## **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

Page 1 of 155

## SUMMARY PAGE

			~ ~ ~ ~		1102					
1.NAME OF COMMITTEE							2. TYPE OF COMMITTEE			
Foley For Governor, In	c.						x	Candidate Committee Exploratory Committee		
3. TREASURER NAME										
Title	First <b>Larry</b>			MI <b>J</b>	Last Lawrence			Suffix		
4. TREASURER ADDRESS										
Street Address			City			State	2	Zip Code		
40 Brookridge Dr			Green	wich		ст	06830			
5. ELECTION DATE		6. OFFICE SOUGHT ( if applicable )					7. DISTR	ICT CODE (if applicable)		
11/02/2010		Governor								
8. CANDIDATE NAME										
Title								Suffix		
9. TYPE OF REPORT										
30 Days Following Primary - Original										
10. PERIOD COVERED										
		Beginning Date			Ending Date					
		08/05/2010	thru	1	09/02/2010					
			11 CER	TIFICATION						
on this <b>Itemiz</b>	I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.									
Electronic Filing Sunghi Frauen 09/09/2010 SIGNATURE PRINT NAME OF THE SIGNER DATE CERTIFIED										
	PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.									

SEEC FORM 30 Itemized Campaign Finance Disclosure Statement Candidates for Statewide Offices and General Assembly CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Rev. 1/08

## **SUMMARY PAGE TOTALS**

NAME OF COMMITTEE	FILING DUE DATE	
Foley For Governor, Inc.	Original 09/09/2010	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		\$0.00
13. Balance on hand at the beginning of Reporting Period	\$32,587.02	
14. Contributions received from Individuals (Section A and B)	\$88,324.00	\$882,844.51
15. Receipts from Other Committees (Sections C1 + C2)	\$0.00	\$0.00
16. Other Monetary Receipts (Section D-I)	\$1,000,000.00	\$4,004,833.76
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J2)	\$0.00	\$0.00
18. Total Monetary Receipts (add totals for lines 14-17)	\$1,088,324.00	\$4,887,678.27
19. Subtotals (add totals in line 13 + line 18 in Column A and in lines 12 + 18 in Column B)	\$1,120,911.02	\$4,887,678.27
20. Expenses Paid by Committee (Section N)	\$819,918.45	\$4,586,685.70
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19)	\$300,992.57	\$300,992.57
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$0.00	\$0.00
23. In-Kind Contributions Received (Section K)	\$0.00	\$4,428.02
24. Refundable Deposit to Telephone Company (Section L)	\$0.00	\$0.00
25. Receipts of Organization Expenditures (Section M)	\$0.00	\$237.09
26. Beginning Loan Balance	\$3,001,000.00	\$3,001,000.00
26a. + Loans Received (Section D)	\$1,000,000.00	\$4,001,000.00
26b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00
26c Payments on Loan(s)	\$0.00	\$0.00
26d. Total Outstanding Loan Amount	\$4,001,000.00	\$4,001,000.00
27. Campaign Expenses Paid By Candidate (Section O)	\$0.00	\$0.00
28. Expenses Incurred on Committee Credit Card (Section P)	\$23,683.60	\$48,830.35
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$0.00	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$2,629.64	

		I. MONETAI	RY RECEI	IPTS	(Section	1 A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Foley For Governor, Inc.									Origina	al 09/09/2010
A. Total Contributions from	n Small (	Contributors-Rece	ived this P	Period	ONLY					
(See instructions for definition of Small			ived tills i	criou		otal Section A	\$0.00			
		B. Itemized Co	ntributions	from l	Individu	als				
Last Name	First Name		MI	ı	Method of o	contribution:		Contributio	on ID#	Amount of
Lauretano	Kathleen		W		Cash Money	=	al Check Debit Card	0831		Contribution
Residential Street Address		City			State	Zip Code	Б	Date Received		
PO Box 502		Lakeville			СТ	06039-0502	0	8/07/2010	)	
Principal Occupation		Name of Employer				Is this contribution ass fundraising event listed			Yes	
Retired		Retired				If yes, list Event #	a in Section .	x	No	
Is contributor a principal of a state contractor	or prospective	Yes	x No Is o	contribute	or a lobbyist	spouse, or	Aggre	egate Contribu	tione	
state contractor? Is yes, indicate which branch or branches of	_				hild of a lobl	pyist?	71551	-	250.00	\$250.00
government the contract is with:	. ⊔	Executive Legislati	ve	Yes	s <b>x</b>	No				
Last Name	First Name		MI	[	Method of o		101 1	Contributio	on ID#	Amount of
Sexton	Barbara		K		Cash Money	=	al Check Debit Card	0832		Contribution
Residential Street Address	!	City	<u> </u>		State	Zip Code	Г	Date Received		
206 Ocean Dr W		Stamford		1	CT	06902-8029	0	8/07/2010	)	
Principal Occupation		Name of Employer				Is this contribution ass	ociated with	a	Yes	
Lic/Ord Clergy & Alt HC Provider		Self				fundraising event listed If yes, list Event #	d in Section .	J1?	No	
			<del>-</del> -				_			
Is contributor a principal of a state contractor state contractor?	or prospective	Yes			or a lobbyist hild of a lobl		Aggre	egate Contribu		¢50.00
Is yes, indicate which branch or branches of government the contract is with:		Executive Legislati	ve	Yes	x	No		4	550.00	\$50.00
Last Name	First Name		MI		Method of o	ontribution:	•	Contributio	on ID#	Amount of
Coci, III	Joseph				Cash	=	al Check	0833		Contribution
					Money		Debit Card			
Residential Street Address PO Box 562		City Westport		1	State CT	Zip Code 06881-0562		Date Received 08/09/2010	)	
Principal Occupation		Name of Employer			-	Is this contribution ass			_	
Real Estate Devolper		Mountain Developme	ent Corp.			fundraising event listed	d in Section .	J1?	Yes No	
-			_			If yes, list Event #	08222010	<u>)A</u> L	NO	
Is contributor a principal of a state contractor state contractor?	or prospective	Yes			or a lobbyist hild of a lobl		Aggre	egate Contribu	tions	
Is yes, indicate which branch or branches of government the contract is with:		Executive Legislati	l i	Yes Yes		•		\$1	.25.00	\$125.00
Last Name	First Name		MI	[	Method of o		101 1	Contributio	on ID#	Amount of
Cosentino	Deborah		В		Cash Money	=	al Check Debit Card	0834		Contribution
Residential Street Address		City			State	Zip Code		Pate Received		
3 Ridgebury Rd		Avon		1	СТ	06001-3825	0	8/09/2010	)	
Principal Occupation		Name of Employer				Is this contribution ass	ociated with	a	Yes	
Executive		UTC/Otis Elevator				fundraising event listed If yes, list Event #	d in Section.	J1?	No	
			<del></del>			-	_			
Is contributor a principal of a state contractor state contractor?	or prospective	Yes			or a lobbyist hild of a lobl		Aggre	egate Contribu	tions 500.00	\$1,000.00
Is yes, indicate which branch or branches of government the contract is with:		Executive Legislati	ve	Yes	<b>x</b>	No		<b>\$3,</b> 5	,00.00	\$1,UUU.UU

		I. MONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE							F	FILING	DUE DATE
Foley For Governor, Inc.							(	Origina	ıl 09/09/2010
		B. Itemized Contributi	ons fron	ı Individu	ıals				
Last Name	First Name		MI	Method of	contribution:	1	Contribution I	ID#	Amount of
Moran	Mary		С	Cash Money	y Order X Personal Cl		0843		Contribution
Residential Street Address		City	-	State	Zip Code	Dat	te Received		
136 Lake Ave		Trumbull		СТ	06611-1845	08,	/09/2010		
Principal Occupation  Tax Collector		Name of Employer Town of Trumbull			Is this contribution associa fundraising event listed in If yes, list Event # 082		?		
Is contributor a principal of a state contractor of state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggrega	ate Contribution \$125		\$125.00
Last Name	First Name		MI		contribution:	anak .	Contribution I	ID#	Amount of
Denvir	David		L	Cash Money	y Order Credit/Debi		0835		Contribution
Residential Street Address 118 Chittenden Rd		City Killingworth		State CT	Zip Code 06419-2426		te Received		
Principal Occupation		Name of Employer		ļ -	Is this contribution associa			Vac	
Attorney		Law Office of David L. Denvi	r, LLC		fundraising event listed in If yes, list Event # 061	Section J1 <sup>e</sup>	'		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggrega	ate Contribution		\$125.00
Last Name	First Name		MI	Method of	contribution:	1	Contribution I	ID#	Amount of
Dybul	Mark			Cash Money	y Order X Personal Cl Credit/Debi		0836		Contribution
Residential Street Address		City		State	Zip Code		te Received		
1340 Wassach Pl SW		Washington		DC	20009		/09/2010		
Principal Occupation  Consultant		Name of Employer Self			Is this contribution associa fundraising event listed in If yes, list Event # 062		11.		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggrega	ate Contribution		\$250.00
Last Name	First Name	<del></del>	MI	Method of	contribution:	1	Contribution I	ID#	Amount of
Feddersen	Christoph		Т	Cash Money	y Order X Personal Cl Credit/Debi		0837		Contribution
Residential Street Address		City	-	State	Zip Code		te Received		
19 Walbridge Rd		West Hartford		СТ	06119-1344		/09/2010		
Principal Occupation  Lawyer		Name of Employer UTC			Is this contribution associa fundraising event listed in If yes, list Event # 072	Section J1	?		
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggrega	ate Contribution		\$100.00

		I. M	IONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Foley For Governor, Inc.									Origin	al 09/09/2010
		B. It	emized Contributi	ons from	Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributi	on ID#	Amount of
Hall	Robin			G	Cash Money	y Order X Personal C		0840		Contribution
Residential Street Address		City			State	Zip Code	Е	Date Received		
19 Walbridge Rd		West Hai	rtford		СТ	06119-1344	0	08/09/201	0	1
Principal Occupation		Name of E	mployer			Is this contribution associ fundraising event listed in		1.7	Yes	
Lawyer		UTC				_ ~	292010		No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis		Aggre	egate Contrib	utions	
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	1 —	child of a lob	•		\$	100.00	\$100.00
Last Name	First Name			MI	Method of	contribution:	•	Contributi	on ID#	Amount of
Getz	Robert			Н	Cash Money	y Order X Personal C		0838		Contribution
Residential Street Address		City			State	Zip Code	Е	Date Received		
46 Pecksland Rd		Greenwid	ch		СТ	06831-3738	0	08/09/201	0	
Principal Occupation		Name of E				Is this contribution associ fundraising event listed in			Yes	
Managing Director		Cornerst	tone Equity Investors	, LLC		If yes, list Event #	i Section .	x	No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis	-	Aggre	egate Contrib	utions	İ
state contractor? Is yes, indicate which branch or branches of		Executive	T interferen	1 m	child of a lob	•		\$2	250.00	\$250.00
government the contract is with:	l <sub>E' (M</sub>	Executive	Legislative	<u> </u>				<u> </u>		<u> </u>
Last Name Grondin	First Name Laura			MI	Cash	contribution: Personal (	Check	Contributi	on ID #	Amount of Contribution
		1			Money	y Order X Credit/De	bit Card	0839		
Residential Street Address		City			State	Zip Code		Date Received		
27 Atlantic Ave		Groton			СТ	06340-8802	0	08/09/201	0	<u> </u>
Principal Occupation		Name of E	mployer			Is this contribution associ fundraising event listed in		J1?	Yes	
						If yes, list Event # 07	292010	DA L	No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis	-	Aggre	egate Contrib	utions	
state contractor? Is yes, indicate which branch or branches of	П	Executive	Legislative	1 —	child of a lob	-		\$4	400.00	\$400.00
government the contract is with:  Last Name	First Name			MI	1	contribution:		Contributi	ID #	
Hansford	Jeanne			C	Cash	Personal C	Check	Contributi 0841	on ID#	Amount of Contribution
		1			Money	y Order X Credit/De	bit Card	0041		
Residential Street Address		City			State	Zip Code		Date Received		
3 Sherwood Ave		Greenwic			СТ	06831-3213	_	08/09/201		<u> </u>
Principal Occupation  Designer		Name of E	mployer			Is this contribution associ fundraising event listed in		J1?		
Designer						If yes, list Event #		L×	No	]
Is contributor a principal of a state contractor state contractor?	or prospective		Yes X No		utor a lobbyis		Aggre	egate Contrib	utions	
Is yes, indicate which branch or branches of		Executive	Legislative		child of a lob	-		\$!	500.00	\$500.00

		I. MONETARY R	ECEIPT	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Foley For Governor, Inc.							Origin	nal 09/09/2010
		B. Itemized Contribu	ıtions fro	m Individı	uals			
Last Name	First Name		MI		contribution:		ntribution ID #	Amount of
Kelly	Patricia		A	Cash Mone	y Order X Personal C Credit/Deb	08	342	Contribution
Residential Street Address		City		State	Zip Code	Date Re		
172 Snowapple Ln		Milford		СТ	06460-6727	<u> </u>	9/2010	4
Principal Occupation  Executive Assistant		Name of Employer  Dassault Systemes Enovia	Corp.		Is this contribution associa fundraising event listed in If yes, list Event # 082		X Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative		ibutor a lobbyis ent child of a lob Yes	-	Aggregate C	Contributions \$125.00	\$125.00
Last Name Seero	First Name		MI J	Method of Cash	contribution:	heck	ntribution ID#	Amount of Contribution
					y Order Credit/Deb	it Card 08	344	
Residential Street Address 29 Mercer St		City Boston		State MA	Zip Code 02127-3913	Date Re 08/09	eceived 9/2010	
Principal Occupation  Manager		Name of Employer Computer-Aided Products,	Inc.		Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	1
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative		ibutor a lobbyis ent child of a lob Yes	-	Aggregate C	Contributions \$100.00	\$100.00
Last Name	First Name		MI	Method of	contribution:		ntribution ID #	Amount of
Kahn	Steven			Cash Mone	y Order X Credit/Deb	08	345	Contribution
Residential Street Address		City		State	Zip Code	Date Re		
18 Hatheway Dr		West Hartford		СТ	06107-1130	<u> </u>	1/2010	+
Principal Occupation  Tax Corrections Officer		Name of Employer State of CT			Is this contribution associa fundraising event listed in If yes, list Event #		Yes  No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative		ibutor a lobbyis ent child of a lob Yes		Aggregate C	Contributions \$25.00	\$25.00
Last Name	First Name		MI	Method of	contribution:	Con	ntribution ID #	Amount of
Sunkel	Sean			Cash Mone	y Order X Credit/Deb	08	346	Contribution
Residential Street Address 92 Bushy Hill Rd		City Ivoryton		State CT	Zip Code 06442-1108	Date Re	eceived 3/2010	
Principal Occupation		Name of Employer		1	Is this contribution associa		Yes	†
Small Business Owner		Self			fundraising event listed in If yes, list Event #	Section J1?	x No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No		ibutor a lobbyis	obyist?	Aggregate C	Contributions \$49.00	\$49.00

		I. MONETARY	RECEI	IPTS	(Section	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Foley For Governor, Inc.									Origin	al 09/09/2010
		B. Itemized Contri	butions f	from	Individu	als				
Last Name Spencer	First Name Norman		MI		Method of c	Personal C		Contribution 0847	on ID#	Amount of Contribution
Residential Street Address PO Box 2224		City Vernon			State CT	Zip Code 06066-1624		ate Received 8/15/2010	0	
Principal Occupation  Quality Analyst		Name of Employer Pratt & Whitney				Is this contribution associa fundraising event listed in If yes, list Event #		1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X N  Executive Legislative			or a lobbyist hild of a lobl	oyist?	Aggre	gate Contribu	tions \$50.00	\$50.00
Last Name Bush	First Name George		MI W		Method of c Cash Money	X Personal C		Contribution 0848	on ID#	Amount of Contribution
Residential Street Address PO Box 3362		City Midland			State TX	Zip Code 79702-3362		ate Received 8/16/2010		
Principal Occupation Self Employed		Name of Employer Self Employed		•		Is this contribution associa fundraising event listed in If yes, list Event #		1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X N  Executive Legislative			or a lobbyist hild of a lobb s	oyist?	Aggre	gate Contribu \$1,0	otions	\$1,000.00
Last Name Bush	First Name Laura		MI		Method of o	X Personal C		Contribution 0849	on ID#	Amount of Contribution
Residential Street Address PO Box 3362		City Midland			State TX	Zip Code 79702-3362		ate Received 8/16/2010	0	
Principal Occupation  Volunteer		Name of Employer Volunteer				Is this contribution associa fundraising event listed in If yes, list Event #		12	Yes No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X N  Executive Legislative			or a lobbyist hild of a lobl	byist?	Aggre	gate Contribu \$1,0	ntions 000.00	\$1,000.00
Last Name Falo, Jr.	First Name Andrew		MI		Method of c Cash Money	ontribution:  X Personal C Order Credit/Deb		Contribution 0850	on ID #	Amount of Contribution
Residential Street Address 434 Dayton Rd		City Trumbull			State CT	Zip Code 06611-1827		ate Received 8/16/2010		
Principal Occupation Investment Associate		Name of Employer PartnerRe Captital Mark	ets Group	)		Is this contribution association fundraising event listed in If yes, list Event # 082	Section J	1? C	Yes No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X N  Executive Legislative			or a lobbyist hild of a lobb	pyist?	Aggre	gate Contribu \$2	utions 250.00	\$250.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FIL	ING DUE DATE
Foley For Governor, Inc.							Orig	ginal 09/09/2010
		B. Itemized Contributi	ons fron	Individu	ıals			
Last Name	First Name		MI		contribution:		ontribution ID#	Amount of
Fasi	Joseph			Cash Money	Order Credit/Debi	0	851	Contribution
Residential Street Address 1062 Boulevard Apt C10		City West Hartford		State CT	Zip Code 06119-1805		Received .6/2010	
Principal Occupation		Name of Employer			Is this contribution associa		x Yes	$\dashv$
Self Employed		Joseph Fasi, LLC			fundraising event listed in		No No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate	Contributions \$125.00	\$125.00
Last Name Gallagher	First Name Michael		MI	Cash	contribution:    X   Personal Cl	neck 0	ontribution ID#	Amount of Contribution
Residential Street Address 17 Thornberry Dr		City Ocean View		State DE	Zip Code 19970-2906		Received .6/2010	
Principal Occupation Retired		Name of Employer Retired			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate	Contributions \$100.00	\$100.00
Last Name Langan	First Name Margaret		MI A	Cash	contribution:  X Personal Cl / Order Credit/Debi	neck 0	ontribution ID #	Amount of Contribution
Residential Street Address 1361 Madison Ave Apt 6E		City New York		State NY	Zip Code 10128-0769		Received .6/2010	
Principal Occupation Volunteer		Name of Employer Volunteer		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor of state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate	Contributions \$500.00	\$500.00
Last Name Malone	First Name Claudine		MI B	Cash	contribution:    X   Personal Cl	neck 0	ontribution ID#	Amount of Contribution
Residential Street Address 700 Belgrove Rd		City McLean		State VA	Zip Code 22101-1836		Received .6/2010	
Principal Occupation  Mgt. Consultant		Name of Employer Financial & Management Cor Inc.	nnecting,	•	Is this contribution associa fundraising event listed in If yes, list Event # 062	Section J1?	X Yes	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate	Contributions \$500.00	\$500.00

		I. MONETARY RE	ECEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILI	NG DUE DATE
Foley For Governor, Inc.							Orig	inal 09/09/2010
		B. Itemized Contribut	tions fron	ı Individu	ıals			
Last Name Kaplan	First Name David		MI E	Cash	contribution:    X   Personal Cl y Order	heck 0	Contribution ID #	Amount of Contribution
Residential Street Address 16 Cornell Rd		City West Hartford		State CT	Zip Code 06107-2905		Received 18/2010	
Principal Occupation  Real Estate Executive		Name of Employer Self		•	Is this contribution associa fundraising event listed in If yes, list Event # 072		X Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate	Contributions \$100.00	\$100.00
Last Name Nelson	First Name Agnes		MI E	Cash	contribution:  X Personal Cl y Order Credit/Deb	heck 0	Contribution ID #	Amount of Contribution
Residential Street Address 10 Fawn Meadow Dr		City Trumbull		State CT	Zip Code 06611-1604		Received 18/2010	
Principal Occupation Retired		Name of Employer Retired			Is this contribution associa fundraising event listed in If yes, list Event # 082		X Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate	Contributions \$25.00	\$25.00
Last Name Nelson	First Name Donald		MI E	Cash	contribution:    X   Personal Cl	heck 0	Contribution ID #	Amount of Contribution
Residential Street Address 10 Fawn Meadow Dr		City Trumbull		State CT	Zip Code 06611-1604		Received 18/2010	
Principal Occupation Retired		Name of Employer Retired			Is this contribution associa fundraising event listed in If yes, list Event # 082		X Yes	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate	Contributions \$25.00	\$25.00
Last Name Overhiser	First Name Norman		MI E	Cash	contribution:  X Personal Cl y Order Credit/Deb	heck 0	Contribution ID #	Amount of Contribution
Residential Street Address 44 Laurel St		City Trumbull		State CT	Zip Code 06611-3920		Received 18/2010	
Principal Occupation  Executive Assistant		Name of Employer Town of Trumbull		•	Is this contribution associa fundraising event listed in If yes, list Event # 082	Section J1?	X Yes No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate	Contributions \$125.00	\$125.00

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE							FILING	G DUE DATE	
Foley For Governor, Inc.							Origin	al 09/09/2010	
		B. Itemized Contribu	tions fron	n Individu	ıals				
Last Name Sayler	First Name Roger		MI	Method of Cash	contribution:		bution ID#	Amount of Contribution	
		1		Money	y Order X Credit/Deb	it Card		-	
Residential Street Address 59 White Fall Ln		City New Canaan		State CT	Zip Code 06840-2038	Date Rece 08/18/2			
Principal Occupation Retired		Name of Employer Retired			Is this contribution associa fundraising event listed in If yes, list Event #		Yes		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependen	butor a lobbyis at child of a lob Yes	byist?	Aggregate Con	tributions \$1,000.00	\$500.00	
Last Name Stapleton	First Name James		MI F	Cash	contribution: Personal C y Order X Credit/Deb	heck 0860	bution ID#	Amount of Contribution	
Residential Street Address 6 Winding Way		City Trumbull		State CT	Zip Code 06611-2945	Date Rece 08/18/2			
Principal Occupation  Lawyer		Name of Employer Day Pitney LLP		•	Is this contribution associa fundraising event listed in If yes, list Event # 082		X Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependen	outor a lobbyis at child of a lob	byist?	Aggregate Con	tributions \$175.00	\$125.00	
Last Name Kosowsky	First Name John		MI	Cash	contribution: Personal C y Order X Credit/Deb	heck 0861	bution ID#	Amount of Contribution	
Residential Street Address 85 Willoughby Rd		City Shelton		State CT	Zip Code 06484-5946	Date Rece 08/19/2			
Principal Occupation  CPA/Executive		Name of Employer J. Allen Kosowsky, CPA, PC	;	•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes  X No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependen	butor a lobbyis at child of a lob Yes	byist?	Aggregate Con	tributions	\$1,000.00	
Last Name Stemerman	First Name David		MI	Cash	contribution: Personal C y Order X Credit/Deb	heck 0863	bution ID#	Amount of Contribution	
Residential Street Address 517 Lake Ave		City Greenwich		State CT	Zip Code 06830-3831	Date Rece 08/20/2			
Principal Occupation Portfolio Manager/Managing Member		Name of Employer Conatus Capital Manageme	ent LP		Is this contribution associa fundraising event listed in If yes, list Event #		Yes No		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependen	outor a lobbyis at child of a lob Yes	byist?	Aggregate Con	tributions 57,500.00	\$3,500.00	

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE							1	FILING	DUE DATE
Foley For Governor, Inc.							1	Origina	al 09/09/2010
		B. Itemized Contribut	ions fron	ı Individu	ıals				
Last Name	First Name		MI	Method of	contribution:		Contribution	ID#	Amount of
Merritt	Henry		F	Cash Money	y Order X Personal Cl	ı	0862		Contribution
Residential Street Address		City		State	Zip Code		te Received		
PO Box 50		Redding Ridge		СТ	06876-0050	08,	/20/2010		
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in			Yes	
Retired		Retired			If yes, list Event #		x	No	
Is contributor a principal of a state contractor	or prospective	Yes X No		utor a lobbyis		Aggrega	ate Contributio	ons	
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive Legislative		child of a lob	-		\$1,00	0.00	\$1,000.00
Last Name	First Name		MI	Method of	contribution:		Contribution	ID#	Amount of
Stemerman	Joline			Cash Money	y Order X Credit/Debi	ı	0864		Contribution
Residential Street Address		City		State	Zip Code	Dat	te Received		
PO Box 8020		Garden City		NY	11530-8020	08,	/20/2010		
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in			Yes	
Homemaker		Homemaker			If yes, list Event #	Section 31	x	No	
Is contributor a principal of a state contractor	or prospective	Yes X No		utor a lobbyis		Aggrega	ate Contributio	ons	
state contractor? Is yes, indicate which branch or branches of		Encouring D Locialation	1 —	child of a lob	•		\$3,50	0.00	\$3,500.00
government the contract is with:	<u></u>	Executive Legislative	+ -			1			
Last Name DeMarco	First Name Donna		MI	Method of Cash	contribution:  Personal Cl	heck	Contribution	ID#	Amount of Contribution
Deriares	Domia	ī		_	y Order X Credit/Debi	it Card	0865		Contribution
Residential Street Address		City		State	Zip Code		te Received		
19 Obtuse Rd S		Brookfield		СТ	06804-3625	08,	/21/2010		•
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in		, <b>—</b>	Yes	
Unemployed		Unemployed			If yes, list Event #		x	No	
Is contributor a principal of a state contractor	or prospective	Yes X No		utor a lobbyis		Aggrega	ate Contributio	ons	
state contractor? Is yes, indicate which branch or branches of	П			child of a lob	•		\$5	0.00	\$50.00
government the contract is with:		Executive Legislative	+ -	1		1			
Last Name Caldiero	First Name Raymond	P	MI P	Method of Cash	contribution:	heck	Contribution	ID#	Amount of Contribution
Calareto	raymona				y Order Credit/Debi	it Card	0867		Contribution
Residential Street Address		City		State	Zip Code	Dat	te Received		
958 Hillside Rd		Fairfield		СТ	06824-2114	08,	/23/2010		
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in		1^1	Yes	
Chairman		Sequora Group			If yes, list Event # 082		1 1	No	
Is contributor a principal of a state contractor	or prospective	Yes X No	Is contrib	utor a lobbyis	t, spouse, or	Aggrega	ate Contributio	ons	
state contractor? Is yes, indicate which branch or branches of				child of a lob	-			5.00	\$125.00
government the contract is with:		Executive Legislative	1 L	res X	No	l			

		I. MONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE							F	FILING	DUE DATE
Foley For Governor, Inc.							C	Origina	1 09/09/2010
		B. Itemized Contributi	ons fron	Individu	ıals				
Last Name	First Name		MI	Method of	contribution:		Contribution I	D#	Amount of
Chiota	John		P	Cash Money	y Order X Personal Cl		0868		Contribution
Residential Street Address		City		State	Zip Code	Date	e Received		
35 Iron Gate Rd		Trumbull		СТ	06611-2077	08/	/23/2010		
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in		, <b>x</b> Y	res	
None		None				22010A	1 1	No	
Is contributor a principal of a state contractor	or prospective	Yes X No		utor a lobbyis		Aggrega	ate Contribution	ns	
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive Legislative		child of a lob	-		\$125	5.00	\$125.00
Last Name	First Name		MI	Method of	contribution:		Contribution I	D#	Amount of
Egri	Karen		А	Cash Money	y Order X Personal Cl		0870		Contribution
Residential Street Address		City		State	Zip Code	Date	e Received		
1 Morningside Ter		Trumbull		СТ	06611-3803	08/	/23/2010		
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in		, <b>x</b> y	res	
Market Research		Millward Brown			-	22010A	1 1	No	
Is contributor a principal of a state contractor	or prospective	Yes X No		utor a lobbyis		Aggrega	ate Contribution	ns	
state contractor? Is yes, indicate which branch or branches of		Executive Legislative		child of a lob	*		\$150	0.00	\$150.00
government the contract is with:	l <sub>E: ()</sub>	Executive Legislative	+ -			<u> </u>			
Last Name Fair	First Name Matthew		MI	Cash	contribution: Personal Cl	neck	Contribution II	D#	Amount of Contribution
		1		Money	y Order X Credit/Debi	it Card	0871		
Residential Street Address		City		State	Zip Code		e Received		
40 Riverfield Dr		Westport		СТ	06880-1306	<u> </u>	/23/2010		
Principal Occupation		Name of Employer Pierson & Smith			Is this contribution associa fundraising event listed in		, <b>–</b>	Yes	
Partner - Insurance		Tierson & Sinian			If yes, list Event #		X N	No	
Is contributor a principal of a state contractor	or prospective	Yes X No		utor a lobbyis		Aggrega	nte Contribution	ns	
state contractor? Is yes, indicate which branch or branches of	П	Executive Legislative		child of a lob	•		\$100	0.00	\$100.00
government the contract is with:  Last Name	First Name		MI	1	contribution:		Contribution II	D.#	
Friess	Foster		I WII	Cash	X Personal Cl	neck	0872	D#	Amount of Contribution
		ī		Money	y Order Credit/Debi				
Residential Street Address PO Box 9790		City Jackson		State WY	Zip Code 83002-9790		e Received /23/2010		
				vv i	Is this contribution associa				
Principal Occupation Philanthropist		Name of Employer  Lynn & Foster Friess Family			fundraising event listed in		? =	res	
•		Foundation			If yes, list Event #		X N	NO	
Is contributor a principal of a state contractor state contractor?	or prospective	Yes X No		utor a lobbyis child of a lob		Aggrega	ate Contribution		
Is yes, indicate which branch or branches of		Executive Legislative		es x	-		\$2,500	0.00	\$2,500.00

		I. M	IONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Foley For Governor, Inc.									Origin	al 09/09/2010
		B. It	emized Contributi	ons from	Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributi	on ID#	Amount of
Friess	Lynn				Cash Money	y Order X Personal C		0873		Contribution
Residential Street Address		City			State	Zip Code	Б	Date Received		
PO Box 9790		Jackson			WY	83002-9790	0	08/23/201	0	1
Principal Occupation		Name of En	mployer			Is this contribution associ fundraising event listed in			Yes	
Philanthropist		Lynn & F Foundati	oster Friess Family on	_		If yes, list Event #	i section .	,,, [ <u>]</u>	No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis		Aggre	egate Contrib	utions	
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	1 —	child of a lob	-		\$2,	500.00	\$2,500.00
Last Name	First Name			MI	Method of	contribution:		Contributi	on ID#	Amount of
Herbst	Timothy			М	Cash Money	y Order Personal C		0877		Contribution
Residential Street Address		City			State	Zip Code	Е	Date Received		
11 Lynnbrook Rd		Trumbull			СТ	06611-3308	0	08/23/201	0	1
Principal Occupation		Name of En				Is this contribution associ fundraising event listed in		1.2	Yes	
First Selectman		Town of	Trumbull			1	222010		No	
Is contributor a principal of a state contractor	or prospective	l	Yes X No	Is contrib	utor a lobbyis	t, spouse, or	Aggre	egate Contrib	utions	†
state contractor? Is yes, indicate which branch or branches of				1 <sup>-</sup>	child of a lob	•		-	125.00	\$125.00
government the contract is with:		Executive	Legislative	'	res X	No				1
Last Name	First Name			MI		contribution:	"hook	Contributi	on ID#	Amount of
Herrmann	Thomas A			A	Cash Money	y Order Credit/De		0878		Contribution
Residential Street Address		City			State	Zip Code		Date Received		
75 Kellers Farm Rd		Easton			СТ	06612-1341	0	08/23/201	0	<u> </u>
Principal Occupation		Name of En				Is this contribution associ fundraising event listed in		1.2	Yes	
Managing Director		Stanwich	n Partners				222010		No	
Is contributor a principal of a state contractor of	or prospective		Yes X No	Is contrib	utor a lobbyis	t, spouse, or	Aggre	egate Contrib	utions	†
state contractor? Is yes, indicate which branch or branches of				1 —	child of a lob	-		\$	125.00	\$125.00
government the contract is with:	<u> </u>	Executive	Legislative	<del>                                     </del>	res x			1		1
Last Name	First Name Paul			MI H	Method of Cash	contribution:	`heck	Contributi	on ID#	Amount of
Hiller, Jr.	Paul			"		y Order Credit/De		0879		Contribution
Residential Street Address		City			State	Zip Code	Б	Date Received	ļ	]
2745 Burr St		Fairfield			СТ	06824-1852	0	08/23/201	0	[
Principal Occupation		Name of Er	mployer			Is this contribution associ		1.	Yes	
CFO		Town of	Fairfield			fundraising event listed in  If yes, list Event # 08			No	
Is contributor a principal of a state contractor of	or prospective	<u> </u>	Yes X No	Is contrib	utor a lobbyis		T			†
state contractor?			Yes X No		child of a lob	byist?	Aggre	egate Contrib	utions 250.00	\$250.00
Is yes, indicate which branch or branches of		Executive	Legislative	Y	res x	No		Ψ.		

		I. M	IONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE									FILING	DUE DATE
Foley For Governor, Inc.									Origina	al 09/09/2010
		B. It	emized Contributi	ons fron	ı Individu	ıals				
Last Name Knight	First Name Darlene			MI M	Cash	contribution:  X Personal C y Order Credit/Del		Contribution 0881	ID#	Amount of Contribution
Residential Street Address 7 Crescent Ln		City Trumbull			State CT	Zip Code 06611-1063		Date Received 08/23/2010		
Principal Occupation Technology		Name of En	nployer I School Dist.			Is this contribution associ fundraising event listed in If yes, list Event # 08	Section .			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No  Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggre	egate Contribution \$12	ons 25.00	\$125.00
Last Name Martin	First Name Douglas			MI	Cash	contribution: Personal C y Order X Credit/Del		Contribution 0882	ID#	Amount of Contribution
Residential Street Address 4223 Creekmeadow Dr		City Dallas			State TX	Zip Code 75287-6806		Date Received 08/23/2010		
Principal Occupation  Consultant		Name of En	nployer		-	Is this contribution associ fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No  Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggre	egate Contributi \$5	ons 50.00	\$50.00
Last Name Massaro, Jr.	First Name Carl			MI A	Cash	contribution:  X Personal C y Order Credit/Del		Contribution 0883	ID#	Amount of Contribution
Residential Street Address 61 Wedgewood Rd		City Trumbull			State CT	Zip Code 06611-1638		Date Received 08/23/2010		
Principal Occupation Attorney		Name of En	nployer			Is this contribution associ fundraising event listed in If yes, list Event # 08	Section .			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No  Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggre	egate Contributi \$12	ons 25.00	\$125.00
Last Name Testani	First Name Jack			MI H	Cash	contribution:    X   Personal C y Order   Credit/Del		Contribution 0885	ID#	Amount of Contribution
Residential Street Address 50 Cranbury Dr		City Trumbull			State CT	Zip Code 06611-1413		Date Received 08/23/2010		
Principal Occupation Sales		Name of En	nployer ernational, Inc.		•	Is this contribution associ fundraising event listed in If yes, list Event # 08				
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis t child of a lob	byist?	Aggre	egate Contributi	ons 25.00	\$125.00

		I. MONETARY	RECEIPT	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILING	G DUE DATE
Foley For Governor, Inc.							Origin	al 09/09/2010
		B. Itemized Contri	butions fro	m Individu	ıals		<u> </u>	
Last Name Stock	First Name Keith		MI L	Cash	contribution:  X Personal C y Order Credit/Deb	heck	Contribution ID #	Amount of Contribution
Residential Street Address 88 Field Point Rd		City Greenwich		State CT	Zip Code 06830-6468		Received 23/2010	
Principal Occupation Finance		Name of Employer TIAA-CREF			Is this contribution associa fundraising event listed in If yes, list Event #		Yes  X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X N  Executive Legislative		ibutor a lobbyis ent child of a lob Yes	byist?	Aggregate	\$3,500.00	\$3,500.00
Last Name Burr Monaco	First Name Suzanne		MI	Cash	contribution:  X Personal C y Order Credit/Deb	heck 0	Contribution ID #	Amount of Contribution
Residential Street Address 76 Westfield Dr		City Trumbull		State CT	Zip Code 06611-1545		Received 23/2010	
Principal Occupation  Town Clerk		Name of Employer Trumbull			Is this contribution association fundraising event listed in If yes, list Event # 082		X Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X N  Executive Legislative		ibutor a lobbyis ent child of a lob Yes	byist?	Aggregate	e Contributions \$225.00	\$125.00
Last Name Halaby	First Name Kenneth		MI S	Cash	contribution: Personal C y Order X Credit/Deb	heck 0	Contribution ID #	Amount of Contribution
Residential Street Address 24 Coventry Ln		City Trumbull	·	State CT	Zip Code 06611-1051		Received 23/2010	
Principal Occupation Retired		Name of Employer Retired			Is this contribution association fundraising event listed in If yes, list Event # 082	Section J1?	X Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X N  Executive Legislative		ibutor a lobbyis ent child of a lob Yes	byist?	Aggregate	Contributions \$250.00	\$250.00
Last Name Halaby	First Name Linda		MI	Cash	contribution:  Personal C y Order X Credit/Deb	heck 0	Contribution ID #	Amount of Contribution
Residential Street Address 24 Coventry Ln		City Trumbull		State CT	Zip Code 06611-1051		Received 23/2010	
Principal Occupation Retired		Name of Employer Retired			Is this contribution association fundraising event listed in If yes, list Event # 082		X Yes No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X N  Executive Legislative		ibutor a lobbyis ent child of a lob Yes	byist?	Aggregate	Contributions \$250.00	\$250.00

		I. M	ONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Foley For Governor, Inc.									Origin	al 09/09/2010
		B. Ite	emized Contributi	ons fron	ı Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID#	Amount of
Cook	Everett R			R	Cash Money	y Order		0869		Contribution
Residential Street Address	<u> </u>	City			State	Zip Code		ate Received		
775 Park Ave		New York			NY	10021-4253	0	8/23/2010	0	
Principal Occupation		Name of En	nployer		•	Is this contribution assoc			Yes	
Managing Director		Pouschin	e Cook Capital Mana	agement		fundraising event listed is If yes, list Event #	n Section .	11? <b>x</b>	No	
Is contributor a principal of a state contractor	or prospective		Yes X No		outor a lobbyis		Aggre	gate Contribu	utions	
state contractor?  Is yes, indicate which branch or branches of	П	Executive	Legislative	1 <sup>-</sup>	t child of a lob Yes	•		\$7,0	00.00	\$3,500.00
government the contract is with:	First Name			MI		contribution:	1	Contributio	on ID #	
Kendall	Donald			M	Cash	X Personal		0880	on ID#	Amount of Contribution
D 11 210 111					<del>                                     </del>	y Order Credit/De		D : 1		
Residential Street Address  18 Porchuck Rd		City Greenwic	h		State CT	Zip Code 06831-2922		ate Received 8/23/2010		
Principal Occupation		Name of En	nplover		ļ	Is this contribution assoc	iated with	а Г	Yes	
Former Chairman & CEO		PepsiCo				fundraising event listed in If yes, list Event #	n Section .	I1?	No No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggre	gate Contribu \$7,0	utions	\$3,500.00
Last Name	First Name			MI	Method of	contribution:		Contribution	on ID #	Amount of
Hannan, Jr.	Kenneth				Cash Money	y Order X Personal Credit/De		0876		Contribution
Residential Street Address		City			State	Zip Code		ate Received		
60 E End Ave Apt 30A		New York	: 		NY	10028-7946	0	8/23/2010	0	
Principal Occupation		Name of En				Is this contribution assoc fundraising event listed in		J1?	_	
Executive		Colonial	Navigation Co.			If yes, list Event #		х	No	
Is contributor a principal of a state contractor	or prospective	•	Yes X No		outor a lobbyis		Aggre	gate Contribu	ıtions	
state contractor? Is yes, indicate which branch or branches of	П	Executive	Legislative		t child of a lob Tes	-		\$3,5	500.00	\$3,500.00
government the contract is with:  Last Name	First Name	Executive	Legislative	I MI	1	contribution:	<u> </u>			
Brag	Anders			IVII	Cash	Personal	Check	Contribution 0886	on ID#	Amount of Contribution
		ī			Money	y Order X Credit/De	bit Card			
Residential Street Address		City			State NY	Zip Code	1	ate Received 8/25/2010		
888 Park Ave		New York			INI	10075-0235  Is this contribution assoc	_		,	1
Principal Occupation Private Equity		Name of En Garb Hol				fundraising event listed is  If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of	or prospective		Yes X No	dependent	outor a lobbyis t child of a lob	byist?	Aggre	gate Contribu \$7,0	itions	\$3,500.00
government the contract is with:		Executive	Legislative	L '	res X	No				

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FII	LING DUE DATE
Foley For Governor, Inc.							Or	riginal 09/09/2010
		B. Itemized Contributi	ons fron	ı Individu	ıals		•	
Last Name	First Name		MI	Method of	contribution:		Contribution ID	# Amount of
Foley	April Hoxi	e	Н	Cash Money	y Order X Personal Cl	0	)889	Contribution
Residential Street Address		City		State	Zip Code		Received	
45 Smith Ridge Rd		South Salem		NY	10590-1923	08/2	25/2010	
Principal Occupation  Executive		Name of Employer ATK; XRM Board of Directors	:		Is this contribution associa fundraising event listed in If yes, list Event #		X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate	e Contributions \$3,500.0	
Last Name Ohnell	First Name Ernst		MI	Cash	contribution:    X   Personal Cl	neck 0	Contribution ID	# Amount of Contribution
Residential Street Address 75 Khakum Wood Rd		City Greenwich		State CT	Zip Code 06831-3729		Received 25/2010	
Principal Occupation Partner		Name of Employer Sef-Employed		•	Is this contribution associa fundraising event listed in If yes, list Event #		X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate	Contributions \$3,500.0	
Last Name Coci, III	First Name Joseph		MI	Cash	contribution:  X Personal Cl y Order Credit/Debi	neck 0	Contribution ID	# Amount of Contribution
Residential Street Address PO Box 562		City Westport		State CT	Zip Code 06881-0562		Received 25/2010	
Principal Occupation  Real Estate Devolper		Name of Employer Mountain Development Corp		•	Is this contribution associa fundraising event listed in If yes, list Event # 082		X Yes	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate	\$1,125.0	
Last Name Crooks, Jr.	First Name William		MI A	Cash	contribution:    X   Personal Cl	neck 0	Contribution ID	# Amount of Contribution
Residential Street Address 25 Dalecot Dr		City Trumbull		State CT	Zip Code 06611-2801		Received 25/2010	
Principal Occupation Retired		Name of Employer Retired	_		Is this contribution associa fundraising event listed in If yes, list Event # 082	Section J1?	X Yes	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	outor a lobbyis t child of a lob	byist?	Aggregate	e Contributions \$75.0	

		I. MONETARY R	ECEIPT	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILING	G DUE DATE
Foley For Governor, Inc.							Origin	nal 09/09/2010
		B. Itemized Contribu	ıtions fron	n Individu	ıals			
Last Name Hosley	First Name William		MI	Cash	contribution: Personal C	heck 0890	bution ID#	Amount of Contribution
Residential Street Address 30 Old Abbe Rd		City Enfield		State CT	Zip Code 06082-6030	Date Rece 08/25/2		
Principal Occupation  Cultural Resource Development		Name of Employer Self-Employed			Is this contribution associa fundraising event listed in If yes, list Event #		Yes  X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	depender	butor a lobbyis at child of a lob Yes	byist?	Aggregate Con	tributions \$50.00	\$50.00
Last Name Smilow	First Name Joel		MI E	Cash	contribution:  X Personal Contribution:  y Order Credit/Deb	heck 0892	bution ID#	Amount of Contribution
Residential Street Address 1097 Pequot Ave		City Southport		State CT	Zip Code 06890-1421	Date Rece 08/25/2		
Principal Occupation Director		Name of Employer Trian Acquisition Corp.			Is this contribution associa fundraising event listed in If yes, list Event #		Yes  X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	depender	butor a lobbyis at child of a lob Yes	byist?	Aggregate Con	tributions 61,000.00	\$1,000.00
Last Name Hobbs	First Name Hazel		MI R	Cash	contribution:  X Personal Contribution:  y Order Credit/Deb	heck 0898	bution ID #	Amount of Contribution
Residential Street Address 249 Main St		City New Canaan	·	State CT	Zip Code 06840-5608	Date Rece 08/28/2		
Principal Occupation Retired		Name of Employer Retired			Is this contribution associa fundraising event listed in If yes, list Event #		Yes  X No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	depender	butor a lobbyis at child of a lob Yes	byist?	Aggregate Con	tributions \$250.00	\$250.00
Last Name Hobbs	First Name Michael		MI D	Cash	contribution:  X Personal Contribution:  y Order Credit/Deb	heck 0899	bution ID#	Amount of Contribution
Residential Street Address 249 Main St		City New Canaan		State CT	Zip Code 06840-5608	Date Rece 08/28/2		
Principal Occupation Retired		Name of Employer Retired		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	depender	butor a lobbyis at child of a lob	byist?	Aggregate Con	tributions \$250.00	\$250.00

		I. MONETARY	RECE	ZIPTS	(Section	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Foley For Governor, Inc.									Origin	al 09/09/2010
		B. Itemized Contri	outions	from	Individu	als				
Last Name	First Name		MI		Method of o	contribution:		Contributio	on ID#	Amount of
Lerner	Craig		S		Cash Money	Order X Personal C		0900		Contribution
Residential Street Address		City	•		State	Zip Code		ate Received		
6315 Evermay Dr		McLean		]	VA	22101-2309	0	8/28/2010	)	
Principal Occupation  Law Professor		Name of Employer George Mason Univeristy	,			Is this contribution association fundraising event listed in If yes, list Event # 062			Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No			tor a lobbyist	byist?	Aggre	gate Contribu	tions \$50.00	\$50.00
Last Name Lerner	First Name Renee		MI L		Method of o	contribution:  X Personal C  Order Credit/Del		Contribution	on ID#	Amount of Contribution
Residential Street Address 6315 Evermay Dr		City McLean	· · ·		State VA	Zip Code 22101-2309		ate Received 8/28/2010		
Principal Occupation  Law Professor		Name of Employer George Washington Univ	erisity	•		Is this contribution association fundraising event listed in If yes, list Event # 062			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative			tor a lobbyist	byist?	Aggre	gate Contribu	tions \$50.00	\$50.00
Last Name Moynihan	First Name Kevin		MI	II	Method of o	contribution:  X Personal C  Order Credit/Del		Contribution 0902	on ID #	Amount of Contribution
Residential Street Address 135 Oenoke Rdg		City New Canaan	•		State CT	Zip Code 06840-4107		ate Received 8/28/2010	0	
Principal Occupation Attorney		Name of Employer Sefl		•		Is this contribution association fundraising event listed in If yes, list Event #		112	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No			tor a lobbyist	byist?	Aggre	gate Contribu \$5	itions	\$500.00
Last Name Roxe	First Name Joseph D.		MI D		Method of o	contribution:    X   Personal C		Contribution 0903	on ID#	Amount of Contribution
Residential Street Address 459 Middlesex Rd		City Darien	·		State CT	Zip Code 06820-2520		ate Received 8/28/2010		
Principal Occupation  Executive		Name of Employer Bay Holdings				Is this contribution association fundraising event listed in If yes, list Event #		11?	Yes No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No			tor a lobbyist	byist?	Aggre	gate Contribu \$3,5	itions 500.00	\$3,500.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FII	LING DUE DATE
Foley For Governor, Inc.							Or	iginal 09/09/2010
		B. Itemized Contribut	ions fron	ı Individu	ıals			
Last Name Siegel	First Name Hal		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck 0	Contribution ID	# Amount of Contribution
Residential Street Address 244 Colonial Rd		City New Canaan		State CT	Zip Code 06840-2409		Received 28/2010	
Principal Occupation Businessman		Name of Employer Self		•	Is this contribution associa fundraising event listed in If yes, list Event #		X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate	e Contributions \$250.0	\$250.00
Last Name Siegel	First Name Linda		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck C	Contribution ID	# Amount of Contribution
Residential Street Address 244 Colonial Rd		City New Canaan		State CT	Zip Code 06840-2409		Received 28/2010	
Principal Occupation Attorney		Name of Employer Self			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate	e Contributions \$250.0	\$250.00
Last Name Coppage	First Name Gail		MI	Cash	contribution:    X   Personal Cl	neck 0	Contribution ID	# Amount of Contribution
Residential Street Address 4 Muirfield Rd		City Bloomfield		State CT	Zip Code 06002-2378		Received 28/2010	
Principal Occupation State Director of Workforce Development		Name of Employer Connecticut Community Coll System	ege		Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggregate	e Contributions \$125.0	\$125.00
Last Name Coppage	First Name Timothy		MI H	Cash	contribution:  X Personal Cl y Order Credit/Debi	neck 0	Contribution ID	# Amount of Contribution
Residential Street Address 4 Muirfield Rd		City Bloomfield		State CT	Zip Code 06002-2378		Received 28/2010	
Principal Occupation Vice President		Name of Employer Self-Employed			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate	e Contributions \$975.0	\$125.00

I. MONETARY RECEIPTS (Section A-I)												
NAME OF COMMITTEE							FILING	G DUE DATE				
Foley For Governor, Inc.							Origin	al 09/09/2010				
B. Itemized Contributions from Individuals												
Last Name Carsens	First Name Daniel		MI J	Cash	contribution:    X   Personal Cl	heck 0893	ibution ID#	Amount of Contribution				
Residential Street Address 11 Aquidneck Trl		City Old Saybrook		State CT	Zip Code 06475-1802	Date Rece 08/28/2						
Principal Occupation  Realtor		Name of Employer Self			Is this contribution associa fundraising event listed in If yes, list Event #		Yes  X No					
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	outor a lobbyist child of a lob	byist?	Aggregate Con	\$50.00	\$50.00				
Last Name Day	First Name Christoph	er Sean	MI S	Cash	contribution:  X Personal Cl y Order Credit/Deb	heck 0896	ibution ID#	Amount of Contribution				
Residential Street Address 26 Deer Park Dr		City Greenwich		State CT	Zip Code 06830-4629	Date Rece 08/28/2						
Principal Occupation  Executive		Name of Employer Compass Group International	ıl	•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes  X No					
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate Con	s3,500.00	\$3,500.00				
Last Name Day	First Name Virginia		MI	Cash	contribution:  X Personal Cl y Order Credit/Deb	heck 0897	ibution ID #	Amount of Contribution				
Residential Street Address 26 Deer Park Dr		City Greenwich		State CT	Zip Code 06830-4629	Date Rece 08/28/2						
Principal Occupation Homemaker		Name of Employer Homemaker			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No					
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate Con	stributions \$7,000.00	\$3,500.00				
Last Name Amato	First Name Len		MI	Cash	contribution: Personal Cl y Order X Credit/Deb	heck 0906	ibution ID#	Amount of Contribution				
Residential Street Address 1664 Redding Rd		City Fairfield		State CT	Zip Code 06824	Date Rece 08/29/2						
Principal Occupation Business		Name of Employer Interstellar Holdings		•	Is this contribution associa fundraising event listed in If yes, list Event # 082	Section J1?	X Yes					
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	outor a lobbyist child of a lob	byist?	Aggregate Con	stributions \$125.00	\$125.00				

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FILING	G DUE DATE
Foley For Governor, Inc.							Origin	al 09/09/2010
		B. Itemized Contributi	ons fron	Individu	ıals			
Last Name Connaughton	First Name James		MI	Method of Cash	contribution:	eck	ution ID#	Amount of Contribution
Community	Junes			_	y Order X Credit/Debi	0907		Contribution
Residential Street Address 3050 University Ter NW		City Washington		State DC	Zip Code 20016-3463	Date Receiv		
Principal Occupation  Executive Vice President		Name of Employer Constellation Energy			Is this contribution associat fundraising event listed in S If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Contr	ributions \$100.00	\$100.00
Last Name Hunter	First Name Annette		MI	Cash	contribution:  Personal Ch y Order X Credit/Debi	eck 0908	ution ID #	Amount of Contribution
Residential Street Address 85 Lords Hwy E		City Weston		State CT	Zip Code 06883-2009	Date Receiv 08/29/20		
Principal Occupation CEO		Name of Employer Nexxtvision			Is this contribution associate fundraising event listed in St. If yes, list Event # 082		X Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Cont	ributions \$125.00	\$125.00
Last Name Mendiratta	First Name Tarun		MI	Cash	contribution: Personal Ch y Order X Credit/Debi	eck 0909	ution ID#	Amount of Contribution
Residential Street Address 85 Lords Hwy E		City Weston		State CT	Zip Code 06883-2009	Date Receiv		
Principal Occupation Self-Employed		Name of Employer Self-Employed			Is this contribution associat fundraising event listed in S If yes, list Event # 082		X Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Conti	ributions \$125.00	\$125.00
Last Name Young	First Name Sarah		MI P	Cash	contribution:  Personal Ch y Order  X  Credit/Debi	eck 0910	ution ID#	Amount of Contribution
Residential Street Address 254 Woodbury Rd		City Washington		State CT	Zip Code 06793-1521	Date Receiv 08/29/20		
Principal Occupation Dr		Name of Employer Nexxtvision			Is this contribution associat fundraising event listed in S If yes, list Event # 082	Section J1?	X Yes No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Contr	ributions \$125.00	\$125.00

I. MONETARY RECEIPTS (Section A-I)												
NAME OF COMMITTEE							FILING	G DUE DATE				
Foley For Governor, Inc.							Origin	al 09/09/2010				
		B. Itemized Contributi	ons fron	Individu	ıals							
Last Name Smoller	First Name Andrew		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck 091	ribution ID #	Amount of Contribution				
Residential Street Address 2 Tods Driftway		City Old Greenwich		State CT	Zip Code 06870-2412	Date Reco						
Principal Occupation Portfolio Manager		Name of Employer Millenium Partners			Is this contribution associa fundraising event listed in If yes, list Event #		Yes  X No					
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Co	space of the state	\$250.00				
Last Name Baker	First Name Todd		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck 091	ribution ID #	Amount of Contribution				
Residential Street Address 88 Lukes Wood Rd		City New Canaan		State CT	Zip Code 06840-2201	Date Reco						
Principal Occupation  Investment Banker		Name of Employer  Bank of America Merrill Lyncl	h		Is this contribution associa fundraising event listed in If yes, list Event #		Yes  X No					
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Co	ntributions \$500.00	\$500.00				
Last Name Bisbee, Jr.	First Name Gerald		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck 091	ribution ID#	Amount of Contribution				
Residential Street Address 110 Wellesley Dr		City New Canaan		State CT	Zip Code 06840-3530	Date Reco						
Principal Occupation CEO		Name of Employer The Academy Advisors			Is this contribution associa fundraising event listed in If yes, list Event #		Yes  X No					
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Co	s250.00	\$250.00				
Last Name Bitting	First Name Jonathon		MI K	Cash	contribution:    X   Personal Cl	neck 091	ribution ID #	Amount of Contribution				
Residential Street Address 1051 Weed St		City New Canaan		State CT	Zip Code 06840-4026	Date Reco						
Principal Occupation Retired		Name of Employer Retired			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No					
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggregate Co	stributions \$500.00	\$500.00				

I. MONETARY RECEIPTS (Section A-I)												
NAME OF COMMITTEE							FILIN	G DUE DATE				
Foley For Governor, Inc.							Origin	nal 09/09/2010				
B. Itemized Contributions from Individuals												
Last Name Compton	First Name Cindy		MI	Cash	contribution:  X Personal Cl y Order Credit/Debi	heck 0915	oution ID#	Amount of Contribution				
Residential Street Address 620 Oenoke Rodge		City New Canaan		State CT	Zip Code 06840	Date Receive 09/02/20						
Principal Occupation  Homemaker		Name of Employer Homemaker			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No					
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Cont	ributions \$250.00	\$250.00				
Last Name Compton	First Name John		MI	Cash	contribution:  X Personal Cl y Order Credit/Debi	heck 0916	oution ID#	Amount of Contribution				
Residential Street Address 620 Oenoke Rodge		City New Canaan		State CT	Zip Code 06840	Date Receiv						
Principal Occupation CEO		Name of Employer Pepsi North America		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes  X No					
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Cont	ributions \$250.00	\$250.00				
Last Name Cowin	First Name Andrew		MI J	Cash	contribution:    X   Personal Cl	heck 0917	oution ID#	Amount of Contribution				
Residential Street Address 43 Sawmill Ln		City Greenwich		State CT	Zip Code 06830-4027	Date Receiv						
Principal Occupation Private Investor		Name of Employer Stable Partners			Is this contribution associa fundraising event listed in If yes, list Event # 081	Section J1?	X Yes No					
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate Cont	ributions 2,500.00	\$2,500.00				
Last Name Donnelly	First Name Justin		MI	Cash	contribution:    X   Personal Cl	heck 0918	oution ID#	Amount of Contribution				
Residential Street Address 1321 Hill St		City Suffield		State CT	Zip Code 06078-1024	Date Receiv						
Principal Occupation Attorney		Name of Employer City of Waterbury			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No					
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggregate Cont	ributions \$250.00	\$250.00				

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Foley For Governor, Inc.							Origin	nal 09/09/2010
		B. Itemized Contributi	ons fron	ı Individu	ıals			
Last Name Foley	First Name Paul		MI	Cash	contribution:  Personal Ch y Order X Credit/Debi	neck 09	ntribution ID#	Amount of Contribution
Residential Street Address 68 West Rd		City New Canaan		State CT	Zip Code 06840-3010	Date Re 09/02	eceived 2/2010	]
Principal Occupation International Bond Sales		Name of Employer Cohen and Company			Is this contribution associate fundraising event listed in If yes, list Event #		Yes  X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate C	Contributions \$500.00	\$500.00
Last Name Fredericks, Jr.	First Name Wesley		MI C	Cash	contribution:  X Personal Cl y Order Credit/Debi	neck 09	ntribution ID#	Amount of Contribution
Residential Street Address 221 Benedict Hill Rd		City New Canaan		State CT	Zip Code 06840-2913	Date Re	eceived 2/2010	
Principal Occupation Attorney		Name of Employer Goodwin Proctor LLC		•	Is this contribution associal fundraising event listed in S If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor of state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate C	Contributions \$500.00	\$500.00
Last Name Freeman	First Name Eric		MI	Cash	contribution:  X Personal Ch y Order Credit/Debi	neck 09	ntribution ID #	Amount of Contribution
Residential Street Address 91 Four Winds Ln		City New Canaan		State CT	Zip Code 06840-3443	Date Re 09/02	eceived 2/2010	]
Principal Occupation Retired		Name of Employer Retired			Is this contribution associate fundraising event listed in State If yes, list Event #		Yes  X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob res	byist?	Aggregate C	Contributions \$250.00	\$250.00
Last Name Higgins	First Name Bradford	R.	MI R	Cash	contribution:  X Personal Cl y Order Credit/Debi	neck 09	ntribution ID#	Amount of Contribution
Residential Street Address 1079 Oenoke Rdg		City New Canaan		State CT	Zip Code 06840-2607	Date Re 09/02	eceived 2/2010	
Principal Occupation Assistant Secretary and CFO		Name of Employer Bureau if Resource Managem	nen	•	Is this contribution associal fundraising event listed in S If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate C	Contributions \$125.00	\$125.00

		I. MONETAR	Y RECEIP	TS (Section	n A-I)			
NAME OF COMMITTEE							FILINO	DUE DATE
Foley For Governor, Inc.							Origina	al 09/09/2010
		B. Itemized Con	tributions fr	om Individu	ıals		•	
Last Name Higgins	First Name Kimberly		MI R	Cash	contribution:    X   Personal C	heck 09	ontribution ID #	Amount of Contribution
Residential Street Address 1079 Oenoke Rdg		City New Canaan		State CT	Zip Code 06840-2607		eceived 2/2010	
Principal Occupation  Real Estate		Name of Employer The Higgins Group			Is this contribution associa fundraising event listed in If yes, list Event #		Yes  X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X  Executive Legislative	depen	ntributor a lobbyis ident child of a lob Yes	byist?	Aggregate (	Contributions \$125.00	\$125.00
Last Name Jones	First Name Andrew		MI	Cash	contribution:  X Personal C  y Order Credit/Deb	heck 09	ontribution ID #	Amount of Contribution
Residential Street Address 8 Town Crier Ln		City Westport		State CT	Zip Code 06880-1533		eceived 2/2010	
Principal Occupation  Money Management		Name of Employer Self-Employed		·	Is this contribution association fundraising event listed in If yes, list Event # 081		X Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X  Executive Legislative	depen	ntributor a lobbyis dent child of a lob Yes	byist?	Aggregate (	Contributions \$125.00	\$125.00
Last Name Jones	First Name Jill		MI A	Cash	contribution:  X Personal C y Order Credit/Deb	heck 09	ontribution ID #	Amount of Contribution
Residential Street Address 8 Town Crier Ln		City Westport	•	State CT	Zip Code 06880-1533		eceived 2/2010	
Principal Occupation  Money Management		Name of Employer Self-Employed			Is this contribution association fundraising event listed in If yes, list Event # 081	Section J1?	X Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X  Executive Legislative	depen	ntributor a lobbyis ident child of a lob Yes	byist?	Aggregate (	Contributions \$125.00	\$125.00
Last Name Kilmurray	First Name Daniel		MI	Cash	contribution:    X   Personal C	heck 09	ontribution ID#	Amount of Contribution
Residential Street Address 74 Cedar Cliff Rd		City Riverside		State CT	Zip Code 06878-2604		eceived 2/2010	
Principal Occupation Financial Advisor		Name of Employer UBS		•	Is this contribution associal fundraising event listed in If yes, list Event # 081		X Yes	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X  Executive Legislative	depen	ntributor a lobbyis ident child of a lob	byist?	Aggregate (	Contributions \$1,250.00	\$1,250.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE							F	FILING	DUE DATE
Foley For Governor, Inc.							(	Origina	ıl 09/09/2010
		B. Itemized Contributi	ons fron	ı Individu	ıals				
Last Name Kilmurray	First Name Tamara		MI	Cash	contribution:    X   Personal Characteristics   Personal Characteristics   Credit/Debit   Personal Characteristics   Personal Cha	neck	Contribution I	ID#	Amount of Contribution
Residential Street Address 74 Cedar Cliff Rd		City Riverside		State CT	Zip Code 06878-2604		e Received /02/2010		
Principal Occupation Homemaker		Name of Employer Homemaker		•	Is this contribution associal fundraising event listed in 1 If yes, list Event # 081		11.		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggrega	\$1,250		\$1,250.00
Last Name Kurth	First Name Richard		MI	Cash	contribution:  X Personal Cl y Order Credit/Debi	neck	Contribution I	ID#	Amount of Contribution
Residential Street Address 31 Lake Wind Rd		City New Canaan		State CT	Zip Code 06840-2520		e Received /02/2010		
Principal Occupation Portfolio Manager		Name of Employer Silvermine Capital			Is this contribution associate fundraising event listed in State of the If yes, list Event #		?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggrega	ate Contribution \$250		\$250.00
Last Name McEneaney	First Name Bonnie		MI	Cash	contribution:  X Personal Ch y Order Credit/Debi	neck	Contribution I	ID#	Amount of Contribution
Residential Street Address 49 White Fall Ln		City New Canaan		State CT	Zip Code 06840-2038		e Received /02/2010		
Principal Occupation business executive		Name of Employer Harper Collins		•	Is this contribution associal fundraising event listed in S If yes, list Event #			Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggrega	ste Contribution \$250		\$250.00
Last Name Merrill	First Name Joseph		MI	Cash	contribution:  X Personal Cl y Order Credit/Debi	neck	Contribution I	ID#	Amount of Contribution
Residential Street Address 726 Weed St		City New Canaan		State CT	Zip Code 06840-4016		e Received /02/2010		
Principal Occupation Investments		Name of Employer Northeast Capital			Is this contribution associal fundraising event listed in the second of the second second in the second sec		? X	Yes No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggrega	ate Contribution		\$250.00

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE							FILING	G DUE DATE
Foley For Governor, Inc.							Origin	al 09/09/2010
		B. Itemized Contribu	tions fron	ı Individu	ıals			
Last Name Merrill	First Name Tracy		MI	Cash	contribution:		ution ID#	Amount of Contribution
Residential Street Address		City		State	y Order Credit/Deb	Date Receive		
726 Weed St  Principal Occupation  Homemaker		Name of Employer Homemaker		СТ	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes  No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependen	outor a lobbyis t child of a lob Yes X	byist?	Aggregate Contr	ibutions \$250.00	\$250.00
Last Name Palazzo	First Name Vincent		MI	Cash	contribution:    X   Personal Cl y Order   Credit/Deb	heck 0935	ution ID#	Amount of Contribution
Residential Street Address 58 Marbern Dr		City Suffield	•	State CT	Zip Code 06078-1533	Date Receive 09/02/20		
Principal Occupation Retired		Name of Employer Retired			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependen	utor a lobbyis child of a lob Yes	byist?	Aggregate Contr	ibutions \$100.00	\$100.00
Last Name Patch	First Name Benjamin	ı	MI T	Cash	contribution:  X Personal Cl y Order Credit/Deb	heck 0936	ution ID#	Amount of Contribution
Residential Street Address 63 Old Norwalk Rd		City New Canaan	•	State CT	Zip Code 06840-6418	Date Receive 09/02/20		
Principal Occupation Vice President		Name of Employer AIG		•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes  No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate Contr	sibutions \$300.00	\$300.00
Last Name Pence	First Name Lea		MI	Cash	contribution:    X   Personal Cl y Order	heck 0937	ution ID#	Amount of Contribution
Residential Street Address 931 Timothy Ln		City Menlo Park		State CA	Zip Code 94025-1726	Date Receive 09/02/20		
Principal Occupation Unemployed		Name of Employer Unemployed			Is this contribution associa fundraising event listed in If yes, list Event #	Section J19	Yes	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependen	utor a lobbyis child of a lob Yes	byist?	Aggregate Contr	ibutions \$250.00	\$250.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Foley For Governor, Inc.							Origin	nal 09/09/2010
		B. Itemized Contributi	ons fron	ı Individu	ıals			
Last Name Ringleberg	First Name John		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck 093	ribution ID #	Amount of Contribution
Residential Street Address 34 Cove Side Ln		City Stonington		State CT	Zip Code 06378-2902	Date Rec		
Principal Occupation  Naval Architect		Name of Employer  JMS Naval Architects		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	outor a lobbyis t child of a lob Yes X	byist?	Aggregate Co	\$100.00	\$100.00
Last Name Skakel	First Name George		MI	Cash	contribution:  X Personal Cl y Order Credit/Debi	neck 093	ribution ID#	Amount of Contribution
Residential Street Address 137 Weaver St		City Greenwich		State CT	Zip Code 06831-4300	Date Rec 09/02/		
Principal Occupation  Investor		Name of Employer Self-Employed			Is this contribution associa fundraising event listed in If yes, list Event # 081		X Yes	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate Co	ontributions \$1,250.00	\$1,250.00
Last Name Stiffelman	First Name Jodi		MI	Cash	contribution:  Personal Cl y Order X Credit/Debi	neck 094	ribution ID #	Amount of Contribution
Residential Street Address 207 Jonathan Rd		City New Canaan		State CT	Zip Code 06840-2119	Date Rec 09/02/		
Principal Occupation Homemaker		Name of Employer Homemaker			Is this contribution associa fundraising event listed in If yes, list Event #		Yes  X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Co	\$250.00	\$250.00
Last Name Stiffelman	First Name Robert		MI	Cash	contribution:  Personal Cl y Order X Credit/Debi	neck 094	ribution ID #	Amount of Contribution
Residential Street Address 207 Jonathan Rd		City New Canaan		State CT	Zip Code 06840-2119	Date Rec 09/02/		
Principal Occupation Partner/Director		Name of Employer Pasternack,Baums & Co., Inc	<b>:</b> .	•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate Co	stributions \$250.00	\$250.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Foley For Governor, Inc.							Origin	nal 09/09/2010
		B. Itemized Contribut	ions fron	ı Individu	ıals			
Last Name Ughetta	First Name James		MI	Cash	contribution:  X Personal Cl y Order Credit/Debi	heck 094	ribution ID#	Amount of Contribution
Residential Street Address 7 Sherwood Ln		City New Canaan		State CT	Zip Code 06840-3523	Date Rec 09/02/		
Principal Occupation Attorney		Name of Employer Littlejohn,Joyce,Ughetta,Par LLP	k & Kelly,		Is this contribution associa fundraising event listed in If yes, list Event #		Yes  X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No  Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate Co	sntributions \$100.00	\$100.00
Last Name Hannan	First Name Yvonne		MI	Cash	contribution:  X Personal Cl y Order Credit/Debi	heck 092	ribution ID#	Amount of Contribution
Residential Street Address 60 E End Ave Apt 30A		City New York		State NY	Zip Code 10028-7946	Date Rec 09/02/		
Principal Occupation Homemaker		Name of Employer None		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes  X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate Co	stributions \$7,000.00	\$3,500.00
Last Name Mather, Jr.	First Name Lee W.		MI W	Cash	contribution:  X Personal Cl y Order Credit/Debi	heck 093	ribution ID #	Amount of Contribution
Residential Street Address 6 Francine Dr		City Greenwich		State CT	Zip Code 06830-4703	Date Rec 09/02/		
Principal Occupation Director		Name of Employer American Rivers			Is this contribution associa fundraising event listed in If yes, list Event #		Yes  X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyis child of a lob res	byist?	Aggregate Co	stributions \$2,000.00	\$1,000.00
Last Name Smith	First Name Michele		MI L	Cash	contribution:  X Personal Cl y Order Credit/Debi	heck 094	ribution ID #	Amount of Contribution
Residential Street Address 139 W 19th St Apt 7 SW		City New York		State NY	Zip Code 10011-4118	Date Rec 09/02/		
Principal Occupation Photographer		Name of Employer Self-Employed		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes  X No	
Is contributor a principal of a state contractor state contractor?  Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate Co	sntributions \$3,500.00	\$3,500.00

		I. MONETARY REC	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FILING	G DUE DATE
Foley For Governor, Inc.							Origin	al 09/09/2010
		B. Itemized Contribution	ons from	Individu	als			
Last Name Weinberg	First Name David		MI L	Method of o	contribution:  X Personal Cl  Order Credit/Debi	neck 0944	ution ID#	Amount of Contribution
Residential Street Address 139 W 19th St Apt 7 SW		City New York		State NY	Zip Code 10011-4118	Date Receiv		
Principal Occupation Finance		Name of Employer Self-Employed			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:		Yes X No  Executive Legislative	dependent	utor a lobbyist child of a lob es	byist?	Aggregate Cont	ributions 3,500.00	\$3,500.00
Last Name Gressel	First Name Daniel		MI	Method of o	contribution:    X   Personal Cl	neck 0922	ution ID#	Amount of Contribution
Residential Street Address 88 Cedar Cliff Rd		City Riverside		State CT	Zip Code 06878-2604	Date Receiv		
Principal Occupation Economist		Name of Employer Teleos Asset Management			Is this contribution associa fundraising event listed in If yes, list Event # 081		X Yes No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No  Executive Legislative	dependent	utor a lobbyist child of a lob es X	byist?	Aggregate Cont	ributions 2,500.00	\$2,500.00
						Total	of Section B	\$88,324.00
TOTAL OF ALL CONTRIBU	TIONS FI	ROM INDIVIDUALS	(Section	ons A & B)	(Total on Line 14	of Summary Pag	re)	\$88,324.00

I. I	MONE	TA]	RY RECEIP	TS (S	ection A-I)			
NAME OF COMMITTEE							FILING	DUE DATE
Foley For Governor, Inc.							Original	09/09/2010
C1. Co	ntributi	ons	from Other C	ommi	ttees			
Name of Committee					Name of Treasurer			
Address			Is this contribution a fundraising event			Yes If yes, list Event	i #	Amount of Contribution
City	State	Zip	Code	Date R	eceived	Aggregate Contributions		
				•		Total of S	Section C1	

I. MONETA	ARY RECI	EIPTS (Section	A-I)	
NAME OF COMMITTEE			I	FILING DUE DATE
Foley For Governor, Inc.			C	Original 09/09/2010
C2. Reimbursemen	ts or Payme	ents from other C	ommittees	
Name of Committee			Name of Treasurer	
Address			Date Received	Amount of Receipt
City	State	Zip Code	Reimbursement for shared expense	
			Payment for goods and services	
			Total of Section	C2

	I. MONETARY RECEIPTS (Section	n A-K)				
NAME OF COMMITTEE  Foley For Governor, Inc.						DUE DATE 1 09/09/2010
Total Total Governor, me.	D. Loans Received this Period				1 3	
Name of Lender Mr. Thomas C Foley Street Address 62 Khakum Wood Rd Name of Cosigner/Guarantor	City Greenwich	State CT	Zip Code 06831-3748	Source of Loan:  Bank  X Candidate  Individual  Other  Committee	Is there a cosigner or Guarantor of this loan?  Yes  No	Amount Received
Street Address	City	State	Zip Code	Date Received 08/20/2010		\$500,000.00
Name of Lender Mr. Thomas C Foley  Street Address 62 Khakum Wood Rd  Name of Cosigner/Guarantor	City Greenwich	State CT	Zip Code 06831-3748	Source of Loan:  Bank X Candidate Individual Other Committee	Is there a cosigner or Guarantor of this loan?  Yes  No	Amount Received
Street Address	City	State	Zip Code	Date Received 09/02/2010		\$500,000.00
				Total of S	Section D	\$1,000,000.00

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE	NAME OF COMMITTEE FILING DUE DATE									
Foley For Governor, Inc.					Original 09/09/2010					
	E. Personal Funds of the Candidate Received this Period									
Date Received	Date Received Amount Method of Payment  Cash Personal Check Credit/Debit Card									
Total of Section E										

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTE	FILING DUE DATE									
Foley For Governor, I	nc.				Original 09/09/2010					
	F. Anonymous Contributions									
Date Received	Amount									

I. Monetary Receipts (Section A-I)											
NAME OF COMMITTEE	FILING DUE DATE										
Foley For Governor, Inc.	Origi	nal 09/09/2010									
G. Interest from											
Name of Institution		Date Received		Total Amount Received							
Street Address	City		Zip Code								
Total of Section G											

I. MONETARY RECEIPTS (Section A-K)											
NAME OF COMMITTEE				FILING DUE DATE							
Foley For Governor, Inc.				Original 09/09/2010							
H. Public Grant Funds Received from the Citizen's Election Fund											
Purpose of Grant:  Initial  Primary General or Special Election	Supplemental/Independent Primary	Expenditure General or Special Election	Date Received	Amount							
Supplemental/Post Election Deficit  General or Special Election	Supplemental/Excess Expe Primary	enditure General or Special Election									
			Total of Section	н							

I. MONETARY RECEIPTS (Section A-K)											
NAME OF COMMITTEE				FILI	NG DUE DATE						
Foley For Governor, Inc.				Origi	nal 09/09/2010						
I. Miscellaneous Monetary Receipts not Considered Contributions											
Name	Date of Trans	saction		Amount Received							
Street Address	City	State	Zip Code								
Description											
Total of Section I											

	II. FUNDRAISING	G EVENT ACTIVITY				
NAME OF					FILING DUE	DATE
Foley For Governo	r, Inc.				Original 09/09	0/2010
	J1. Fundra	nising Event Information				
Fundraising Event #	Description	Location: Street Address	Ci	ity	State	Zip Code
Date of Fundraiser Letter 08/12/2010 A	Reception Event	88 Cedar Cliff Rd	R	iverside	СТ	06878-2604
Was this fundraising event h	osted at a personal residence?		X Yes	No No	•	
Did this fundraiser include ite items donated by an individua	ems donated by a business entity of up to \$100 or al of up to \$50?		Yes	X No		
Was this fundraiser a tag sale	, auction, or other sale of donated items?		Yes	X No		
Fundraising Event #	Description	Location: Street Address	Ci	ity	State	Zip Code
Date of Fundraiser Letter 08/22/2010 A	Cocktail Event	24 Coventry Ln	Т	rumbull	СТ	06611-1051
Was this fundraising event h	osted at a personal residence?	•	X Yes	No No		
Did this fundraiser include ite items donated by an individua	ems donated by a business entity of up to \$100 or al of up to \$50?		Yes	X No		
Was this fundraiser a tag sale	, auction, or other sale of donated items?		Yes	X No		

II. FUNDRAISING EVENT ACTIVITY										
NAME OF COMMITTEE							FILIN	G DUE DATE		
Foley For Governor, Inc.							Origin	nal 09/09/2010		
J2. Pro	oceeds from Tag Sale, Auction, or C	Othe	er Sale	e of Donated	Items					
Name of the Purchaser Last Name (Individuals ONLY)	First Name	MI		d of payment:  Cash Pers	it Card	Aggregate Amount of Purchases				
Residential Street Address	City	Stat	te Zir	ip Code	Date Received	Event #				
Items Purchased	•		•							
					Т	otal of Sec	ction J2			

II. FUNDRAISING EVENT ACTIVITY											
NAME OF COMMITTEE							FILING	DUE DATE			
Foley For Governor, Inc.							Origin	al 09/09/2010			
J3. In-Ki	nd Donations Not Considered Contribut	ions					,				
Name of the Donor					Donation G		ess Entity	Fair Market Value of Donation			
Street Address	City		State	Zip	Code	Aggregate val for this even					
Description of Donation		Date	Receive	ed	Event#						
						Total of Se	ction J3				

	III. N	ON	MO	ONETARY RECEIPTS					
NAME OF COMMITTEE								FILING I	DUE DATE
Foley For Governor, Inc.								Original	09/09/2010
	К. І	n-Ki	ind (	Contributions					
Name							Date Receive	ed	Fair Market Value of this Contribution
Street Address		C	City		State	Zip Code			
Type of Contributor: Individual Committee	Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?		Yes No	Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Executive				Yes No ve Legislative	
Is this contribution associated with a fundr listed in Section J1? If yes, list Event#	Y	res No	Des	cription of In-Kind Contribution			Aggregate contr	ibutions	
							Total of	Section K	

III. Non Monetary Receipts												
NAME OF COMMITTEE	FILING DUE DATE											
Foley For Governor, Inc.							Original 09/09/2010					
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				State	Zip Code							
Total of Section L												

III. NONMONET.											
NAME OF COMMITTEE						F	ILING DUE DATE				
Foley For Governor, Inc.						О	riginal 09/09/2010				
M. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus, and Party Committee											
Name of Committee											
Street Address		Date Notice Received					Fair Market Value of Donation				
City	State Zip Co										
Description of Donation		Purpose of Exp	penditure B	С	D	Е					
				То	tal of Secti	on M					

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Foley For Governor, Inc.						Origi	nal 09/09/2010
	N. Expenses Paid By Commi	ttee				•	
Name of Payee Premier Graphics Street Address 860 Honeyspot Rd Description mailers	City Stratford	State CT	Zip Code 06615-7159	Date of Payment 08/05/2010 Purpose of Expenditure PRNT	Method of Pays  X Check # 1390 Debit Car  Event #		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	r Other Candidate(s) N	lame		Office Sought			\$67,928.98
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Capitol Report Media Group, LLC				08/05/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	625		
c/o Tom Dudchik 314 Town St	East Haddam	СТ	06423	A-NEWS	Debit Car	·d	
Description ad					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	r Other Candidate(s) N	lame		Office Sought			\$625.00
Name of Payee Keegan Shepardson				Date of Payment 08/06/2010	Method of Pays	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1368</u>		
49 Westmont St	West Hartford	СТ	06117-2928	WAGE	Debit Car	d .	
Description intern stipend					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	r Other Candidate(s) N	lame		Office Sought			\$250.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Foley For Governor, Inc.						Origi	nal 09/09/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee  James Akin			,	Date of Payment 08/06/2010	Method of Pays	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1367</u>		
110 Mountain Terrace Rd	West Hartford	СТ	06107-1534	WAGE	Debit Car	d	
Description stipend					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	r Other Candidate(s) N	Jame		Office Sought			\$250.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Matthew Joiner				08/06/2010	X Check #		
	City	G	7. 0.1		1369		
Street Address 150 Oxoboxo Dam Rd	Oakdale	State CT	Zip Code 06370-1267	Purpose of Expenditure WAGE	Debit Car	·d	
Description	Oakuale	<u> </u>	1000/0 120/	1	Event #		
stipend							
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes	r Other Candidate(s) N	lame		Office Sought			
X No							\$210.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Michael Roberts		_		08/06/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1371 Debit Car	.1	
618 Belden Hall	Storrs	СТ	06269-6905	WAGE		u	
Description stipend					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	r Other Candidate(s) N	lame		Office Sought			\$250.00
No No							

IV. EXPENDITURES								
NAME OF COMMITTEE						FILI	NG DUE DATE	
Foley For Governor, Inc.						Origi	nal 09/09/2010	
	N. Expenses Paid By Commi	ttee						
Name of Payee  MagmaCreative Incorporated				Date of Payment 08/06/2010	Method of Paye	ment	Amount	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>5700</u>			
PO Box 382	Roseville	CA	95678-0382	CNSLT	Debit Car	d d		
Description political consulting			•		Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	r Other Candidate(s) N	ame		Office Sought			\$5,700.00	
Name of Payee				Date of Payment	Method of Pay	ment	Amount	
Revolvis				08/06/2010	l		1	
	C.	L			X Check # 1414			
Street Address 7185 Navajo Rd Ste P	City	State CA	Zip Code 92119-1695	Purpose of Expenditure CNSLT	Debit Car	·d		
Description	San Diego	<u></u>	32113 1033	CIVOLI	Event #			
proofreading services					D.C.I.C.			
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes	r Other Candidate(s) N	lame		Office Sought				
X No							\$250.00	
Name of Payee				Date of Payment	Method of Pay	ment	Amount	
Campaign Solutions		I		08/06/2010	X Check #			
Street Address	City	State	Zip Code	Purpose of Expenditure	1415 Debit Car			
118 N Saint Asaph St	Alexandria	VA	22314-3110	CNSLT	<u> </u>	u		
Description  web consulting					Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes	r Other Candidate(s) N	lame		Office Sought			#2 12E 00	
X No							\$2,125.00	

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Foley For Governor, Inc.						Origi	nal 09/09/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee SSG Media, Inc.				Date of Payment 08/06/2010	Method of Pay	ment	Amount
Street Address 2120 L St NW Ste 510	City Washington	State DC	Zip Code 20037-1534	Purpose of Expenditure A-TV	X Debit Car	·d	
Description media buys		-	•		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	r Other Candidate(s) N	lame		Office Sought			\$100,000.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
JP Morgan Chase Bank	i		1	08/06/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
3A Pickwick Plz	Greenwich	СТ	06830	BNK	X Debit Car	d	
Description bank fees					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes	r Other Candidate(s) N	lame		Office Sought			
X No							\$37.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Sherwood Island State Park		ı		08/08/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	181	,	
188 Greens Farms	Westport	СТ	06838-0188	FOOD	Debit Car	u	
Description campaign barbeque					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought	•		
Yes X No							\$334.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Foley For Governor, Inc.						Origi	nal 09/09/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee				Date of Payment	Method of Payı	ment	Amount
City of Stamford, Cashiering & Permitting	Division 	<u> </u>		08/09/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1428		
888 Washington Blvd Fl 1	Stamford	СТ	06901-2902	TRVL	Debit Car	·d	
Description					Event #		
parking							
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought	I		
Yes X No							\$30.00
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Red October Productions				08/09/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1430</u>		
2120 L St NW	Washington	DC	20037-1527	A-TV	Debit Car	rd	
Description					Event #		
media production							
Is this expenditure coordinated with another candidate for	r Other Candidate(s) N	lame		Office Sought	!		
which reimbursement is sought?  Yes  No							\$75,490.64
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Front Porch Strategies				08/09/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1432</u>		
243 N 5th St Ste 330	Columbus	ОН	43215-2676	A-ATM	Debit Car	·d	
Description			•		Event #		
phone system							
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes	r Other Candidate(s) N	lame		Office Sought			#20 F4F 04
X No							\$20,545.91

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Foley For Governor, Inc.						Origi	nal 09/09/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee CD Inc.	<u> </u>	T	1	Date of Payment 08/09/2010	Method of Paye	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	1433		
PO Box 1877	Alexandria	VA	22313-1877	A-WEB	Debit Car	rd	
Description google ads					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	r Other Candidate(s) N	Iame		Office Sought			\$918.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Stevens & Schriefer Group				08/09/2010	<u> </u>		- inoun
-	a:	L			X Check #		
Street Address 2120 L St NW Ste 510	City	State DC	Zip Code 20037-1534	Purpose of Expenditure CNSLT	Debit Car	·d	
Description Description	Washington	ВС	20037-1334	CNSET	Event #		
political consulting					Event "		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes	r Other Candidate(s) N	lame		Office Sought			
X No							\$1,683.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Sprint				08/09/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1435		
PO Box 660075	Dallas	TX	75266-0075	OVHD	Debit Car	d	
Description internet & phone					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	r Other Candidate(s) N	lame		Office Sought			\$173.54
1 L_1 1NO							

	IV. EXPENDITURES	S					
NAME OF COMMITTEE						FILII	NG DUE DATE
Foley For Governor, Inc.						Origi	nal 09/09/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Terry Bear			<u> </u>	08/09/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1449		
389 Brock Rd	Charlotte	TN	37036-5917	RCW	Debit Car	d	
Description					Event #		
bus driver							
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	ame		Office Sought	l		
Yes X No							\$400.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Premier Graphics				08/09/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1450</u>		
860 Honeyspot Rd	Stratford	СТ	06615-7159	PRNT	Debit Car	d	
Description			•	•	Event #		
mailers & postage							
Is this expenditure coordinated with another candidate fo which reimbursement is sought?  Yes	r Other Candidate(s) N	ame		Office Sought	•		
X No							\$35,622.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Clark Hill PLC				08/09/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1451		
1250 Eye St NW	Washington	DC	20005	CNSLT	Debit Car	d	
Description					Event #		
legal services							
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No.	r Other Candidate(s) N	ame		Office Sought			\$2,000.00
A No							

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Foley For Governor, Inc.						Origi	nal 09/09/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee Verizon Wireless Street Address PO Box 15062	City	State	Zip Code 12212-5062	Date of Payment 08/09/2010 Purpose of Expenditure OVHD	Method of Pays  X Check #  1452  Debit Car		Amount
Description call plan	Albany	<u>                                     </u>	12212 3002	OVIID	Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	r Other Candidate(s) N	lame		Office Sought			\$389.41
Name of Payee				Date of Payment	Method of Pay	ment	Amount
ADP EasyPay Boston 2				08/09/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
225 2nd Ave	Waltham	MA	02451-1122	WAGE	X Debit Car	·d	
Description payroll fees			•		Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought?  Yes	r Other Candidate(s) N	lame		Office Sought			\$88.48
X No				<u> </u>	<u> </u>		
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Dean Pagani	as:	L		08/09/2010	X Check # 1431		
Street Address 309 Holland Ln Ste 226	City Alexandria	State VA	Zip Code 22314-6104	Purpose of Expenditure RCW	Debit Car	·d	
Description	CICAUIUII	I,		1	Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought?  Yes  No	r Other Candidate(s) N	lame		Office Sought			\$558.90

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Foley For Governor, Inc.						Origi	nal 09/09/2010
	N. Expenses Paid By Commi	ittee				•	
Name of Payee Keegan Shepardson	ı		1	Date of Payment 08/09/2010	Method of Paye	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	1447		
49 Westmont St	West Hartford	СТ	06117-2928	RCW	Debit Car	rd	
Description					Event #		
Is this expenditure coordinated with another candidate for	or Other Candidate(s) N	Vame		Office Sought			
which reimbursement is sought? Yes No							\$61.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Len Greene				08/09/2010	X Check #		
	City	G	7. 0.1		1446		
Street Address 20 Summer St Ste 200	Stamford	State	Zip Code 06901-2304	Purpose of Expenditure RCW	Debit Car	rd	
Description Description	Staffiord	<u> </u>	00301 2301	i.e.i	Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	or Other Candidate(s) N	Name		Office Sought			
Yes X No							\$172.92
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Keegan Shepardson	Т	1	T	08/09/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1009		
49 Westmont St	West Hartford	СТ	06117-2928	RCW	Debit Car	rd	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes	or Other Candidate(s) N	Name		Office Sought			
x No							\$267.50

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Foley For Governor, Inc.						Origi	nal 09/09/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee Bill Cortese				Date of Payment 08/09/2010	Method of Payr	ment	Amount
Street Address 20 Summer St Ste 200	City Stamford	State CT	Zip Code 06901-2304	Purpose of Expenditure	1436 Debit Car	<sup>-</sup> d	
Description			•		Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought?  Yes	r Other Candidate(s) N	lame		Office Sought			\$826.37
X No				1	1		
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Elizabeth Osborn Poirier				08/09/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1445</u>		
20 Summer St Fl 2	Stamford	СТ	06901-2304	RCW	Debit Car	d .	
Description					Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought?  Yes	r Other Candidate(s) N	lame		Office Sought			
X No							\$1,004.33
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Ben Hartman			1	08/09/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1444  Debit Car	·d	
20 Summer St Fl 2  Description	Stamford	СТ	06901-2304	RCW	Event #	u	
Description					Event#		
Is this expenditure coordinated with another candidate fo which reimbursement is sought?  Yes	r Other Candidate(s) N	lame		Office Sought			
X No							\$211.62

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Foley For Governor, Inc.						Origi	nal 09/09/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee Chris Covucci Street Address	City	State	Zip Code	Date of Payment 08/09/2010 Purpose of Expenditure	Method of Payer  X Check #  1442  Debit Car		Amount
20 Summer St Fl 2	Stamford	СТ	06901-2304	RCW		ď	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	or Other Candidate(s) N	Jame		Office Sought			\$223.70
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Courtney Weaver				08/09/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1439		
20 Summer St Fl 2	Stamford	СТ	06901-2304	RCW	Debit Car	·d	
Description	<u>I</u>		1	!	Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	or Other Candidate(s) N	lame		Office Sought			
Yes X No							\$438.47
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Chris Syrek	Γ		Τ	08/09/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1438</u>		
20 Summer St Ste 200	Stamford	СТ	06901-2304	RCW	Debit Car	rd	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No.	or Other Candidate(s) N	lame		Office Sought			\$288.75
LITE No.							

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Foley For Governor, Inc.						Origi	nal 09/09/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee  Melissa C Danforth				Date of Payment 08/09/2010	Method of Payı	nent	Amount
Street Address 20 Summer St	City Stamford	State CT	Zip Code 06901-2304	Purpose of Expenditure	Debit Car	d	
Description 1437			1		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	r Other Candidate(s) N	ame		Office Sought			\$686.52
Name of Payee				Date of Payment	Method of Payr	nent	Amount
John L Whitney		l		08/09/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1427 Debit Car	d	
20 Summer St Fl 2	Stamford	СТ	06901-2304	RCW		u	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes	r Other Candidate(s) N	ame		Office Sought			
X No				1			\$131.50
Name of Payee				Date of Payment	Method of Payı	nent	Amount
Sunghi P Frauen		1		08/09/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1426		
20 Summer St Ste 200	Stamford	СТ	06901-2304	RCW	Debit Car	d	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	r Other Candidate(s) N	ame		Office Sought			\$131.27
No No							i e

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Foley For Governor, Inc.						Origi	nal 09/09/2010
	N. Expenses Paid By Commi	ttee				•	
Name of Payee Schuyler Merritt Street Address 20 Summer St Ste 200	City Stamford	State CT	Zip Code 06901-2304	Date of Payment 08/09/2010 Purpose of Expenditure RCW	Method of Payer  X Check #  1425  Debit Car		Amount
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  X  No	r Other Candidate(s) N	lame		Office Sought	<b>.</b>		\$1,806.52
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Courtney Weaver				08/09/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1421</u>		
20 Summer St Fl 2	Stamford	СТ	06901-2304	RCW	Debit Car	d .	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	r Other Candidate(s) N	lame		Office Sought			\$532.90
Name of Payee Chris Covucci				Date of Payment 08/09/2010	Method of Pays	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1420</u>		
20 Summer St Fl 2	Stamford	СТ	06901-2304	RCW	Debit Car	rd	
Description		Į.	•		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes	r Other Candidate(s) N	lame		Office Sought			
X No							\$1,633.43

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Foley For Governor, Inc.						Origi	nal 09/09/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee  Elizabeth Osborn Poirier	<u> </u>	1	1	Date of Payment 08/09/2010	Method of Paye	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	1419		
20 Summer St Fl 2	Stamford	СТ	06901-2304	RCW	Debit Car	d	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	r Other Candidate(s) N	Name		Office Sought			\$316.70
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Michael Roberts				08/09/2010	<u> </u>		- inoun
	a:	L			X Check # 1418		
Street Address 618 Belden Hall	City	State	Zip Code 06269-6905	Purpose of Expenditure RCW	Debit Car	d	
Description	Storrs	<u> </u>	00209 0903	KCW	Event #		
					Event "		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes	r Other Candidate(s) N	Jame		Office Sought			
X No							\$190.75
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Matthew Joiner				08/09/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1417		
150 Oxoboxo Dam Rd	Oakdale	СТ	06370-1267	RCW	Debit Car	d	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	r Other Candidate(s) N	lame		Office Sought			\$92.00
X No							

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Foley For Governor, Inc.						Origi	nal 09/09/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee  Ben Hartman  Street Address	City	State	Zip Code	Date of Payment 08/09/2010 Purpose of Expenditure	Method of Payr  X Check #  1416	ment	Amount
20 Summer St Fl 2	Stamford	CT	06901-2304	RCW	Debit Car	·d	
Description		l	!		Event#		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	r Other Candidate(s) N	Jame		Office Sought			\$741.37
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Chris Bandecchi				08/09/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1412		
20 Summer St Fl 2	Stamford	СТ	06901-2304	RCW	Debit Car	rd	
Description			•		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	r Other Candidate(s) N	Jame		Office Sought			\$236.16
Name of Payee  Melissa C Danforth				Date of Payment 08/09/2010	Method of Payr	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	1410		
20 Summer St	Stamford	СТ	06901-2304	RCW	Debit Car	rd	
Description			!		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	r Other Candidate(s) N	lame		Office Sought			\$310.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Foley For Governor, Inc.						Origi	nal 09/09/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee Schuyler Merritt Street Address 20 Summer St Ste 200	City Stamford	State CT	Zip Code 06901-2304	Date of Payment 08/09/2010 Purpose of Expenditure RCW	Method of Pays  X Check #  1406  Debit Car		Amount
Description			•		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	r Other Candidate(s) N	Jame		Office Sought			\$624.04
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Sunghi P Frauen				08/09/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1422		
20 Summer St Ste 200	Stamford	СТ	06901-2304	RCW	Debit Car	d	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes	r Other Candidate(s) N	Jame		Office Sought			\$296.54
x No				T	1		φ290.54
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Keegan Shepardson				08/09/2010	X Check #		
Street Address	City	State CT	Zip Code 06117-2928	Purpose of Expenditure RCW	1404 Debit Car	ď	
49 Westmont St  Description	West Hartford	СТ	06117-2926	RCW	Event #		
Description					Event#		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes	r Other Candidate(s) N	lame		Office Sought			\$801.01
X No							1

	IV. EXPENDITURE	S				_	
NAME OF COMMITTEE						FILE	NG DUE DATE
Foley For Governor, Inc.						Origi	nal 09/09/2010
	N. Expenses Paid By Commi	ittee					
Name of Payee  John L Whitney  Street Address  20 Summer St Fl 2  Description	City Stamford	State CT	Zip Code 06901-2304	Date of Payment 08/09/2010 Purpose of Expenditure RCW	Method of Pay  X Check #  1403  Debit Can		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	r Other Candidate(s) N	Vame		Office Sought			\$274.00
Name of Payee Len Greene				Date of Payment 08/09/2010	Method of Pay	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	1402 Debit Car	rd	
20 Summer St Ste 200  Description	Stamford	СТ	06901-2304	RCW	Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	r Other Candidate(s) N	Vame		Office Sought			\$283.26
Name of Payee  John Martin				Date of Payment 08/09/2010	Method of Pay	ment	Amount
Street Address	City	State CT	Zip Code 06901-2304	Purpose of Expenditure RCW	1443  Debit Cai	rd	
20 Summer St  Description	Stamford	<u>ler</u>	00501-2304	INCW	Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	r Other Candidate(s) N	Name		Office Sought			\$520.29

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Foley For Governor, Inc.						Origi	nal 09/09/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee Chris Syrek Street Address 20 Summer St Ste 200 Description	City Stamford	State CT	Zip Code 06901-2304	Date of Payment 08/09/2010 Purpose of Expenditure RCW	Method of Pays  X Check #  1405  Debit Car  Event #		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	r Other Candidate(s) N	Jame		Office Sought			\$635.16
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Schuyler Merritt				08/09/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1448		
20 Summer St Ste 200	Stamford	СТ	06901-2304	RCW	Debit Car	<sup>-</sup> d	
Description		•			Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	r Other Candidate(s) N	lame		Office Sought			\$400.00
Name of Payee  Matthew Joiner				Date of Payment 08/13/2010	Method of Paye	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1374</u>		
150 Oxoboxo Dam Rd	Oakdale	СТ	06370-1267	WAGE	Debit Car	rd	
Description stipend					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	r Other Candidate(s) N	lame		Office Sought			\$210.00

	IV. EXPENDITURES	S					
NAME OF COMMITTEE						FILII	NG DUE DATE
Foley For Governor, Inc.						Origi	nal 09/09/2010
	N. Expenses Paid By Commi	ttee				•	
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Michael Roberts				08/13/2010	X Check #		
Street Address	City	State CT	Zip Code 06269-6905	Purpose of Expenditure WAGE	1375  Debit Car	rd	
618 Belden Hall	Storrs	CI	06269-6903	WAGE			
Description stipend					Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	ame		Office Sought			
Yes X No							\$250.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Keegan Shepardson				08/13/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1373</u>		
49 Westmont St	West Hartford	СТ	06117-2928	WAGE	Debit Car	ď	
Description					Event #		
stipend							
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes	r Other Candidate(s) N	ame		Office Sought			
X No							\$250.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
James Akin			_	08/13/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1372</u>		
110 Mountain Terrace Rd	West Hartford	СТ	06107-1534	WAGE	Debit Car	d	
Description					Event #		
stipend							
Is this expenditure coordinated with another candidate fo which reimbursement is sought?  Yes  No.	r Other Candidate(s) N	ame		Office Sought			\$250.00
IX No							

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Foley For Governor, Inc.						Origi	nal 09/09/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee				Date of Payment	Method of Paya	ment	Amount
Verizon Wireless	<u> </u>			08/16/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1407		
PO Box 15062	Albany	NY	12212-5062	OVHD	Debit Car	d	
Description					Event #		
aircard fee							
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$60.07
X No				1	1		•
Name of Payee				Date of Payment	Method of Payr	ment	Amount
DMI, Inc				08/16/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1409</u>		
1145 W Collins Ave	Orange	CA	92867-5445	A-SIGN	Debit Car	d	
Description			-	•	Event #		
pamphlets, bags, signs							
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No					1		\$4,962.85
Name of Payee				Date of Payment	Method of Payı	ment	Amount
JP Morgan Chase Bank				08/16/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
3A Pickwick Plz	Greenwich	СТ	06830	BNK	X Debit Car	d	
Description			•		Event #		
bank fees							
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes	r Other Candidate(s) N	lame		Office Sought			
X No							\$112.21

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Foley For Governor, Inc.						Origi	nal 09/09/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee  JP Morgan Chase Bank				Date of Payment 08/17/2010	Method of Paye	ment	Amount
Street Address	City	State CT	Zip Code 06830	Purpose of Expenditure	X Debit Car	rd	
3A Pickwick Plz Description	Greenwich	СТ	00030	DINK	Event #	<u> </u>	
bank fees					Event#		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes	r Other Candidate(s) N	lame		Office Sought			
X No							\$27.95
Name of Payee				Date of Payment	Method of Pay	ment	Amount
UPFFA	<del> </del>		T	08/19/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1008		
30 Sherman St	West Hartford	СТ	06110-1915	Misc *	Debit Car	d	
Description CT Ride event					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes	r Other Candidate(s) N	lame		Office Sought	•		
X No							\$250.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Tarrance Group	T			08/20/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1005		
201 N Union St	Alexandria	VA	22314-2642	CNSLT	Debit Car	<sup>-</sup> d	
Description Political consulting					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes	or Other Candidate(s) N	lame		Office Sought			1/2 /50
X No							\$17,459.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Foley For Governor, Inc.						Origi	nal 09/09/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee S.B. Andrews Company / RLM Co.		1	1	Date of Payment 08/20/2010	Method of Pays	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1006</u>		
10 N Main St	West Hartford	СТ	06107-1968	OVHD	Debit Car	d	
Description  office rent					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes	or Other Candidate(s) N	lame		Office Sought			
X No							\$1,680.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Premier Graphics	1			08/20/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1015		
860 Honeyspot Rd	Stratford	СТ	06615-7159	PRNT	Debit Car	rd .	
Description print material					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes	or Other Candidate(s) N	lame		Office Sought			
X No							\$106.87
Name of Payee				Date of Payment	Method of Pay	ment	Amount
JP Morgan Chase Bank	Т			08/20/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
3A Pickwick Plz	Greenwich	СТ	06830	BNK	X Debit Car	<sup>r</sup> d	
Description bank fees					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes	or Other Candidate(s) N	lame		Office Sought	!		
X No							\$15.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Foley For Governor, Inc.						Origi	nal 09/09/2010
	N. Expenses Paid By Commi	ittee				•	
Name of Payee Aristotle				Date of Payment 08/20/2010	Method of Pay	ment	Amount
Street Address 205 Pennsylvania Ave SE	City Washington	State DC	Zip Code 20003-1164	Purpose of Expenditure OVHD	X Debit Car	rd	
Description database software					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	Other Candidate(s) N	Name		Office Sought			\$500.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
SSG Media, Inc.	1			08/20/2010	Check #		
Street Address 2120 L St NW Ste 510	City Washington	State	Zip Code 20037-1534	Purpose of Expenditure A-TV	X Debit Car	rd	
Description	Wushington	<u> </u>	1	<u> </u>	Event #		
media buys							
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes	Other Candidate(s) N	Name		Office Sought			
X No							\$151,375.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
JP Morgan Chase Bank				08/20/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
3A Pickwick Plz	Greenwich	СТ	06830	BNK	X Debit Car	rd	ļ
Description bank fees					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	or Other Candidate(s) N	Vame		Office Sought			
Yes X No							\$25.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Foley For Governor, Inc.						Origi	nal 09/09/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee Keegan Shepardson			1	Date of Payment 08/20/2010	Method of Pays	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	1002		
49 Westmont St	West Hartford	СТ	06117-2928	WAGE	Debit Car	rd	
Description stipend					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes	r Other Candidate(s) N	ame		Office Sought			\$100.00
X No				1	<u> </u>		·
Name of Payee				Date of Payment	Method of Pay	ment	Amount
James Akin				08/20/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1001</u>		
110 Mountain Terrace Rd	West Hartford	СТ	06107-1534	WAGE	Debit Car	rd	
Description		-	•		Event #		
stipend							
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought	•		
Yes X No							\$100.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Michael Roberts				08/20/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1003		
618 Belden Hall	Storrs	СТ	06269-6905	WAGE	Debit Car	d d	
Description			•		Event #		
stipend							
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought	!		
X No							\$100.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Foley For Governor, Inc.						Origi	nal 09/09/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee Michael Roberts Street Address	City	State	Zip Code	Date of Payment 08/20/2010 Purpose of Expenditure	Method of Payr  X Check #  1012	ment	Amount
618 Belden Hall	Storrs	CT	06269-6905	WAGE	Debit Car	·d	
Description stipend	5.013		1	<u> </u>	Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	r Other Candidate(s) N	lame		Office Sought			\$150.00
Name of Payee				Date of Payment	Method of Payı	ment	Amount
James Akin				08/20/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1013		
110 Mountain Terrace Rd	West Hartford	CT	06107-1534	WAGE	Debit Car	rd	
Description			1		Event #		
stipend							
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes	r Other Candidate(s) N	lame		Office Sought			4150.00
X No				T	1		\$150.00
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Keegan Shepardson		1		08/20/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1014 Debit Car	vd.	
49 Westmont St	West Hartford	СТ	06117-2928	WAGE		u	
Description stipend					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	r Other Candidate(s) N	lame		Office Sought			\$150.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Foley For Governor, Inc.						Origi	nal 09/09/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee  Matthew Joiner				Date of Payment 08/20/2010	Method of Pays	ment	Amount
Street Address 150 Oxoboxo Dam Rd	City Oakdale	State CT	Zip Code 06370-1267	Purpose of Expenditure WAGE	1004 Debit Car	<sup>r</sup> d	
Description stipend	Canada	Į -	1		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	r Other Candidate(s) N	Jame		Office Sought			\$210.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
JP Morgan Chase Bank				08/24/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
3A Pickwick Plz	Greenwich	СТ	06830	BNK	X Debit Car	<sup>r</sup> d	
Description bank fees			•		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes	r Other Candidate(s) N	lame		Office Sought			\$96.25
x No				1	ı		\$90.23
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Premier Graphics			1	08/24/2010	X Check #		
Street Address	City	State CT	Zip Code 06615-7159	Purpose of Expenditure PRNT	2002  Debit Car	rd	
860 Honeyspot Rd  Description	Stratford	СТ	00013-7139	FRIVI	Event #	-	
postage & mailers					Event#		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes	r Other Candidate(s) N	lame		Office Sought			
x <sub>No</sub>							\$33,219.00

	IV. EXPENDITURES	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Foley For Governor, Inc.						Origi	nal 09/09/2010
	N. Expenses Paid By Commi	ttee				•	
Name of Payee				Date of Payment	Method of Payı	ment	Amount
New England Southport Village Committee				08/25/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	2002 Debit Car	.d	
Norwalk Seaport Association, Inc. 132 Wa	Norwalk	СТ	06854	A-SIGN		ď	
Description candidate booth					Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$1,500.00
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Premier Transportation				08/25/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	2010		
109 International Dr Ste 300	Franklin	TN	37067-1764	EFV *	Debit Car	d	
Description bus rental					Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$45,400.00
Name of Payee				Date of Payment	Method of Payı	ment	Amount
JP Morgan Chase Bank			T	08/25/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	_		
3A Pickwick Plz	Greenwich	СТ	06830	BNK	X Debit Car	d d	
Description					Event #		
bank fee							
Is this expenditure coordinated with another candidate fo which reimbursement is sought?  Yes  No.	r Other Candidate(s) N	lame		Office Sought			\$10.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Foley For Governor, Inc.						Origi	nal 09/09/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee Chris Covucci				Date of Payment 08/26/2010	Method of Paye	ment	Amount
Street Address 20 Summer St Fl 2	City Stamford	State CT	Zip Code 06901-2304	Purpose of Expenditure	1010 Debit Car	rd	
Description	Statilloru	<u> </u>	00301 2301	Ken	Event #		
·							
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes	r Other Candidate(s) N	lame		Office Sought			
X No							\$1,102.10
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Newtown Labor Day Parade	<u> </u>		1	08/27/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>2005</u>		
c/o Jantris Marketing Services 18 Boggs H	Newtown	СТ	06470	A-OTH	Debit Car	d .	
Description parade ad					Event #		
parade dd							
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
X No							\$300.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
C. Christopher Semmes				08/27/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>2001</u>		
23 Pilgrim Dr	Greenwich	СТ	06831-4925	PRNT	Debit Car	d	
Description					Event #		
photography							
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes	r Other Candidate(s) N	lame		Office Sought			\$471.70
X No							1

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Foley For Governor, Inc.						Origi	nal 09/09/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee  Town Center West Association LLC				Date of Payment 08/27/2010	Method of Pays	ment	Amount
Street Address 29 S Main St Ste B1	City Hartford	State CT	Zip Code 06107-2460	Purpose of Expenditure	2007  Debit Car	·d	
Description parking	Traction	1	1		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	or Other Candidate(s) N	lame		Office Sought			\$503.50
Name of Payee				Date of Payment	Method of Payı	ment	Amount
WCAS Brooklyn Fair				08/27/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>2008</u>		
459 Hartford Rd	Brooklyn	СТ	06234	Misc *	Debit Car	·d	
Description fair booth		•	•		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes	or Other Candidate(s) N	Jame		Office Sought			\$150.00
X No				<u> </u>	1		·
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Front Porch Strategies		<u> </u>		08/27/2010	X Check # 2009		
Street Address  243 N 5th St Ste 330	City Columbus	State	Zip Code 43215-2676	Purpose of Expenditure A-ATM	Debit Car	·d	
Description Description	Columbus	011	43213 2070	AAIII	Event #		
phone system					Event		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes	or Other Candidate(s) N	lame		Office Sought			
x <sub>No</sub>							\$5,730.94

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Foley For Governor, Inc.						Origi	nal 09/09/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee Axiom Strategies				Date of Payment 08/27/2010	Method of Pays	ment	Amount
Street Address 1251 NW Briarcliff Pkwy Ste 85	City Kansas City	State MO	Zip Code 64116-1780	Purpose of Expenditure	2011 Debit Car	rd	
Description political consulting	Transact Grey	1			Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	r Other Candidate(s) N	Name		Office Sought			\$7,196.94
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Mercury Public Affairs LLC				08/30/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1007</u>		
14502 N Dalte Mabre Hwy # 104	Tampa	FL	33618	CNSLT	Debit Car	rd	
Description political consulting			•		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes	r Other Candidate(s) N	lame		Office Sought			\$25,000.00
X No				<u> </u>	1		423,600.60
Name of Payee				Date of Payment 08/30/2010	Method of Payı	ment	Amount
Anthem BCBS					X Check # 1011		
Street Address PO Box 11017	City Lewiston	State ME	Zip Code 04243-9468	Purpose of Expenditure WAGE	Debit Car	rd	
Description	Lewiston	ı	1 . 2 . 3 7 100	1	Event #		
health insurance							
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes	r Other Candidate(s) N	lame		Office Sought			*** 004.44
X No							\$1,994.44

	IV. EXPENDITURE	s					
NAME OF COMMITTEE						FILI	NG DUE DATE
Foley For Governor, Inc.						Origi	nal 09/09/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee  ADP EasyPay Boston 2				Date of Payment 08/30/2010	Method of Pays	ment	Amount
	City	a	7: 6.1		Check #		
Street Address  225 2nd Ave	Waltham	State MA	Zip Code 02451-1122	Purpose of Expenditure WAGE	X Debit Car	rd	
Description	Training .	<u> </u>		<u> </u>	Event #		
payroll tax & witholding							
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$19,784.13
Name of Payee				Date of Payment	Method of Pay	ment	Amount
ADP EasyPay Boston 2				08/30/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u></u>		
225 2nd Ave	Waltham	MA	02451-1122	WAGE	X Debit Car	d	
Description					Event #		
payroll expense							
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$59,393.92
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Aristotle		,		08/30/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
205 Pennsylvania Ave SE	Washington	DC	20003-1164	OVHD	X Debit Car	rd	
Description					Event #		
database software							
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	r Other Candidate(s) N	lame		Office Sought			\$1,600.00
No No							i e

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Foley For Governor, Inc.						Origi	nal 09/09/2010
	N. Expenses Paid By Commi	ttee				•	
Name of Payee				Date of Payment	Method of Pay	ment	Amount
City of Stamford, Cashiering & Permitting	Division			08/30/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
888 Washington Blvd Fl 1	Stamford	СТ	06901-2902	TRVL	X Debit Car	rd	
Description parking permits					Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought	l		
Yes X No							\$1,600.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Connecticut Expos, LLC				08/30/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
180 Post Rd E	Westport	СТ	06880-3414	A-OTH	X Debit Car	rd	
Description			•		Event #		
expos booth							
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$750.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
SSG Media, Inc.				08/31/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
2120 L St NW Ste 510	Washington	DC	20037-1534	A-TV	X Debit Car	rd	
Description					Event #		
media buy							
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes	r Other Candidate(s) N	ame		Office Sought			
X No							\$80,000.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Foley For Governor, Inc.						Origi	nal 09/09/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee				Date of Payment	Method of Pays	ment	Amount
JP Morgan Chase Bank				08/31/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	X Debit Car	.d	
3A Pickwick Plz	Greenwich	СТ	06830	BNK	<del>                                     </del>	a	
Description bank fees					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$25.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Handmaid Design & Graphics				09/01/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>2035</u>		
PO Box 142	Hanover	СТ	06350-0142	PRNT	Debit Car	rd	
Description					Event #		
invites							
Is this expenditure coordinated with another candidate for which reimbursement is sought?	or Other Candidate(s) N	lame		Office Sought			
Yes X No							\$1,038.60
Name of Payee				Date of Payment	Method of Payı	ment	Amount
JP Morgan Chase Bank				09/01/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
3A Pickwick Plz	Greenwich	СТ	06830	BNK	X Debit Car	d	
Description					Event #		
bank fee							
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No.	r Other Candidate(s) N	lame		Office Sought			\$42.00
I I A I No							

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Foley For Governor, Inc.						Origi	nal 09/09/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee				Date of Payment	Method of Pay	ment	Amount
JP Morgan Chase Bank				09/02/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	X Debit Car	,	
3A Pickwick Plz	Greenwich	СТ	06830	BNK	<del>                                     </del>	ra	
Description bank fees					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	or Other Candidate(s) N	lame		Office Sought			
Yes X No							\$44.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Chase Cardmember Service				09/02/2010	<u>                                     </u>		- inoun
	a.	L			Check #		
Street Address PO Box 15153	City	State	Zip Code 19886-5153	Purpose of Expenditure CCP	X Debit Car	rd	
Description	Wilmington	DE	19000-3133	ССР	Event #	-	
cc payment					Event#		
Is this expenditure coordinated with another candidate for	r Other Candidate(s) N	lame		Office Sought			
which reimbursement is sought?  Yes							
X No							\$22,732.01
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Chase Cardmember Service				09/02/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
PO Box 15153	Wilmington	DE	19886-5153	ССР	Debit Car	rd	
Description			•		Event #		
payment to campaign card							
Is this expenditure coordinated with another candidate for	r Other Candidate(s) N	lame		Office Sought			
which reimbursement is sought?  Yes							
X No							\$409.76

	IV. EXPENDITURES	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Foley For Governor, Inc.						Origi	nal 09/09/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee				Date of Payment	Method of Payı	nent	Amount
Chase Cardmember Service			ı	09/02/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	l		
PO Box 15153	Wilmington	DE	19886-5153	ССР	Debit Car	d	
Is this expenditure coordinated with another candidate for Other Candidate(s) Name Office Sought which reimbursement is sought?							
Yes X No							\$923.07
Name of Payee Chase Cardmember Service				Date of Payment 09/02/2010	Method of Payı	nent	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure			
PO Box 15153	Wilmington	DE	19886-5153	ССР	Debit Car	d	
Description Payment to Campaign Credit Card							
Is this expenditure coordinated with another candidate for Other Candidate(s) Name Office Sought which reimbursement is sought?  Yes  No							\$409.20
100					Total of Sec	ction N	\$819,918.45

	IV.	EXPENDITURES						
NAME OF COMMITTE	EE						FILING	DUE DATE
Foley For Governor, I	Inc.						Origina	1 09/09/2010
	O. Cam	paign Expenses Paid By Candidate						
Name of Payee				Date of Payme	ent	Is Reimbu Claimed?	rsement	Amount
Street Address		City	State	Zip Code		Ye No		
Purpose of Expenditure	Description			•	Event #	<b>*</b> #		
						Total of	Section O	

Name of Issuing Institution Chase Cardmember Service    X   Visa								
Picky For Governor, Inc.   Discover   Discover   American   Discover   Discover   Discover   American   Discover   Disc			IV. EXPENDITURES					
Name of Founing Institution Chase Cardmember Service    State Address   State	NAME OF COMMITTEE						FILING DUE DAT	Œ
Name of Issaing Institution   Chase Cardmember Service	Foley For Governor, Inc.						Original 09/09/20	10
Name of Vendor Hartford Parking Authority   State   Address   Date of Transaction   OB/O6/2010   State   Address   Date of Transaction   OB/O6/2010   State   Address   OB/O6/2010   State   OB/O6/2010   OB/O6/201		P. F	Expenses Incurred on Commit	tee Credit Ca	rd			
Street Address   Stre				X Visa	_	Discover	American	
Purpose of Expenditure   Propose of Expendit							Amount	
FOOD   Staff meal				II				
Name of Issuing Institution   Chase Cardmember Service				•		Event #		
Name of Vendor   Hartford Parking Authority   Description   parking   Purpose of Expenditure   TRVL   Purpose of Expenditure   Chase Cardmember Service   City   State   Type of Credit   Cuty   Other   Cuty   Cuty   Other   Cuty   Other   Cuty   Cuty   Other   Cuty   Cu								\$19.03
Hartford Parking Authority  Street Address 155 Morgan St Purpose of Expenditure TRVL  Name of Issuing Institution Chase Cardmember Service  Name of Vendor Hartford Marriott Rocky Hill  Street Address 100 Capital Blvd  City Rocky Hill  State City Rocky Hill  Ro				X Visa	_	Discover	American	
Purpose of Expenditure TRVL  Name of Issuing Institution Chase Cardmember Service  Name of Vendor Hartford Marriott Rocky Hill  Street Address 100 Capital Blvd  Hartford  Rocky Hill  CT 06103-1309  Event #  Type of Credit Card:  X Visa							Amount	
Name of Issuing Institution Chase Cardmember Service  Name of Vendor Hartford Marriott Rocky Hill  Street Address 100 Capital Blvd  Parking  Type of Credit Card:    X visa   Master Card   Discover   American     Other				ı				
Name of Issuing Institution Chase Cardmember Service    X Visa						Event #		
Chase Cardmember Service    X   Visa   Master Card   Discover   American								\$3.75
Hartford Marriott Rocky Hill  Street Address 100 Capital Blvd  City Rocky Hill  CT 08/07/2010  State Zip Code CT 06067-3575	· ·			X Visa		Discover	American	
100 Capital Blvd Rocky Hill CT 06067-3575							Amount	
Purpose of Expenditure Description Event #				II				
Misc * tip		-				Event #		\$5.00

		IV. EXPENDITURES						
NAME OF COMMITTEE							F	ILING DUE DATE
Foley For Governor, Inc.							О	riginal 09/09/2010
	P. I	Expenses Incurred on Commit	tee Credit	Cal	rd		•	
Name of Issuing Institution Chase Cardmember Service			Type of Crec  X Visa  Other		rd: Master Card	Discover	Ame	erican
Name of Vendor T Mobile						Date of Transaction 08/09/2010		Amount
Street Address 326 N Main St		City West Hartford	State CT		Zip Code 06117-2510			
Purpose of Expenditure OVHD	Description cell phone service	es				Event #		
								\$317.95
Name of Issuing Institution Chase Cardmember Service			Type of Cred  X Visa  Other		rd: Master Card	Discover	Ame	erican
Name of Vendor Staples						Date of Transaction 08/09/2010		Amount
Street Address 2299 Summer St		City Stamford	State CT		Zip Code 06905-4502			
Purpose of Expenditure OFFICE	Description computer accessor	pries				Event #		
								\$192.90
Name of Issuing Institution Chase Cardmember Service	•		Type of Cred  X Visa  Other		rd: Master Card	Discover	Ame	÷rican
Name of Vendor Hartford Parking Authority						Date of Transaction 08/09/2010		Amount
Street Address 155 Morgan St		City Hartford	State CT		Zip Code 06103-1309			
Purpose of Expenditure TRVL	Description parking					Event#		\$7.00
						i		s / ()()

		IV. EXPENDITURES					
NAME OF COMMITTEE						FILING DU	E DATE
Foley For Governor, Inc.						Original 09/	09/2010
	P. I	Expenses Incurred on Commit	tee Credit C	ard			
Name of Issuing Institution Chase Cardmember Service			Type of Credit (  X Visa  Other	Card:  Master Card	Discover	American	
Name of Vendor Party City					Date of Transaction 08/09/2010	A	Amount
Street Address 192 Kitts Ln		City Newington	State CT	Zip Code 06111-4250			
Purpose of Expenditure OFFICE	Description balloons, party su	ipplies			Event #		
							\$305.99
Name of Issuing Institution Chase Cardmember Service			Type of Credit (  X Visa  Other	Card:  Master Card	Discover	American	
Name of Vendor Luna Pizza					Date of Transaction 08/09/2010	A	Amount
Street Address 999 Farmington Ave		City Hartford	State CT	Zip Code 06107-2103			
Purpose of Expenditure FOOD	Description volunteer pizza				Event#		
							\$132.55
Name of Issuing Institution Chase Cardmember Service			Type of Credit (X Visa Other	Card: Master Card	Discover	American	
Name of Vendor Hartford Parking Authority					Date of Transaction 08/09/2010	A	Amount
Street Address 155 Morgan St		City Hartford	State CT	Zip Code 06103-1309			
Purpose of Expenditure TRVL	Description parking				Event #		\$2.00
					1		& / HA

		IV. EXPENDITURES						
NAME OF COMMITTEE							F	ILING DUE DATE
Foley For Governor, Inc.							O	riginal 09/09/2010
	P. I	Expenses Incurred on Commit	tee Credi	it Ca	rd			
Name of Issuing Institution Chase Cardmember Service			Type of Ci	sa [	ard: Master Card	Discover	Ame	rican
Name of Vendor Hartford Parking Authority						Date of Transaction 08/11/2010		Amount
Street Address 155 Morgan St		City Hartford	State CT	:	Zip Code 06103-1309			
Purpose of Expenditure TRVL	Description parking					Event #		
			Γ					\$4.50
Name of Issuing Institution Chase Cardmember Service			Type of Ci	sa	ard: Master Card	Discover	Ame	rican
Name of Vendor Hartford Courant			<u> </u>			Date of Transaction 08/11/2010		Amount
Street Address 285 Broad St		City Hartford	State CT	:	Zip Code 06115-3785			
Purpose of Expenditure PRNT	Description subscription					Event #		
								\$35.75
Name of Issuing Institution Chase Cardmember Service			Type of Ci	sa [	ard:  Master Card	Discover	Ame	rican
Name of Vendor Hartford Parking Authority						Date of Transaction 08/12/2010		Amount
Street Address 155 Morgan St		City Hartford	State CT	:	Zip Code 06103-1309			
Purpose of Expenditure TRVL	Description parking					Event #		
	1							\$7.00

		IV. EXPENDITURES						
NAME OF COMMITTEE							F	ILING DUE DATE
Foley For Governor, Inc.							0	riginal 09/09/2010
	P. I	Expenses Incurred on Commit	tee Credi	t Ca	rd			
Name of Issuing Institution Chase Cardmember Service			Type of Cro  X Visa  Oth	a [	ard: Master Card	Discover	Ame	erican
Name of Vendor Harry's Pizza						Date of Transaction 08/12/2010		Amount
Street Address 1003 Farmington Ave		City West Hartford	State CT		Zip Code 06107-2191			
Purpose of Expenditure FOOD	Description volunteer pizza					Event #		
								\$32.03
Name of Issuing Institution Chase Cardmember Service			Type of Cro  X Visa  Oth	a [	ard:  Master Card	Discover	Ame	erican
Name of Vendor Minuteman Press						Date of Transaction 08/13/2010		Amount
Street Address 2540 Summer St		City Stamford	State CT		Zip Code 06905-4302			
Purpose of Expenditure PRNT	Description print ads					Event #		
								\$488.66
Name of Issuing Institution Chase Cardmember Service			Type of Cro	a [	ard: Master Card	Discover	Ame	erican
Name of Vendor Hartford Parking Authority						Date of Transaction 08/13/2010		Amount
Street Address 155 Morgan St		City Hartford	State CT		Zip Code 06103-1309			
Purpose of Expenditure TRVL	Description parking					Event #		
	1							\$7.00

		IV. EXPENDITURES				
NAME OF COMMITTEE						FILING DUE DATE
Foley For Governor, Inc.						Original 09/09/2010
	P. I	Expenses Incurred on Commit	ttee Credit C	ard		
Name of Issuing Institution Chase Cardmember Service			Type of Credit  X Visa  Other	Card: Master Card	Discover	American
Name of Vendor Hartford Marriott Rocky Hill					Date of Transaction 08/13/2010	Amount
Street Address 100 Capital Blvd		City Rocky Hill	State CT	Zip Code 06067-3575		
Purpose of Expenditure FOOD	Description convention recept	tion hall, food			Event #	
						\$11,453.54
Name of Issuing Institution Chase Cardmember Service			Type of Credit  X Visa  Other	Card: Master Card	Discover	American
Name of Vendor Giovanni's Brickoven Pizzeria	a				Date of Transaction 08/14/2010	Amount
Street Address 113 Hebron Ave		City Glastonbury	State CT	Zip Code 06033-4223		
Purpose of Expenditure FOOD	Description staff meals				Event #	
						\$30.52
Name of Issuing Institution Chase Cardmember Service			Type of Credit  X Visa  Other	Card: Master Card	Discover	American
Name of Vendor Lena's First and Last Pizzeria	a				Date of Transaction 08/14/2010	Amount
Street Address 2053 Park St		City Hartford	State CT	Zip Code 06106-2025		
Purpose of Expenditure FOOD	Description staff meal				Event#	
	1				i	¢19 N4

		IV. EXPENDITURES						
NAME OF COMMITTEE							F	ILING DUE DATE
Foley For Governor, Inc.							O	riginal 09/09/2010
	P. I	Expenses Incurred on Commit	tee Cred	it Ca	rd		•	
Name of Issuing Institution Chase Cardmember Service			Type of C  X Vi	г	ard: Master Card	Discover	Ame	rican
Name of Vendor McDonalds						Date of Transaction 08/15/2010		Amount
Street Address 172 Washington St		City Stamford	State CT	,	Zip Code			
Purpose of Expenditure FOOD	Description staff meal		·			Event #		
								\$24.99
Name of Issuing Institution Chase Cardmember Service			Type of C  X Vi:	г	ard: Master Card	Discover	Ame	rican
Name of Vendor Dunkin Donuts			, <u> </u>			Date of Transaction 08/16/2010		Amount
Street Address 41 S Main St		City West Hartford	State CT	;	Zip Code 06107-2448			
Purpose of Expenditure FOOD	Description coffee					Event #		
								\$16.05
Name of Issuing Institution Chase Cardmember Service			Type of C  X Vi:	г	ard: Master Card	Discover	Ame	rican
Name of Vendor Hartford Parking Authority						Date of Transaction 08/16/2010		Amount
Street Address 155 Morgan St		City Hartford	State CT	,	Zip Code 06103-1309			
Purpose of Expenditure TRVL	Description parking					Event #		
	1							\$7.00

		IV. EXPENDITURES				
NAME OF COMMITTEE						FILING DUE DATE
Foley For Governor, Inc.						Original 09/09/2010
	P. I	Expenses Incurred on Commit	tee Credit C	ard		
Name of Issuing Institution Chase Cardmember Service			Type of Credit C  X Visa  Other	Card: Master Card	Discover	American
Name of Vendor Exxon Mobile					Date of Transaction 08/16/2010	Amount
Street Address 1139 Post Rd		City Fairfield	State CT	Zip Code 06824-6074		
Purpose of Expenditure TRVL	Description gas				Event #	
						\$45.20
Name of Issuing Institution Chase Cardmember Service			Type of Credit C  X Visa  Other	Card:  Master Card	Discover	American
Name of Vendor  Moe's Southwest Grill			<u> </u>		Date of Transaction 08/16/2010	Amount
Street Address 2267 Black Rock Tpke		City Fairfield	State CT	Zip Code 06825-3243		
Purpose of Expenditure FOOD	Description staff meals				Event #	
						\$15.24
Name of Issuing Institution Chase Cardmember Service			Type of Credit C  X Visa  Other	Card: Master Card	Discover	American
Name of Vendor McDonalds					Date of Transaction 08/16/2010	Amount
Street Address 172 Washington St		City Stamford	State CT	Zip Code	<u></u>	
Purpose of Expenditure FOOD	Description staff meal				Event#	
	1				1	¢7 83

		IV. EXPENDITURES				
NAME OF COMMITTEE						FILING DUE DATE
Foley For Governor, Inc.						Original 09/09/2010
	P. I	Expenses Incurred on Commit	ttee Credit C	ard		
Name of Issuing Institution Chase Cardmember Service			Type of Credit  X Visa  Other	Card: Master Card	Discover	American
Name of Vendor Hartford Parking Authority					Date of Transaction 08/17/2010	Amount
Street Address 155 Morgan St		City Hartford	State CT	Zip Code 06103-1309		
Purpose of Expenditure TRVL	Description parking				Event #	44.50
Name of Issuing Institution Chase Cardmember Service			Type of Credit  X Visa Other	Card: Master Card	Discover	\$4.50 American
Name of Vendor Hartford Parking Authority			. —		Date of Transaction 08/17/2010	Amount
Street Address 155 Morgan St		City Hartford	State CT	Zip Code 06103-1309		
Purpose of Expenditure TRVL	Description parking				Event#	
						\$2.00
Name of Issuing Institution Chase Cardmember Service			Type of Credit  X Visa  Other	Card: Master Card	Discover	American
Name of Vendor Reuben's Deli					Date of Transaction 08/17/2010	Amount
Street Address 35 Lasalle Rd		City West Hartford	State CT	Zip Code 06107-2304		
Purpose of Expenditure FOOD	Description staff meal				Event#	
	1				I	¢17 38

		IV. EXPENDITURES				
NAME OF COMMITTEE						FILING DUE DATE
Foley For Governor, Inc.						Original 09/09/2010
	P. I	Expenses Incurred on Commit	tee Credit Ca	nrd	•	
Name of Issuing Institution Chase Cardmember Service			Type of Credit C  X Visa  Other	'ard: Master Card	Discover	American
Name of Vendor  More than a Bagel					Date of Transaction 08/17/2010	Amount
Street Address 1477 Park St		City Hartford	State CT	Zip Code 06106-2235		
Purpose of Expenditure FOOD	Description staff meal		·		Event #	
						\$5.81
Name of Issuing Institution Chase Cardmember Service			Type of Credit C  X Visa  Other	'ard:  Master Card	Discover	American
Name of Vendor Clarks Hill Sunoco					Date of Transaction 08/18/2010	Amount
Street Address 765 E Main St		City Stamford	State CT	Zip Code 06902-3833		
Purpose of Expenditure TRVL	Description gas				Event #	
						\$46.66
Name of Issuing Institution Chase Cardmember Service			Type of Credit C  X Visa  Other	'ard: Master Card	Discover	American
Name of Vendor Minuteman Press					Date of Transaction 08/18/2010	Amount
Street Address 2540 Summer St		City Stamford	State CT	Zip Code 06905-4302		
Purpose of Expenditure PRNT	Description print ads				Event #	\$488.66

NAME OF COMMITTEE									
P. Expenses Incurred on Committee Credit Card			IV. EXPENDITURES						
Name of Consider Cardinary Institution Chases Cardinary Service Cardinary Cardinary Stever Address Stever Address Page of Condit Card Stever Address Stever	NAME OF COMMITTEE							FI	LING DUE DATE
Name of Transparation	Foley For Governor, Inc.							Or	iginal 09/09/2010
Name of Yendor   Properties   City   Stand   State   Card   City   Conductor   Card		P. I	Expenses Incurred on Commit	tee Credit	Card			•	
State   Advance   State   St				X Visa		∕aster Card	Discover	Amer	ican
Stanford St									Amount
FOOD    Campaign receptive			-	- 1					
Name of Issuing Institution Chase Cardmember Service    Type of Credit Card:   X visa   Master Card   Discover   American   Amount			on				Event #		
Chase Cardmember Service    X   Visa									\$344.60
Marriott Hartford  Street Address 942 Main St Purpose of Expenditure TRVL  Name of Issuing Institution Chase Cardmember Service  Name of Vendor Hula Hanks Black Bear  Street Address 250 Code	_			X Visa		Лaster Card	Discover	Amer	ican
942 Main St Purpose of Expenditure TRVL  Name of Issuing Institution Chase Cardmember Service  Name of Vendor Hula Hanks Black Bear  Street Address 261 Main St Purpose of Expenditure Purpose of Expenditure FOOD  Description Street Address 261 Main St Purpose of Expenditure P				<u> </u>					Amount
Name of Issuing Institution Chase Cardmember Service  Name of Vendor Hula Hanks Black Bear  Street Address 261 Main St  Purpose of Expenditure FOOD  Potentia			•	- 1					
Name of Issuing Institution  Chase Cardmember Service    X   Visa   Master Card   Discover   American		1					Event #		
Chase Cardmember Service    X Visa									\$305.25
Hula Hanks Black Bear  Street Address 261 Main St  Purpose of Expenditure FOOD  City Stamford  City State CT 06901-2918  Event #  Event #	-	•		X Visa		∕aster Card	Discover	Amer	ican
261 Main St  Stamford  CT  06901-2918  Event #  FOOD  Staff meal									Amount
FOOD staff meal			•	- 1					
	· · ·	1					Event #		A14.C4

		IV. EXPENDITURES					
NAME OF COMMITTEE						FILI	NG DUE DATE
Foley For Governor, Inc.						Orig	inal 09/09/2010
	P. I	Expenses Incurred on Commit	tee Credit (	Card		•	
Name of Issuing Institution Chase Cardmember Service			Type of Credi	Card: Master Card	Discover	America	ın
Name of Vendor First And Last Bakery Cafe					Date of Transaction 08/19/2010		Amount
Street Address 920 Maple Ave		City Hartford	State CT	Zip Code 06114-2723			
Purpose of Expenditure FOOD	Description staff meal				Event #		
							\$14.42
Name of Issuing Institution Chase Cardmember Service			Type of Credi  X Visa  Other	Card: Master Card	Discover	America	ın
Name of Vendor GoDaddy.com			· <del></del>		Date of Transaction 08/19/2010		Amount
Street Address 14455 N Hayden Rd		City Scottsdale	State AZ	Zip Code 85260-6993			
Purpose of Expenditure A-WEB	Description website domain				Event #		
							\$49.20
Name of Issuing Institution Chase Cardmember Service			Type of Credi	Card: Master Card	Discover	America	ın
Name of Vendor Starbucks					Date of Transaction 08/19/2010		Amount
Street Address 96 Broad St		City Stamford	State CT	Zip Code 06901-2312			
Purpose of Expenditure FOOD	Description coffee				Event#		<b>\$4</b> 82

		IV. EXPENDITURES					
NAME OF COMMITTEE						FILING DUE DATE	
Foley For Governor, Inc.						Original 09/09/2010	
	P. F	Expenses Incurred on Commit	ttee Credit Ca	rd			
Name of Issuing Institution Chase Cardmember Service			Type of Credit C  X Visa  Other	ard: Master Card	Discover	American	
Name of Vendor Reuben's Deli					Date of Transaction 08/20/2010	Amount	
Street Address 35 Lasalle Rd		City West Hartford	State CT	Zip Code 06107-2304			
Purpose of Expenditure FOOD	Description staff meal				Event #		
			T			\$15	5.32
Name of Issuing Institution Chase Cardmember Service			Type of Credit C  X Visa  Other	ard: Master Card	Discover	American	
Name of Vendor			•		Date of Transaction 08/20/2010	Amount	
Street Address 150 S Main St		City West Hartford	State CT	Zip Code 06107-3432			
Purpose of Expenditure OFFICE	Description pens				Event #		
						\$4	.05
Name of Issuing Institution Chase Cardmember Service			Type of Credit C  X Visa  Other	ard: Master Card	Discover	American	
Name of Vendor Hartford Parking Authority					Date of Transaction 08/20/2010	Amount	
Street Address 155 Morgan St		City Hartford	State CT	Zip Code 06103-1309			
Purpose of Expenditure TRVL	Description parking				Event#		

		IV. EXPENDITURES						
NAME OF COMMITTEE							F	ILING DUE DATE
Foley For Governor, Inc.							O	riginal 09/09/2010
	P. I	Expenses Incurred on Commit	tee Cred	dit Ca	rd		•	
Name of Issuing Institution Chase Cardmember Service			=	Credit Ca	ard: Master Card	Discover	Ame	rican
Name of Vendor Harry's Pizza						Date of Transaction 08/20/2010		Amount
Street Address 1003 Farmington Ave		City West Hartford	Star CT		Zip Code 06107-2191			
Purpose of Expenditure FOOD	Description volunteer food					Event #		
								\$22.26
Name of Issuing Institution Chase Cardmember Service			=	Credit Ca isa [	ard: Master Card	Discover	Ame	rican
Name of Vendor Stop & Shop						Date of Transaction 08/22/2010		Amount
Street Address 2200 Bedford St		City Stamford	Star CT		Zip Code 06905-3905			
Purpose of Expenditure FOOD	Description volunteer snacks					Event#		
								\$24.61
Name of Issuing Institution Chase Cardmember Service			=	Credit Ca	ard: Master Card	Discover	Ame	rican
Name of Vendor Moe's Southwest Grill						Date of Transaction 08/23/2010		Amount
Street Address 2267 Black Rock Tpke		City Fairfield	Sta CT		Zip Code 06825-3243			
Purpose of Expenditure FOOD	Description staff meal					Event #		
	1					1		¢15 24

		IV. EXPENDITURES					
NAME OF COMMITTEE						FIL	ING DUE DATE
Foley For Governor, Inc.						Orig	ginal 09/09/2010
	P. I	Expenses Incurred on Commit	tee Credit (	Card		•	
Name of Issuing Institution Chase Cardmember Service			Type of Credit  X Visa Other	Card: Master Card	Discover	Americ	an
Name of Vendor Dunkin Donuts					Date of Transaction 08/23/2010		Amount
Street Address 50 Main St		City Stamford	State CT	Zip Code			
Purpose of Expenditure FOOD	Description coffee		•		Event #		\$2.22
Name of Issuing Institution Chase Cardmember Service			Type of Credit  X Visa Other	Card: Master Card	Discover	Americ	
Name of Vendor Hartford Parking Authority					Date of Transaction 08/23/2010		Amount
Street Address 155 Morgan St		City Hartford	State CT	Zip Code 06103-1309			
Purpose of Expenditure TRVL	Description parking				Event #		
							\$7.00
Name of Issuing Institution Chase Cardmember Service			Type of Credit  X Visa  Other	Card:  Master Card	Discover	Americ	an
Name of Vendor  Dunkin Donuts					Date of Transaction 08/23/2010		Amount
Street Address 50 Main St		City Stamford	State CT	Zip Code			
Purpose of Expenditure FOOD	Description coffee				Event#		¢5 28
					1		\$5 JQ

		IV. EXPENDITURES				
NAME OF COMMITTEE						FILING DUE DATE
Foley For Governor, Inc.						Original 09/09/2010
	P. I	Expenses Incurred on Commit	tee Credit Ca	nrd		
Name of Issuing Institution Chase Cardmember Service			Type of Credit C  X Visa  Other	ard: Master Card	Discover	American
Name of Vendor Shell Oil					Date of Transaction 08/24/2010	Amount
Street Address 2512 Albany Ave		City West Hartford	State CT	Zip Code 06117-2505		
Purpose of Expenditure TRVL	Description gas				Event #	
						\$41.34
Name of Issuing Institution  Chase Cardmember Service  Type of Credit Card:  X Visa Master Card Discover  Other				Discover	American	
Name of Vendor Minuteman Press					Date of Transaction 08/24/2010	Amount
Street Address 2540 Summer St		City Stamford	State CT	Zip Code 06905-4302		
Purpose of Expenditure PRNT	Description print ad				Event #	
						\$115.54
Name of Issuing Institution Chase Cardmember Service			Type of Credit C  X Visa  Other	'ard: Master Card	Discover	American
Name of Vendor Hartford Parking Authority					Date of Transaction 08/31/2010	Amount
Street Address 155 Morgan St		City Hartford	State CT	Zip Code 06103-1309		
Purpose of Expenditure TRVL	Description parking				Event #	\$13.00

		IV. EXPENDITURES				
NAME OF COMMITTEE						FILING DUE DATE
Foley For Governor, Inc.						Original 09/09/2010
	P. I	Expenses Incurred on Commit	tee Credit Ca	ard		
Name of Issuing Institution Chase Cardmember Service			Type of Credit C  X Visa  Other	Card: Master Card	Discover	American
Name of Vendor Chase Cardmember Service					Date of Transaction 09/01/2010	Amount
Street Address PO Box 15153		City Wilmington	State DE	Zip Code 19886-5153		
Purpose of Expenditure BNK	Description Bank transfer				Event #	
						\$6,920.00
Name of Issuing Institution  Chase Cardmember Service  Type of Credit Card:  X Visa Master Card D  Other				Discover	American	
Name of Vendor Marriott Hartford					Date of Transaction 09/02/2010	Amount
Street Address 942 Main St		City Hartford	State CT	Zip Code 06103-1214		
Purpose of Expenditure TRVL	Description hotel				Event #	
						\$250.00
Name of Issuing Institution Chase Cardmember Service			Type of Credit C  X Visa  Other	Card: Master Card	Discover	American
Name of Vendor Minuteman Press					Date of Transaction 09/02/2010	Amount
Street Address 2540 Summer St		City Stamford	State CT	Zip Code 06905-4302	<u></u>	
Purpose of Expenditure PRNT	Description print ad				Event #	
	I				1	\$801.36

		IV. EXPENDITURES				
NAME OF COMMITTEE						FILING DUE DATE
Foley For Governor, Inc.						Original 09/09/2010
	P. I	Expenses Incurred on Commit	tee Credit C	ard		
Name of Issuing Institution Chase Cardmember Service			Type of Credit  X Visa  Other	Card: Master Card	Discover	American
Name of Vendor Wood-N-Tap					Date of Transaction 09/02/2010	Amount
Street Address 12 Town Line Rd		City Rocky Hill	State CT	Zip Code 06067-1241		
Purpose of Expenditure FOOD	Description business lunch				Event #	
						\$26.27
Name of Issuing Institution  Chase Cardmember Service  Type of Credit Card:  X Visa Master Card  Other				Discover	American	
Name of Vendor T Mobile					Date of Transaction 09/02/2010	Amount
Street Address 326 N Main St		City West Hartford	State CT	Zip Code 06117-2510		
Purpose of Expenditure OVHD	Description cell phones				Event #	
						\$583.00
Name of Issuing Institution Chase Cardmember Service			Type of Credit  X Visa  Other	Card: Master Card	Discover	American
Name of Vendor					Date of Transaction	Amount
The Home Depot				1	09/02/2010	
Street Address 600 Connecticut Ave		City Norwalk	State CT	Zip Code 06854-1616		
Purpose of Expenditure OFFICE	Description cleaning, tools, ha	ardware	'	•	Event #	1272.25

		IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE			
Foley For Governor, Inc.						Original 09/09/2010			
	P. Expenses Incurred on Committee Credit Card								
Name of Issuing Institution Chase Cardmember Service			Type of Credit Ca  X Visa  Other	ard:  Master Card	Discover	American			
Name of Vendor Hartford Parking Authority					Date of Transaction 09/02/2010	Amount			
Street Address 155 Morgan St		City Hartford	State CT	Zip Code 06103-1309					
Purpose of Expenditure TRVL	Description parking				Event #				
						\$2.25			
Name of Issuing Institution  Chase Cardmember Service  Type of Credit Card:  X Visa Master Card Discover  Other						American			
Name of Vendor Max's Burger					Date of Transaction 09/02/2010	Amount			
Street Address 124 Lasalle Rd Ste 1		City West Hartford	State CT	Zip Code 06107-2314					
Purpose of Expenditure FOOD	Description staff meals				Event#				
						\$77.72			
Name of Issuing Institution Chase Cardmember Service			Type of Credit Co	ard: Master Card	Discover	American			
Name of Vendor Starbucks					Date of Transaction 09/02/2010	Amount			
Street Address 96 Broad St	<b>-</b>	City Stamford	State CT	Zip Code 06901-2312					
Purpose of Expenditure FOOD	Description coffee				Event #				
						\$9.33			
					Total of Section	P \$23,683.60			

IV. EXPENDITURES										
NAME OF COMMITTEE					FILING	DUE DATE				
Foley For Governor, Inc.					Origina	1 09/09/2010				
Q. Expenses Incurred By Committee but Not Paid During this Period										
Name of Creditor			Date Incurred	Event #		Amount Incurred (Estimate or				
Street Address		City		State	Zip Code	Actual)				
Description  Purpose of										
Expenditure										
Is this expenditure coordinated with another cand which reimbursement is sought?	didate for Other Candidat	ate(s) Name	Office Sought							
Yes No										
				Total of	Section Q	1				

IV. E	XPENDITURES					
NAME OF COMMITTEE					FILI	NG DUE DATE
Folev For Governor. Inc.					Origin	nal 09/09/2010
R. Itemization of Reimburse	ements to Committee Work	ers and	Consultants			
Name of Worker/Consultant  Dean Pagani  Secondary Payee  Hartford Parking Authority		Date of Pourpose of TRVL		Method of Paym  X Check #  1431  Debit Card		Amount
Street Address 155 Morgan St	City Hartford		State CT	Zip Code 06103-1309		
Description parking  Is this expenditure coordinated with another candidate for Other Candi which reimbursement is sought?	idate(s) Name	Office	Sought	Event #		
Yes  X No						\$16.00
Name of Worker/Consultant  Dean Pagani		Date of Payment 08/09/2010		Method of Payment  X Check #		Amount
Secondary Payee Avis		Purpose o	of Expenditure	1431 Debit Care	d	
Street Address 1445 New Britain Ave	City West Hartford		State CT	Zip Code 06110-1659	9	
Description rental car				Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	idate(s) Name	Office	Sought			\$163.26

IV. EXPENDITURES							
NAME OF COMMITTEE					FILI	NG DUE DATE	
Foley For Governor, Inc.					Origin	nal 09/09/2010	
R. Itemization of Reimburs	ements to Committee Work	ers and	Consultants		•		
Dean Pagani 0		Date of Payment 08/09/2010  Purpose of Expenditure		Method of Paym  X Check #  1431		Amount	
Southwest Airlines  Street Address 2702 Love Field Dr	City Dallas	TRVL	State TX	Debit Card			
Description airline fare				Event#			
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	idate(s) Name	Office	Sought			\$209.40	
Name of Worker/Consultant  Dean Pagani		Date of Payment 08/09/2010		Method of Payment  X Check #		Amount	
Secondary Payee Hilton Garden		Purpose o	of Expenditure	1431 Debit Card	i		
Street Address 85 Glastonbury Blvd	City Glastonbury		State CT	Zip Code 06033-4401	l		
Description hotel				Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	idate(s) Name	Office	Sought			\$170.24	

IV. EXPENDITURES							
NAME OF COMMITTEE					FILIN	NG DUE DATE	
Foley For Governor, Inc.					Origin	nal 09/09/2010	
R. Itemization of Reimburse	ements to Committee Work	ers and	Consultants				
Name of Worker/Consultant Keegan Shepardson Secondary Payee				Method of Paym  X Check #  1447  Debit Card		Amount	
Street Address 49 Westmont St	City West Hartford	TRVL	State CT	Zip Code 06117-2928			
Description vehicle miles				Event #			
Is this expenditure coordinated with another candidate for Which reimbursement is sought?  Yes  No	idate(s) Name	Office	Sought			\$61.00	
Name of Worker/Consultant Len Greene		Date of Payment 08/09/2010		Method of Payment  X Check #		Amount	
Secondary Payee Len Greene		Purpose o	of Expenditure	1446 Debit Card	i		
Street Address 20 Summer St Ste 200	City Stamford		State CT	Zip Code 06901-2304	ļ		
Description vehicle miles				Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	idate(s) Name	Office	Sought	•		\$159.00	

IV. E	XPENDITURES					
NAME OF COMMITTEE					FILI	NG DUE DATE
Folev For Governor, Inc.					Origir	nal 09/09/2010
R. Itemization of Reimburs	ements to Committee Work	ers and	Consultants			
Name of Worker/Consultant  Len Greene  Secondary Payee  Dunkin Donuts			Date of Payment 08/09/2010  Purpose of Expenditure		nent d	Amount
Street Address 50 Main St	City Stamford	FOOD	State CT	Zip Code 06901		
Description Staff snack				Event #		
which reimbursement is sought?  Yes	lidate(s) Name	Office	Sought	1		412.02
X No		†		1		\$13.92
Name of Worker/Consultant		Date of Payment		Method of Paym	nent	Amount
Keegan Shepardson		08/09/	2010	1009		
Secondary Payee Keegan Shepardson		Purpose of TRVL	f Expenditure	Debit Care	d	
Street Address 49 Westmont St	City West Hartford		State CT	Zip Code 06117-2928	3	
Description vehicle miles				Event #		
which reimbursement is sought?	lidate(s) Name	Office	Sought			
Yes  X No						\$267.50

IV. EXPENDITURES							
NAME OF COMMITTEE					FILI	NG DUE DATE	
Foley For Governor, Inc.					Origin	nal 09/09/2010	
R. Itemization of Reimburs	ements to Committee	Workers and	Consultants				
Name of Worker/Consultant Bill Cortese  Secondary Payee Bill Cortese		Date of F 08/09, Purpose o	•	Method of Paym  X Check #  1436  Debit Care		Amount	
Street Address 20 Summer St Ste 200	City Stamford		State CT	Zip Code 06901-2304	ŀ		
Description vehicle miles				Event#			
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	lidate(s) Name	Office	: Sought			\$323.96	
Name of Worker/Consultant Bill Cortese			Date of Payment 08/09/2010		ent	Amount	
Secondary Payee Hartford Parking Authority		Purpose o	of Expenditure	1436  Debit Card	i		
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?  Yes  No	lidate(s) Name	Office	Sought	•		\$51.75	

IV. EXPENDITURES							
NAME OF COMMITTEE					FILI	NG DUE DATE	
Folev For Governor, Inc.					Origir	nal 09/09/2010	
R. Itemization of Reimburse	ements to Committee Work	ers and	Consultants				
Bill Cortese 0		Date of Payment 08/09/2010		Method of Paym  X Check #	ent	Amount	
Secondary Payee Whole Foods		FOOD	of Expenditure	Debit Card	i		
Street Address 50 Raymond Rd	City West Hartford	l .	State CT	Zip Code 06107-2213	3		
Description Staff snacks				Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	idate(s) Name	Office	Sought			\$310.66	
Name of Worker/Consultant		Date of Pa		Method of Paym	ent	Amount	
Bill Cortese		08/09/	2010	X Check # 1436			
Secondary Payee Verizon Wireless		Purpose o	of Expenditure	Debit Card	i		
Street Address PO Box 15062	City Albany		State NY	Zip Code 12212-5062	2		
Description July phone bill				Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes	idate(s) Name	Office	Sought	1		\$140.00	

IV. EXPENDITURES							
NAME OF COMMITTEE					FILI	NG DUE DATE	
Foley For Governor, Inc.					Origin	nal 09/09/2010	
R. Itemization of Reimburso	ements to Committee Work	ers and	Consultants		,		
Name of Worker/Consultant Elizabeth Osborn Poirier Secondary Payee		Date of Post of Post of Purpose of Post of Pos		Method of Paym  X Check #  1445  Debit Care		Amount	
Street Address 20 Summer St Fl 2	City Stamford	TRVL	State CT	Zip Code 06901-2304			
Description vehicle miles				Event #			
Is this expenditure coordinated with another candidate for Which reimbursement is sought?  Yes  No	idate(s) Name	Office	Sought			\$338.90	
Name of Worker/Consultant  Elizabeth Osborn Poirier		Date of Payment 08/09/2010		Method of Payment  X Check #		Amount	
Secondary Payee  Verizon Wireless		Purpose of	of Expenditure	1445 Debit Card	i		
Street Address PO Box 15062	City Albany		State NY	Zip Code 12212-5062	2		
Description cell phone				Event #			
Is this expenditure coordinated with another candidate for Other Cand which reimbursement is sought?  Yes  No	idate(s) Name	Office	Sought			\$170.73	

IV. EXPENDITURES							
NAME OF COMMITTEE					FILI	NG DUE DATE	
Folev For Governor, Inc.					Origin	nal 09/09/2010	
R. Itemization of Reimburs	sements to Committee Work	ers and	Consultants				
Elizabeth Osborn Poirier		Date of Payment 08/09/2010  Purpose of Expenditure		Method of Paym  X Check #  1445  Debit Care		Amount	
Verizon Wireless  Street Address PO Box 15062	City Albany	A-PH-B	State NY	Zip Code 12212-5062			
Description air card  Is this expenditure coordinated with another candidate for Other Can	didate(s) Name	Office	Sought	Event #			
which reimbursement is sought?  Yes  No						\$66.20	
Name of Worker/Consultant Elizabeth Osborn Poirier		Date of Payment 08/09/2010		Method of Payment  X Check #		Amount	
Secondary Payee Saybrook Point Inn Hotel	,	Purpose o	of Expenditure	1445 Debit Card	d		
Street Address 2 Bridge St	City Old Saybrook		State CT	Zip Code 06475-2502	2		
Description hotel room				Event #			
Is this expenditure coordinated with another candidate for Which reimbursement is sought?  Yes  No	didate(s) Name	Office	Sought			\$379.68	

IV. EXPENDITURES								
NAME OF COMMITTEE					FILI	NG DUE DATE		
Folev For Governor, Inc.					Origin	nal 09/09/2010		
R. Itemization of Reimbursements to Committee Workers and Consultants								
Elizabeth Osborn Poirier		Date of Payment 08/09/2010		Method of Paym  X Check #	ent	Amount		
Secondary Payee  Elizabeth Osborn Poirier		TRVL	of Expenditure	Debit Card	i			
Street Address 20 Summer St Fl 2	City Stamford	State Zi <sub>j</sub>		Zip Code 06901-2304				
Description Gas for Toms Car				Event #				
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	idate(s) Name	Office	Sought	1		\$48.82		
Name of Worker/Consultant  Ben Hartman		Date of Pa		Method of Paym	ent	Amount		
Secondary Payee Ben Hartman		Purpose o	of Expenditure	1444  Debit Card	i			
Street Address 20 Summer St Fl 2	City Stamford		State CT	Zip Code 06901-2304	1			
Description vehicle miles				Event #				
Is this expenditure coordinated with another candidate for Which reimbursement is sought?  Yes	idate(s) Name	Office	Sought			¢1/10 00		

IV. EXPENDITURES								
NAME OF COMMITTEE					FILI	NG DUE DATE		
Foley For Governor, Inc. Original Control of the Co					Origin	nal 09/09/2010		
R. Itemization of Reimbursements to Committee Workers and Consultants								
Name of Worker/Consultant  Ben Hartman  Secondary Payee  Mr Pizza	1		ayment 2010 of Expenditure	Method of Payment  X Check #  1444  Debit Card		Amount		
Street Address 680 W Main St	City Norwich	1 . 002	State Zip GCT 063		5			
Description pizza for phone bank  Is this expenditure coordinated with another candidate for Other Cand	lidate(s) Name	Office	Sought	Event #				
which reimbursement is sought?  Yes  No	nuare(s) (value	Onice	Sought			\$30.97		
Name of Worker/Consultant Ben Hartman		Date of Payment 08/09/2010		Method of Payment  X Check #		Amount		
Secondary Payee Ninety Nine		Purpose o	of Expenditure	1444  Debit Card	i			
Street Address 85 Salem Tpke	City Norwich		State CT	Zip Code 06901				
Description Volunteer Lunch				Event #				
Is this expenditure coordinated with another candidate for Which reimbursement is sought?  Yes  No	lidate(s) Name	Office	Sought			\$31.65		

IV. EXPENDITURES								
NAME OF COMMITTEE					FILI	NG DUE DATE		
Foley For Governor, Inc.					Origin	nal 09/09/2010		
R. Itemization of Reimbursements to Committee Workers and Consultants								
Chris Covucci C		Date of Payment 08/09/2010  Purpose of Expenditure		Method of Payme  X Check #  1442		Amount		
Chris Covucci		TRVL		Debit Card	d			
Street Address 20 Summer St Fl 2	City Stamford	l l		Zip Code 06901-2304				
Description Vehicle miles				Event #				
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	idate(s) Name	Office	Sought	1		\$102.15		
Name of Worker/Consultant Chris Covucci			Date of Payment         Method of Payment           08/09/2010         X           Check #		nent	Amount		
Secondary Payee Luna Pizza		Purpose o	of Expenditure	1442 Debit Card				
Street Address 999 Farmington Ave	City Hartford		State CT	Zip Code 06107-2103	3			
Description volunteer lunch				Event #				
Is this expenditure coordinated with another candidate for Which reimbursement is sought?  Yes	idate(s) Name	Office	Sought	1		¢10.03		

IV. E	XPENDITURES							
NAME OF COMMITTEE					FILIN	NG DUE DATE		
Foley For Governor, Inc.					Origin	al 09/09/2010		
R. Itemization of Reimburse	ements to Committee Wo	orkers and	Consultants					
		08/09/	Date of Payment 08/09/2010		ent	Amount		
Secondary Payee The Home Depot			Purpose of Expenditure  A-SIGN				i	
Street Address 600 Connecticut Ave	City Norwalk		State CT	Zip Code 06854-1616				
Description 4x8 yard sign material				Event #				
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	date(s) Name	Office	Sought			\$102.52		
Name of Worker/Consultant Courtney Weaver		Date of Pa 08/09/	-	Method of Paym	ent	Amount		
Secondary Payee Courtney Weaver		Purpose o	f Expenditure	1439  Debit Card	i			
Street Address 20 Summer St Fl 2	City Stamford		State CT	Zip Code 06901-2304	1			
Description vehicle miles				Event #				
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	idate(s) Name	Office	Sought	•		\$302,05		

IV. EXPENDITURES							
NAME OF COMMITTEE					FILI	NG DUE DATE	
Folev For Governor, Inc.					Origir	nal 09/09/2010	
R. Itemization of Reimburs	ements to Committee Worl	xers and	Consultants				
		Date of Payment 08/09/2010		Method of Paym  X Check #	nent	Amount	
Secondary Payee Hartford Parking Authority		Purpose of TRVL	f Expenditure	Debit Card	d		
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?  Yes  No	idate(s) Name	Office	Sought	1		\$7.00	
Name of Worker/Consultant Courtney Weaver		Date of Payment 08/09/2010		Method of Payment  X Check #		Amount	
Secondary Payee Mendano's Apizza		Purpose o	of Expenditure	1439  Debit Care	d		
Street Address 799 New Haven Rd	City Naugatuck		State CT	Zip Code 06770-4762	2		
Description volunteer meal				Event#			
Is this expenditure coordinated with another candidate for Which reimbursement is sought?  Yes  No	idate(s) Name	Office	Sought			\$38.77	

IV. EXPENDITURES							
NAME OF COMMITTEE					FILI	NG DUE DATE	
Folev For Governor. Inc.					Origin	nal 09/09/2010	
R. Itemization of Reimburso	ements to Committee Work	ers and	Consultants				
Courtney Weaver (		Date of Payment 08/09/2010		Method of Paym  X Check #	nent	Amount	
Secondary Payee Brew Bakers		Purpose o	of Expenditure	Debit Card	d		
Street Address 169 Main St	City Middletown		State CT	Zip Code 06457-3423			
Description Business roundtable w/ Tom				Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	idate(s) Name	Office	Sought			\$90.65	
Name of Worker/Consultant Chris Syrek		Date of Payment 08/09/2010		Method of Payment  X Check #		Amount	
Secondary Payee Chris Syrek		Purpose o	of Expenditure	1438  Debit Card	d		
Street Address 20 Summer St Ste 200	City Stamford		State CT	Zip Code 06901-2304	1		
Description vehicle miles				Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	idate(s) Name	Office	Sought			\$186.00	

IV. EXPENDITURES							
NAME OF COMMITTEE					FILI	NG DUE DATE	
Folev For Governor, Inc.					Origin	nal 09/09/2010	
R. Itemization of Reimburs	ements to Committee Work	ers and	Consultants		,		
Chris Syrek 0		Date of Payment 08/09/2010  Purpose of Expenditure		/2010 X Check #		Amount	
Street Address 20 Isham Rd	City West Hartford	TRVL	State CT	Zip Code 06107-2204			
Description parking				Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	lidate(s) Name	Office	Sought	1		\$7.00	
Name of Worker/Consultant Chris Syrek		Date of Payment 08/09/2010		Method of Payment  X Check #		Amount	
Secondary Payee Brueggers		Purpose o	of Expenditure	1438  Debit Card	i		
Street Address 1 S Main St	City West Hartford		State CT	Zip Code 06107-2407	7		
Description coffee/bagels for volunteers				Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	lidate(s) Name	Office	Sought	•		\$13.29	

IV. E	XPENDITURES							
NAME OF COMMITTEE					FILI	NG DUE DATE		
Foley For Governor, Inc.					Origin	nal 09/09/2010		
R. Itemization of Reimbursements to Committee Workers and Consultants								
Name of Worker/Consultant Chris Syrek Secondary Payee	nris Syrek (		Date of Payment 08/09/2010  Purpose of Expenditure		aent	Amount		
Panera Bread  Street Address 2534 Albany Ave	City West Hartford	A-RAD	State CT	Zip Code 06117-2301				
which reimbursement is sought?	idate(s) Name	Office	Sought	Event#				
Yes X No						\$64.05		
Name of Worker/Consultant Chris Syrek		Date of Payment 08/09/2010		Method of Payment  X Check #		Amount		
Secondary Payee Dunkin Donuts		Purpose of FOOD	of Expenditure	1438  Debit Card	i			
Street Address 41 S Main St	City West Hartford		State CT	Zip Code 06107-2448	3			
Description coffee for volunteers				Event #				
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	idate(s) Name	Office	Sought	•		\$18.41		

IV. EXPENDITURES								
IV. E	ALENDITURES							
NAME OF COMMITTEE					FILI	NG DUE DATE		
Folev For Governor, Inc.					Origir	nal 09/09/2010		
R. Itemization of Reimbursements to Committee Workers and Consultants								
Name of Worker/Consultant		Date of P	ayment	Method of Paym	ent	Amount		
Melissa C Danforth		08/09/	2010	X Check #				
Secondary Payee		Purpose o	of Expenditure	Debit Card				
Melissa C Danforth	Т	TRVL		Beon care				
Street Address 20 Summer St	City Stamford		State CT	Zip Code 06901-2304	ı			
Description vehicle miles			•	Event #				
Is this expenditure coordinated with another candidate for Other Cand which reimbursement is sought?	idate(s) Name	Office	Sought	Į.				
Yes								
X No		<b>+</b>				\$356.50		
Name of Worker/Consultant		Date of Payment		Method of Payment		Amount		
Melissa C Danforth		08/09/2010		X Check #				
Secondary Payee			of Expenditure	Debit Card	i			
Hartford Parking Authority	Γ	TRVL	1					
Street Address 155 Morgan St	City Hartford		State CT	Zip Code 06103-1309	)			
Description			'	Event #				
parking								
Is this expenditure coordinated with another candidate for Other Cand	idata(a) Nama	Off	Cought					
which reimbursement is sought?	idate(s) Name	Office	Sought					
Yes X No						\$34.50		

IV. EXPENDITURES								
NAME OF COMMITTEE					FILI	NG DUE DATE		
Folev For Governor, Inc.					Origin	nal 09/09/2010		
R. Itemization of Reimbursements to Committee Workers and Consultants								
Name of Worker/Consultant Melissa C Danforth Date of Payment 08/09/2010				Method of Paym  X Check #	nent	Amount		
Secondary Payee		Purpose o	of Expenditure	Debit Care	d			
Remo's Street Address	City	FOOD		Zip Code				
35 Bedford St  Description	Stamford		СТ	06901-1908 Event #	3			
mini staff lunch								
Is this expenditure coordinated with another candidate for Other Cand	didate(s) Name	Office	Sought					
which reimbursement is sought?  Yes  No	indate(s) (value	Office	Sougiii			\$43.62		
Name of Worker/Consultant				Method of Paym	nent	Amount		
Melissa C Danforth		08/09/	08/09/2010 X					
Secondary Payee Dunkin Donuts		Purpose of FOOD	of Expenditure	Debit Card	d			
Street Address 50 Main St	City Stamford		State CT	Zip Code 06901				
Description Policy team conference	•		•	Event #				
Is this expenditure coordinated with another candidate for Other Cand which reimbursement is sought?	lidate(s) Name	Office	Sought					
Yes X No						\$28.35		

IV.	EXPENDITURES						
NAME OF COMMITTEE					FILI	NG DUE DATE	
Foley For Governor, Inc.					Origin	nal 09/09/2010	
R. Itemization of Reimbursements to Committee Workers and Consultants							
Name of Worker/Consultant		Date of P	ayment	Method of Paym	nent	Amount	
Melissa C Danforth		08/09/	2010	X Check #			
Secondary Payee AT&T		Purpose o	of Expenditure	Debit Card	i		
Street Address 208 S Akard St	City Dallas	-!	State TX	Zip Code 75202-4206	5		
Description phone bill	•			Event #			
Is this expenditure coordinated with another candidate for Other Ca which reimbursement is sought?	ndidate(s) Name	Office	Sought				
Yes  X No						\$178.05	
Name of Worker/Consultant		Date of Payment Method of Pay			nent	Amount	
Melissa C Danforth		08/09/	2010	X Check #			
Secondary Payee		Purpose o	f Expenditure	Debit Care	1		
New York State Tollways	<u> </u>	TRVL	1			•	
Street Address 20 Summer St	City Stamford		State CT	Zip Code 06901-2304	1		
Description tolls to LGA				Event #			
Is this expenditure coordinated with another candidate for Other Ca which reimbursement is sought?	ndidate(s) Name	Office	Sought				
Yes Yes							
x No						\$25.50	

IV. E	EXPENDITURES						
NAME OF COMMITTEE					FILI	NG DUE DATE	
Foley For Governor, Inc.					Origin	nal 09/09/2010	
R. Itemization of Reimbursements to Committee Workers and Consultants							
Name of Worker/Consultant Melissa C Danforth		Date of P. 08/09/		Method of Paym  X Check #	nent	Amount	
Secondary Payee Middletown RTC		Purpose o	f Expenditure	Debit Card	i		
Street Address 20 Summer St	City Stamford	State CT			1		
Description Middletown Straw Poll Ballots (2)				Event #			
Is this expenditure coordinated with another candidate for Which reimbursement is sought?	lidate(s) Name	Office	Sought				
Yes  X No						\$20.00	
Name of Worker/Consultant  John L Whitney		Date of Payment 08/09/2010		Method of Payment  X Check #		Amount	
Secondary Payee  John L Whitney		Purpose o	of Expenditure	1427 Debit Care	i		
Street Address 20 Summer St FI 2	City Stamford		State CT	Zip Code 06901-2304	1		
Description vehicle miles				Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes	lidate(s) Name	Office	Sought				
X No						\$123.50	

IV. E	EXPENDITURES						
NAME OF COMMITTEE					FILI	NG DUE DATE	
Foley For Governor, Inc.					Origin	nal 09/09/2010	
R. Itemization of Reimbursements to Committee Workers and Consultants							
		Date of Payment 08/09/2010		Method of Paym  X Check #	ent	Amount	
Secondary Payee Town of West Hartford		Purpose of TRVL	of Expenditure	Debit Card	i		
Street Address 20 Isham Rd	City West Hartford	State Zip Code CT 06107-2204		1			
Description parking				Event#			
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	idate(s) Name	Office	Sought			\$8.00	
Name of Worker/Consultant Sunghi P Frauen		Date of Payment 08/09/2010		Method of Payment  X Check #		Amount	
Secondary Payee Stop & Shop		Purpose o	of Expenditure	1426  Debit Care	i		
Street Address 2200 Bedford St	City Stamford		State CT	Zip Code 06905-3905	5		
Description Phone bank snacks & drinks				Event #			
which reimbursement is sought?  Yes	idate(s) Name	Office	Sought	•		\$131.27	
X No						\$1J1.Z/	

IV. EXPENDITURES								
NAME OF COMMITTEE					FILIN	NG DUE DATE		
Foley For Governor, Inc.					Origin	nal 09/09/2010		
R. Itemization of Reimburs	ements to Committee W	orkers and	Consultants					
Schuyler Merritt		08/09/	Date of Payment 08/09/2010  Purpose of Expenditure		ent	Amount		
Schuyler Merritt  Street Address 20 Summer St Ste 200	City Stamford	TRVL	TRVL State CT					
Description vehicle miles  Is this expenditure coordinated with another candidate for Other Cand	Edeta(a) Name	Office	Savaht	Event#				
which reimbursement is sought?  Yes  No	lidate(s) Name	Office	Sought			\$256.75		
Name of Worker/Consultant Schuyler Merritt		Date of Payment 08/09/2010		Method of Payment  X Check #		Amount		
Secondary Payee  Laz Parking		Purpose o	f Expenditure	1425  Debit Care	i			
Street Address 100 Allyn St	City Hartford		State CT	Zip Code 06103-1418	3			
Description parking				Event#				
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	lidate(s) Name	Office	Sought	•		\$3.00		

IV. EXPENDITURES								
NAME OF COMMITTEE					FILI	NG DUE DATE		
Foley For Governor, Inc.					Origin	nal 09/09/2010		
R. Itemization of Reimburs	ements to Committee Work	ers and	Consultants					
Schuyler Merritt (		Date of Payment 08/09/2010  Purpose of Expenditure		Method of Paym  X Check #	nent	Amount		
Summer Place Parking		TRVL		Debit Care	d			
Street Address Summer Place	City Stamford		State Zip Code CT 06901					
Description parking				Event #				
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	lidate(s) Name	Office	Sought			\$3.00		
Name of Worker/Consultant Schuyler Merritt		Date of Payment 08/09/2010		Method of Payment  X Check #		Amount		
Secondary Payee Dunkin Donuts		Purpose of	of Expenditure	1425  Debit Care	d			
Street Address 50 Main St	City Stamford		State CT	Zip Code				
Description primary day breakfast				Event #				
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	lidate(s) Name	Office	Sought	,		\$51.68		

IV. EXPENDITURES							
NAME OF COMMITTEE					FILI	NG DUE DATE	
Folev For Governor, Inc.					Origin	nal 09/09/2010	
R. Itemization of Reimbursements to Committee Workers and Consultants							
Name of Worker/Consultant Schuyler Merritt Secondary Payee Staples		Date of P 08/09/ Purpose o	2010 of Expenditure	Method of Paym  X Check #  1425  Debit Card		Amount	
Street Address 2299 Summer St	City Stamford		State Zip Code CT 06905-450		<u>)</u>		
Description  Office supplies: envelopes, binders, bookshelves  Is this expenditure coordinated with another candidate for which reimbursement is sought?  Other Candidate for which reimbursement is sought?	lidate(s) Name	Office	Sought	Event #			
Yes X No						\$195.89	
Name of Worker/Consultant Schuyler Merritt		Date of P 08/09/		Method of Payment  X Check #		Amount	
Secondary Payee Exxon Mobile		Purpose o	of Expenditure	1425 Debit Card	i		
Street Address 1139 Post Rd	City Fairfield		State CT	Zip Code 06824-6074	ļ		
Description GasToms BMW				Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	lidate(s) Name	Office	Sought			\$47.99	

IV. EXPENDITURES								
NAME OF COMMITTEE					FILI	NG DUE DATE		
Foley For Governor, Inc.					Origin	nal 09/09/2010		
R. Itemization of Reimbursements to Committee Workers and Consultants								
Name of Worker/Consultant Schuyler Merritt Secondary Payee Costco		Date of P 08/09/ Purpose of		Method of Paym  X Check #  1425  Debit Care		Amount		
Street Address 779 Connecticut Ave	City Norwalk	1	State Zip		State Zip Code		5	
*	lidate(s) Name	Office	Sought	Event#				
which reimbursement is sought?  Yes  No						\$897.99		
Name of Worker/Consultant Schuyler Merritt		Date of Payment 08/09/2010		Method of Payment  X Check #		Amount		
Secondary Payee Party Depot		Purpose of Misc *	of Expenditure	1425  Debit Card	i			
Street Address 43 South St	City Danbury		State CT	Zip Code 06810-8147	7			
Description GOTV BBQ				Event #				
Is this expenditure coordinated with another candidate for Which reimbursement is sought?  Yes  No	lidate(s) Name	Office	Sought	•		\$199.07		

IV. E	XPENDITURES				1		
NAME OF COMMITTEE					FILI	NG DUE DATE	
Folev For Governor, Inc.					Origin	nal 09/09/2010	
R. Itemization of Reimbursements to Committee Workers and Consultants							
		Date of Pa	•	Method of Paym	ent	Amount	
Secondary Payee The Home Depot		Purpose o	of Expenditure	1425  Debit Care	i		
Street Address 600 Connecticut Ave	City Norwalk		State         Zip Code           CT         06854-1616				
Description Party Depot				Event#			
Is this expenditure coordinated with another candidate for Other Cand which reimbursement is sought?  Yes  No	idate(s) Name	Office	Sought			\$151.25	
Name of Worker/Consultant Courtney Weaver		Date of Payment 08/09/2010		Method of Payment  X Check #		Amount	
Secondary Payee Courtney Weaver		Purpose o	of Expenditure	1421 Debit Care	i		
Street Address 20 Summer St Fl 2	City Stamford		State CT	Zip Code 06901-2304	1		
Description vehicle miles				Event#			
Is this expenditure coordinated with another candidate for Other Cand which reimbursement is sought?  Yes  No	idate(s) Name	Office	Sought			\$468.65	
						,	

IV. EXPENDITURES								
NAME OF COMMITTEE					FILI	NG DUE DATE		
Foley For Governor, Inc.					Origin	nal 09/09/2010		
R. Itemization of Reimburs	ements to Committee Worl	cers and	Consultants					
		Date of Payment 08/09/2010		Method of Paym  X Check #  1421	nent	Amount		
Secondary Payee Hartford Parking Authority			of Expenditure	Debit Care	d			
Street Address 155 Morgan St	City Hartford		State CT	Zip Code 06103-1309	9			
Description parking				Event#				
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	idate(s) Name	Office	Sought	•		\$21.00		
Name of Worker/Consultant Courtney Weaver		Date of Payment 08/09/2010		Method of Payment  X Check #		Amount		
Secondary Payee Sugar Bowl		Purpose o	of Expenditure	1421 Debit Care	d			
Street Address 1033 Post Rd	City Darien		State CT	Zip Code 06820-4510	)			
Description Breakfast with Tom				Event#				
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	idate(s) Name	Office	Sought	1		\$43.25		

IV. EXPENDITURES								
NAME OF COMMITTEE					FILI	NG DUE DATE		
Folev For Governor. Inc.					Origin	nal 09/09/2010		
R. Itemization of Reimburse	ements to Committee Work	ers and	Consultants					
Name of Worker/Consultant Chris Covucci Secondary Payee	cci		Date of Payment 08/09/2010  Purpose of Expenditure		nent	Amount		
Street Address 20 Summer St Fl 2	City Stamford	TRVL	State CT	Zip Code 06901-2304				
Description vehicle miles				Event #				
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	idate(s) Name	Office	Sought	1		\$1,066.25		
Name of Worker/Consultant Chris Covucci		Date of Pa		Method of Paymen		Amount		
Secondary Payee Summer Place Parking		Purpose o	of Expenditure	1420 Debit Card	i			
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?  Yes  No	idate(s) Name	Office	Sought	•		\$81.00		

IV. EXPENDITURES								
NAME OF COMMITTEE					FILI	NG DUE DATE		
Foley For Governor, Inc.					Origin	nal 09/09/2010		
R. Itemization of Reimburse	ements to Committee Work	ers and	Consultants					
		Date of Payment 08/09/2010		Method of Paym  X Check #	ent	Amount		
Secondary Payee Luna Pizza		Purpose of Expenditure FOOD		Debit Card	i			
Street Address 999 Farmington Ave	City Hartford	1	State CT	Zip Code 06107-2103				
Description pizza for volunteers				Event #				
Is this expenditure coordinated with another candidate for Which reimbursement is sought?  Yes  No	idate(s) Name	Office	Sought			\$38.06		
Name of Worker/Consultant		Date of P	ayment	Method of Paym	ent	Amount		
Chris Covucci		08/09/2010		X Check #				
Secondary Payee  LaStella Pizza		Purpose o	of Expenditure	1420 Debit Card	i			
Street Address  1 Market St	City Norwich		State CT	Zip Code 06360-5733	3			
Description water for volunteers				Event #				
Is this expenditure coordinated with another candidate for Which reimbursement is sought?  Yes	idate(s) Name	Office	Sought			\$6.36		

IV. E	IV. EXPENDITURES								
NAME OF COMMITTEE					FILI	NG DUE DATE			
Folev For Governor, Inc.					Origin	nal 09/09/2010			
R. Itemization of Reimburs	ements to Committee Wo	orkers and	Consultants						
Name of Worker/Consultant Chris Covucci Secondary Payee The Home Depot	1		Date of Payment 08/09/2010  Purpose of Expenditure		nent	Amount			
Street Address 600 Connecticut Ave	City Norwalk	A SIGN	State Zip Code CT 06854-1616		5				
Description posts for rally/lawn signs  Is this expenditure coordinated with another candidate for  Other Cand	lidate(s) Name	Office	Sought	Event#					
which reimbursement is sought?  Yes  No						\$293.00			
Name of Worker/Consultant Chris Covucci		Date of Payment 08/09/2010		Method of Payment  X Check #		Amount			
Secondary Payee Verizon Wireless		Purpose o	f Expenditure	1420 Debit Care	d				
Street Address PO Box 15062	City Albany		State NY	Zip Code 12212-5062	2				
Description cell phone				Event#					
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	lidate(s) Name	Office	Sought	•		\$148.76			

IV. EXPENDITURES							
NAME OF COMMITTEE					FILI	NG DUE DATE	
Folev For Governor, Inc.					Origin	nal 09/09/2010	
R. Itemization of Reimburs	ements to Committee Work	ers and	Consultants				
Elizabeth Osborn Poirier		Date of Payment 08/09/2010  Purpose of Expenditure		Method of Paym  X Check #  1419		Amount	
Street Address 20 Summer St Fl 2	City Stamford	TRVL State Zip Code		Zip Code 06901-2304			
Description vehicle miles				Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	idate(s) Name	Office	Sought			\$316.70	
Name of Worker/Consultant Michael Roberts		Date of Payment 08/09/2010		Method of Payment  X Check #		Amount	
Secondary Payee Michael Roberts		Purpose o	of Expenditure	1418 Debit Card	d		
Street Address 618 Belden Hall	City Storrs		State CT	Zip Code 06269-6905	5		
Description vehicle miles				Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	idate(s) Name	Office	Sought			\$71.00	

IV. EXPENDITURES							
NAME OF COMMITTEE					FILI	NG DUE DATE	
Foley For Governor, Inc.					Origin	nal 09/09/2010	
R. Itemization of Reimbursements to Committee Workers and Consultants							
Michael Roberts (		Date of Payment 08/09/2010  Purpose of Expenditure		Method of Paym  X Check #	ent	Amount	
Town of West Hartford		TRVL	·	Debit Card	i		
Street Address 20 Isham Rd	City West Hartford		State         Zip Code           CT         06107-220		ļ		
Description parking				Event #			
Is this expenditure coordinated with another candidate for Which reimbursement is sought?  Yes  No	idate(s) Name	Office	Sought			\$119.75	
Name of Worker/Consultant		Date of Pa	ayment	Method of Paym	ent	Amount	
Matthew Joiner		08/09/2010		X Check #			
Secondary Payee Matthew Joiner		Purpose o	of Expenditure	1417  Debit Card	i		
Street Address 150 Oxoboxo Dam Rd	City Oakdale		State CT	Zip Code 06370-1267	7		
Description vehicle miles				Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  Yes	idate(s) Name	Office	Sought			\$92.00	

IV. EXPENDITURES							
NAME OF COMMITTEE					FILI	NG DUE DATE	
Folev For Governor, Inc.					Origin	nal 09/09/2010	
R. Itemization of Reimburs	ements to Committee Work	xers and	Consultants				
Ben Hartman C		Date of Payment 08/09/2010  Purpose of Expenditure		Method of Paym  X Check #  1416	nent	Amount	
Ben Hartman		TRVL		Debit Card	d		
Street Address 20 Summer St FI 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?  Yes  No	idate(s) Name	Office	Sought			\$476.00	
Name of Worker/Consultant  Ben Hartman		Date of Payment 08/09/2010		Method of Payment  X Check #		Amount	
Secondary Payee Staples		Purpose o	f Expenditure	1416  Debit Card	d		
Street Address 45 Salem Tpke	City Norwich		State CT	Zip Code 06360-6533	3		
Description supplies				Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	idate(s) Name	Office	Sought	,		\$182.38	

IV. EXPENDITURES							
NAME OF COMMITTEE					FILI	NG DUE DATE	
Foley For Governor, Inc.					Origin	nal 09/09/2010	
R. Itemization of Reimburso	ements to Committee Work	ers and	Consultants				
Ben Hartman 0		08/09/ Purpose o	Date of Payment 08/09/2010  Purpose of Expenditure		nent	Amount	
Mr Pizza Street Address 680 W Main St	City Norwich	FOOD	State CT	Zip Code 06360-6045			
Description pizza for phone bank				Event #			
Is this expenditure coordinated with another candidate for Which reimbursement is sought?  Yes  No	idate(s) Name	Office	Sought			\$25.39	
Name of Worker/Consultant Ben Hartman		Date of Payment 08/09/2010		Method of Payment  X Check #		Amount	
Secondary Payee Ninety Nine		Purpose of	of Expenditure	1416 Debit Card	d		
Street Address 85 Salem Tpke	City Norwich		State CT	Zip Code 06901			
Description Volunteer Lunch				Event #			
Is this expenditure coordinated with another candidate for Which reimbursement is sought?  Yes  No	idate(s) Name	Office	Sought	,		\$32.70	

IV. EXPENDITURES							
NAME OF COMMITTEE					FILI	NG DUE DATE	
Folev For Governor, Inc.					Origin	nal 09/09/2010	
R. Itemization of Reimbursements to Committee Workers and Consultants							
Ben Hartman C		Date of Payment 08/09/2010		Method of Paym  X Check #	ent	Amount	
Secondary Payee Infinity Palace		FOOD	of Expenditure	Debit Card	i		
Street Address 77 Salem Tpke	City Norwich		State         Zip Code           CT         06360-6483		3		
Description Volunteer Lunch				Event #			
Is this expenditure coordinated with another candidate for Which reimbursement is sought?  Yes  No	idate(s) Name	Office	Sought			\$24.90	
Name of Worker/Consultant		Date of Pa	ayment	Method of Paymo		Amount	
Chris Bandecchi		08/09/2010		X Check #			
Secondary Payee Chris Bandecchi		Purpose o	of Expenditure	1412  Debit Card	i		
Street Address 20 Summer St Fl 2	City Stamford		State CT	Zip Code 06901-2304	ļ		
Description vehicle miles				Event #			
Is this expenditure coordinated with another candidate for Which reimbursement is sought?  Yes  Yes	idate(s) Name	Office	Sought	1		¢110.00	

IV. EXPENDITURES								
1V. E	ALENDITURES							
NAME OF COMMITTEE					FILIN	NG DUE DATE		
Folev For Governor, Inc.					Origin	al 09/09/2010		
R. Itemization of Reimbursements to Committee Workers and Consultants								
Name of Worker/Consultant Chris Bandecchi		Date of Pa 08/09/		Method of Paym  X Check #  1412	ent	Amount		
Secondary Payee Office of Legislative Management		Purpose of Expo		of Expenditure Debit Card				
Street Address 20 Summer St	City Stamford		State CT	I -		Zip Code 06901-2304		
Description Precinct propensity data				Event #				
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	idate(s) Name	Office	Sought			\$116.19		
Name of Worker/Consultant Chris Bandecchi		Date of Payment 08/09/2010		Method of Payment  X Check #		Amount		
Secondary Payee Middletown RTC		Purpose o	f Expenditure	1412 Debit Card	l			
Street Address 20 Summer St	City Stamford		State CT	Zip Code 06901-2304	ļ			
Description Straw poll ticket				Event #				
Is this expenditure coordinated with another candidate for Which reimbursement is sought?  Yes  No	idate(s) Name	Office	Sought			\$10.00		

IV. EXPENDITURES							
NAME OF COMMITTEE					FILI	NG DUE DATE	
Folev For Governor, Inc.					Origin	nal 09/09/2010	
R. Itemization of Reimburs	ements to Committee Work	ers and	Consultants				
Melissa C Danforth		Date of Payment 08/09/2010		Method of Paym  X Check #	nent	Amount	
Secondary Payee  Melissa C Danforth		TRVL	of Expenditure	Debit Care	d		
Street Address 20 Summer St	City Stamford		State CT	Zip Code 06901-2304			
Description vehicle miles				Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	idate(s) Name	Office	Sought	1		\$287.50	
Name of Worker/Consultant  Melissa C Danforth		Date of Payment 08/09/2010		Method of Payment  X Check #		Amount	
Secondary Payee Town of West Hartford		Purpose o	of Expenditure	1410 Debit Card	d		
Street Address 20 Isham Rd	City West Hartford		State CT	Zip Code 06107-2204	1		
Description parking				Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	idate(s) Name	Office	Sought	•		\$22.50	

IV. EXPENDITURES										
NAME OF COMMITTEE					FILI	NG DUE DATE				
Foley For Governor, Inc.					Origin	nal 09/09/2010				
R. Itemization of Reimburse	ements to Committee Work	ers and	Consultants							
		Date of Payment 08/09/2010		Method of Paym  X Check #	ent	Amount				
Secondary Payee Schuyler Merritt	Purpose of Expenditure TRVL								i	
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 Other Candiwhich reimbursement is sought?  Yes  No	idate(s) Name	Office	Sought			\$73.30				
Name of Worker/Consultant Schuyler Merritt		Date of P. 08/09/		Method of Paym	ent	Amount				
Secondary Payee Summer Place Parking		Purpose o	of Expenditure	1406  Debit Card	i					
Street Address Summer Place	City Stamford		State CT	Zip Code 06901						
Description parking				Event #						
Is this expenditure coordinated with another candidate for Other Cand	idate(s) Name	Office-	Sought							
which reimbursement is sought?  Yes	rum(a) indine	Office	Sougiii			\$8.00				

IV. EXPENDITURES										
NAME OF COMMITTEE					FILI	NG DUE DATE				
Foley For Governor, Inc.					Origin	nal 09/09/2010				
R. Itemization of Reimbursements to Committee Workers and Consultants										
		Date of Pa 08/09/	•	Method of Paym  X Check #  1406	ent	nt Amount				
Secondary Payee Layla's		Purpose of Expenditure FOOD						Debit Card	i	
Street Address 245 Main St	City Stamford		State Zip Code CT 06901-2		3					
Description op-research Lunch Meating				Event #						
Is this expenditure coordinated with another candidate for Which reimbursement is sought?  Yes  No	idate(s) Name	Office	Sought			\$28.07				
Name of Worker/Consultant		Date of Pa		Method of Paym	ent	Amount				
Schuyler Merritt		08/09/	2010	X Check # 1406						
Secondary Payee Wendy's		Purpose o	of Expenditure	Debit Card	i					
Street Address 306 Prospect Ave	City Hartford		State CT	Zip Code 06106-2028	3					
Description Tom Lunch				Event #						
Is this expenditure coordinated with another candidate for Which reimbursement is sought?  Yes	idate(s) Name	Office	Sought			¢66.73				

IV. EXPENDITURES								
NAME OF COMMITTEE					FILI	NG DUE DATE		
Folev For Governor, Inc.					Origin	nal 09/09/2010		
R. Itemization of Reimburs	ements to Committee	Workers and	Consultants		,			
Schuyler Merritt C		08/09/	Date of Payment 08/09/2010  Purpose of Expenditure		ent	Amount		
Costco Street Address 779 Connecticut Ave	City Norwalk	FOOD	State CT	Zip Code 06854-1615				
Description  office snacks/drinks  Is this expenditure coordinated with another candidate for  Other Cand	idate(s) Name	Office	Sought	Event#				
which reimbursement is sought?  Yes  No			_			\$143.40		
Name of Worker/Consultant Schuyler Merritt		Date of P. 08/09/		Method of Payment  X Check #		Amount		
Secondary Payee Target		Purpose o	of Expenditure	1406  Debit Care	i			
Street Address 21 Broad St	City Stamford		State CT	Zip Code 06901-2309	)			
Description Bug spray for Tom and Office drinks				Event#				
Is this expenditure coordinated with another candidate for Which reimbursement is sought?  Yes  No	idate(s) Name	Office	Sought			\$26.47		

IV. F	EXPENDITURES						
NAME OF COMMITTEE					FILI	NG DUE DATE	
Foley For Governor, Inc.					Origin	nal 09/09/2010	
R. Itemization of Reimbursements to Committee Workers and Consultants							
Name of Worker/Consultant Schuyler Merritt Secondary Payee Shell Oil	P.		ayment 2010 of Expenditure	Method of Payment  X Check #  1406  Debit Card		Amount	
Street Address 2512 Albany Ave	City West Hartford	ļ	TRVL Zip Code CT 06117-2509		5		
Description Gas various				Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	lidate(s) Name	Office	Sought			\$278.07	
Name of Worker/Consultant Sunghi P Frauen		Date of Payment 08/09/2010		Method of Payment  X Check #		Amount	
Secondary Payee Sunghi P Frauen		Purpose o	of Expenditure	1422 Debit Care	i		
Street Address 20 Summer St Ste 200	City Stamford		State CT	Zip Code 06901-2304	1		
Description vehicle miles				Event#			
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	lidate(s) Name	Office	Sought			\$81.20	

IV. EXPENDITURES								
NAME OF COMMITTEE					FILI	NG DUE DATE		
Foley For Governor, Inc.					Origin	nal 09/09/2010		
R. Itemization of Reimburs	ements to Committee Work	ers and	Consultants		-			
Sunghi P Frauen (		Date of P. 08/09/	2010	Method of Paym  X Check #  1422	ent	Amount		
Secondary Payee Middletown RTC		Misc *	of Expenditure	Debit Care	i			
Street Address 20 Summer St Ste 200	City Stamford	Į.	State Zip Code CT 06901-2304		1			
Description Straw Poll ticket				Event #				
Is this expenditure coordinated with another candidate for Other Cand which reimbursement is sought?  Yes  No	lidate(s) Name	Office	Sought			\$40.00		
Name of Worker/Consultant Sunghi P Frauen		Date of Payment 08/09/2010		Method of Payment  X Check #		Amount		
Secondary Payee Verizon Wireless		Purpose o	of Expenditure	1422  Debit Card	i			
Street Address PO Box 15062	City Albany		State NY	Zip Code 12212-5062	2			
Description cell phone				Event #				
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	lidate(s) Name	Office	Sought	•		\$175.34		

IV. EXPENDITURES							
NAME OF COMMITTEE					FILI	NG DUE DATE	
Folev For Governor. Inc.					Origin	nal 09/09/2010	
R. Itemization of Reimburse	ements to Committee Work	ers and	Consultants				
Keegan Shepardson (		Date of Payment 08/09/2010  Purpose of Expenditure		Method of Paym  X Check #  1404		Amount	
Keegan Shepardson Street Address 49 Westmont St	City West Hartford	TRVL Zip Code		Zip Code 06117-2928			
Description vehicle miles and sign delivery				Event#			
Is this expenditure coordinated with another candidate for Which reimbursement is sought?  Yes  No	idate(s) Name	Office	Sought			\$741.00	
Name of Worker/Consultant Keegan Shepardson		Date of Payment 08/09/2010		Method of Payment  X Check #		Amount	
Secondary Payee The Home Depot		Purpose of	f Expenditure	1404 Debit Card	i		
Street Address 600 Connecticut Ave	City Norwalk		State CT	Zip Code 06854-1616	5		
Description posts for signs				Event#			
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	idate(s) Name	Office	Sought			\$41.98	

IV. E	XPENDITURES					
NAME OF COMMITTEE					FILI	NG DUE DATE
Foley For Governor, Inc.					Origin	nal 09/09/2010
R. Itemization of Reimburso	ements to Committee Work	ers and	Consultants		-	
Name of Worker/Consultant Keegan Shepardson Secondary Payee		Date of Pa 08/09/ Purpose o		Method of Paym  X Check #		Amount
Pfau's Hardware		Misc *		Debit Card	i	
Street Address 982 Farmington Ave	City West Hartford		State CT	Zip Code 06107-4100	)	
Description copies of keys for staff				Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	idate(s) Name	Office	Sought			\$18.03
Name of Worker/Consultant		Date of Pa	ayment	Method of Paym	ent	Amount
John L Whitney		08/09/	2010	X Check #		
Secondary Payee  John L Whitney		Purpose o	of Expenditure	1403  Debit Card	i	
Street Address 20 Summer St Fl 2	City Stamford		State CT	Zip Code 06901-2304	1	
Description vehicle miles				Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes	idate(s) Name	Office	Sought			¢257 NN

IV. E	XPENDITURES					
NAME OF COMMITTEE					FILI	NG DUE DATE
Folev For Governor, Inc.					Origin	nal 09/09/2010
R. Itemization of Reimburse	ements to Committee Work	ers and	Consultants			
Name of Worker/Consultant  John L Whitney  Secondary Payee		Date of Pa 08/09/	•	Method of Paym  X Check #  1403	nent	Amount
Summer Place Parking		TRVL	i Experientine	Debit Care	i	
Street Address Summer Place	City Stamford	<u>!</u>	State CT	Zip Code 06901		
Description parking				Event #		
Is this expenditure coordinated with another candidate for Which reimbursement is sought?  Yes  No	idate(s) Name	Office	Sought			\$17.00
Name of Worker/Consultant		Date of Pa	ayment	Method of Paym	nent	Amount
Len Greene		08/09/	2010	X Check #		
Secondary Payee Len Greene		Purpose o	of Expenditure	1402 Debit Card	i	
Street Address 20 Summer St Ste 200	City Stamford		State CT	Zip Code 06901-2304	1	
Description vehicle miles				Event #		
Is this expenditure coordinated with another candidate for Other Candi which reimbursement is sought?  Yes	idate(s) Name	Office	Sought			\$150.00

IV. E	XPENDITURES					
NAME OF COMMITTEE					FILI	NG DUE DATE
Folev For Governor. Inc.					Origin	nal 09/09/2010
R. Itemization of Reimburs	ements to Committee Work	ers and	Consultants			
Name of Worker/Consultant Len Greene Secondary Payee		Date of Pourpose of		Method of Paym  X Check #  1402		Amount
Outback Steakhouse Street Address 817 Queen St	City Southington	FOOD	State CT	Zip Code 06489-1507		
Description dinner meeting w/ Steve Loban				Event#		
Is this expenditure coordinated with another candidate for Which reimbursement is sought?  Yes  No	idate(s) Name	Office	Sought			\$78.26
Name of Worker/Consultant Len Greene		Date of Page 108/09/		Method of Paym  X Check #	nent	Amount
Secondary Payee Old Corner Cafe		Purpose of	of Expenditure	1402 Debit Card	d	
Street Address 178 N Main St	City Naugatuck		State CT	Zip Code 06770-3229	9	•
Description  Meeting w. Naugatuck RTC chair				Event #		
Is this expenditure coordinated with another candidate for Which reimbursement is sought?  Yes  No	idate(s) Name	Office	Sought			\$55.00

IV. E	XPENDITURES					
NAME OF COMMITTEE					FILI	NG DUE DATE
Folev For Governor, Inc.					Origin	nal 09/09/2010
R. Itemization of Reimburs	ements to Committee Work	ers and	Consultants			
Name of Worker/Consultant  John Martin  Secondary Payee		Date of Page 198/09/		Method of Paym  X Check #  1443  Debit Care		Amount
John Martin Street Address 20 Summer St	City State CT			Zip Code 06901-2304		
Description Vehicle Miles				Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	idate(s) Name	Office	Sought			\$230.00
Name of Worker/Consultant John Martin		Date of Pa 08/09/		Method of Paym  X Check #	nent	Amount
Secondary Payee Sherwood Island State Park		Purpose o	of Expenditure	1443  Debit Card	d	
Street Address 188 Greens Farms	City Westport		State CT	Zip Code 06838-0188	3	
Description parking				Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	idate(s) Name	Office	Sought	•		\$31.00

IV. E	XPENDITURES							
NAME OF COMMITTEE					FILI	NG DUE DATE		
Folev For Governor, Inc.					Origin	nal 09/09/2010		
R. Itemization of Reimburse	ements to Committee Work	ers and	Consultants		,			
Name of Worker/Consultant  John Martin  Secondary Payee				Method of Payrr  X Check #  1443  Debit Care		Amount		
Stop & Shop  Street Address 2200 Bedford St	City State		FOOD State Zip (		•		5	
Description Ice cubes for BBQ				Event #				
Is this expenditure coordinated with another candidate for Other Candi which reimbursement is sought?  Yes  No	idate(s) Name	Office	Sought	•		\$30.00		
Name of Worker/Consultant  John Martin		Date of Pa		Method of Paym	nent	Amount		
Secondary Payee The Home Depot		Purpose o	f Expenditure	1443  Debit Card	i			
Street Address 600 Connecticut Ave	City Norwalk		State CT	Zip Code 06854-1616	5			
Description lawn signs and rakes				Event #				
Is this expenditure coordinated with another candidate for Which reimbursement is sought?  Yes  No	idate(s) Name	Office	Sought			\$229.29		

IV. E	XPENDITURES					
NAME OF COMMITTEE					FILI	NG DUE DATE
Folev For Governor, Inc.					Origin	nal 09/09/2010
R. Itemization of Reimburs	ements to Committee Work	ers and	Consultants			
Name of Worker/Consultant Chris Syrek Secondary Payee		Date of Pour O8/09/		Method of Paym  X Check #  1405  Debit Care		Amount
Chris Syrek  Street Address 20 Summer St Ste 200	City State CT			Zip Code 06901-2304		
Description vehicle miles				Event #		
Is this expenditure coordinated with another candidate for Which reimbursement is sought?  Yes  No	idate(s) Name	Office	Sought			\$477.00
Name of Worker/Consultant Chris Syrek		Date of P		Method of Paym  X Check #	nent	Amount
Secondary Payee Panera Bread		Purpose of FOOD	f Expenditure	1405  Debit Card	d	
Street Address 2534 Albany Ave	City West Hartford		State CT	Zip Code 06117-2301	1	
Description volunteer lunch				Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	idate(s) Name	Office	Sought			\$100.68

IV. E	XPENDITURES					
NAME OF COMMITTEE					FILI	NG DUE DATE
Foley For Governor, Inc.					Origin	nal 09/09/2010
R. Itemization of Reimburso	ements to Committee Work	ers and	Consultants			
Name of Worker/Consultant Chris Syrek		Date of P		Method of Paym	nent	Amount
Secondary Payee Whole Foods		Purpose o	of Expenditure	1405 Debit Card	i	
Street Address 50 Raymond Rd	City West Hartford		State CT	Zip Code 06107-2213	3	
Description Staff Lunch West Hartford				Event #		
Is this expenditure coordinated with another candidate for Which reimbursement is sought?  Yes  No	idate(s) Name	Office	Sought			\$18.26
Name of Worker/Consultant		Date of P		Method of Paym	nent	Amount
Chris Syrek		08/09/	2010	X Check # 1405		
Secondary Payee Holiday Restaurant		Purpose of FOOD	of Expenditure	Debit Care	i	
Street Address  1 Kent Rd	City New Milford		State CT	Zip Code 06776-3405		
Description Volunteer lunch				Event #		
Is this expenditure coordinated with another candidate for Other Cand- which reimbursement is sought?	idate(s) Name	Office	Sought			
Yes X No						\$29.54

IV. E	XPENDITURES					
NAME OF COMMITTEE					FILIN	NG DUE DATE
Folev For Governor, Inc.					Origin	nal 09/09/2010
R. Itemization of Reimburs	ements to Committee Worl	xers and	Consultants		,	
Name of Worker/Consultant Chris Syrek  Secondary Payee United States Post Office West Hart		Date of Post		Method of Paym  X Check #  1405  Debit Care		Amount
Street Address Lasalle Road	City West Hartford	1031	State CT	Zip Code		
Description stamps				Event#		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	idate(s) Name	Office	Sought			\$9.68
Name of Worker/Consultant Schuyler Merritt		Date of P		Method of Paym	nent	Amount
Secondary Payee Schuyler Merritt		Purpose o	of Expenditure	1448  Debit Card	i	
Street Address 20 Summer St Ste 200	City Stamford		State CT	Zip Code 06901-2304	1	
Description cell phone use February through July				Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	idate(s) Name	Office	Sought	•		\$400.00

IV. E	XPENDITURES					
NAME OF COMMITTEE					FILI	NG DUE DATE
Foley For Governor, Inc.					Origin	nal 09/09/2010
R. Itemization of Reimburs	ements to Committee Work	ers and	Consultants			
Name of Worker/Consultant Chris Covucci Secondary Payee		Date of Page 08/26/	•	Method of Paym  X Check #  1010  Debit Care		Amount
Chris Covucci Street Address 20 Summer St Fl 2	City Stamford	TRVL	State CT	Zip Code 06901-2304		
Description vehicle miles				Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?  Yes  No	idate(s) Name	Office	Sought			\$559.55
Name of Worker/Consultant Chris Covucci		Date of Pa 08/26/		Method of Paym	ent	Amount
Secondary Payee Summer Place Parking		Purpose o	of Expenditure	1010 Debit Card	i	
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?  Yes	idate(s) Name	Office	Sought			\$2.00

IV. E	XPENDITURES				,	
NAME OF COMMITTEE					FILI	NG DUE DATE
Foley For Governor, Inc.					Origin	nal 09/09/2010
R. Itemization of Reimburse	ements to Committee Work	ers and	Consultants			
Name of Worker/Consultant Chris Covucci		Date of Pa	•	Method of Paym	ient	Amount
				1010		
Secondary Payee Radio Shak		Purpose o	f Expenditure BNK	Debit Care	i	
Street Address 39 S Main St	City West Hartford		State CT	Zip Code 06107-2412	2	
Description prepaid cell phone refills	!		·	Event #		
Is this expenditure coordinated with another candidate for Which reimbursement is sought?  Yes	idate(s) Name	Office	Sought			
X No						\$530.00
Name of Worker/Consultant		Date of Pa	ayment	Method of Payn	nent	Amount
Chris Covucci		08/26/	2010	X Check #		
Secondary Payee		Purpose o	f Expenditure	1010 Debit Care	1	
Herb's Sport Shop	<u> </u>	Misc *	ī	Decir cui	-	
Street Address 60 Lasalle Rd	City West Hartford		State CT	Zip Code 06107-2303	3	
Description				Event #		•
Tally counter						
Is this expenditure coordinated with another candidate for Which reimbursement is sought?	idate(s) Name	Office	Sought	-1		
Yes						
x No				m . 1 . 2		\$10.55
				Total of So	ection R	\$15,799.21

IV. EXP	ENDITURES				
NAME OF COMMITTEE				FII	LING DUE DATE
Foley For Governor, Inc.				Or	iginal 09/09/2010
S. Surplus Distri	bution of Equipment and Furniture				
Name of Recipient					Original Purchase Amount of Item
Street Address	City	State	Zip Code		
Description					
			Total of Section	on S	