford	State CT	
Zip Code 06103-1309		Event #	
Description Parking			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name
			Office Sought
			\$7.00

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

#### R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Chris O'Brien	09/21/2010	<input checked="" type="checkbox"/> Check # 2072		
Secondary Payee CVS	Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card		
Street Address 308 Wilbur Cross Hwy	City Berlin	State CT		Zip Code 06037
Description Water for Danbury Office		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	
			\$6.19	
Chris O'Brien	09/21/2010	<input checked="" type="checkbox"/> Check # 2072		
Secondary Payee Xpect Discounts	Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card		
Street Address 100 Newtown Rd	City Danbury	State CT		Zip Code 06810-4123
Description Snacks		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$8.77	

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

#### R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Chris O'Brien	09/21/2010	<input checked="" type="checkbox"/> Check # 2072	
Secondary Payee Dollar Tree Stores	Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card	
Street Address 1 Padanaram Rd	City Danbury	State CT	
Zip Code 06811-4836		Event #	
Description Snacks			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$9.12
Other Candidate(s) Name			
Office Sought			
Chris O'Brien	09/21/2010	<input checked="" type="checkbox"/> Check # 2072	
Secondary Payee Walmart	Purpose of Expenditure OFFICE	<input type="checkbox"/> Debit Card	
Street Address Newtown Road	City Danbury	State CT	
Zip Code 06810		Event #	
Description Supplies			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$36.08
Other Candidate(s) Name			
Office Sought			

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

#### R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Chris O'Brien	09/21/2010	<input checked="" type="checkbox"/> Check # 2072		
Secondary Payee Rite Aid	Purpose of Expenditure OFFICE	<input type="checkbox"/> Debit Card		
Street Address 744 Wolcott Rd	City Wolcott	State CT		Zip Code 06716-1906
Description Supplies				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Other Candidate(s) Name
			Office Sought	
			\$11.11	
Len Greene	09/21/2010	<input checked="" type="checkbox"/> Check # 2071		
Secondary Payee Len Greene	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card		
Street Address 20 Summer St Ste 200	City Stamford	State CT		Zip Code 06901-2304
Description Vehicle Miles				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Other Candidate(s) Name
			Office Sought	
			\$168.00	

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

#### R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Len Greene	09/21/2010	<input checked="" type="checkbox"/> Check # 2071		
Secondary Payee Derby Parking Authority	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card		
Street Address 2 Thompson Pl	City Derby	State CT		Zip Code 06418-1826
Description Parking				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Other Candidate(s) Name
			Office Sought	
			\$3.00	
Len Greene	09/21/2010	<input checked="" type="checkbox"/> Check # 2071		
Secondary Payee Archie Moore's Bar & Restaurant	Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card		
Street Address 17 Elizabeth St	City Derby	State CT		Zip Code 06418-1840
Description Dinner				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Other Candidate(s) Name
			Office Sought	
			\$24.00	



### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 10/12/2010

#### R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Chris Bandecchi	09/27/2010	<input checked="" type="checkbox"/> Check # 2076	
Secondary Payee Chris Bandecchi	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address 20 Summer St Fl 2	City Stamford	State CT	Zip Code 06901-2304
Description Vehicle Miles			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Office Sought
			\$130.18
<b>Total of Section R</b>			<b>\$11,840.49</b>

<b>IV. EXPENDITURES</b>				
NAME OF COMMITTEE				FILING DUE DATE
Foley For Governor, Inc.				Original 10/12/2010
<b>S. Surplus Distribution of Equipment and Furniture</b>				
Name of Recipient				Original Purchase Amount of Item
Street Address	City	State	Zip Code	
Description				
<b>Total of Section S</b>				