

SEEC FORM 30

Itemized Campaign Finance Disclosure Statement

Candidates for Statewide Offices and General Assembly

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 1/08



Electronic Filing

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Page 1 of 155

SUMMARY PAGE

1. NAME OF COMMITTEE					2. TYPE OF COMMITTEE				
Foley For Governor, Inc.					<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee				
3. TREASURER NAME									
Title	First	MI	Last	Suffix					
	Larry	J	Lawrence						
4. TREASURER ADDRESS									
Street Address				City	State	Zip Code			
40 Brookridge Dr				Greenwich	CT	06830			
5. ELECTION DATE			6. OFFICE SOUGHT (if applicable)				7. DISTRICT CODE (if applicable)		
11/02/2010			Governor						
8. CANDIDATE NAME									
Title	First	MI	Last	Suffix					
	Thomas	C	Foley						
9. TYPE OF REPORT									
30 Days Following Primary - Original									
10. PERIOD COVERED									
Beginning Date					Ending Date				
08/05/2010					thru 09/02/2010				
11. CERTIFICATION									
<input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.									
Electronic Filing			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-1)	\$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. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 09/09/2010
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>	Subtotal Section A \$0.00

B. Itemized Contributions from Individuals

Last Name Lauretano	First Name Kathleen	MI W	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0831	Amount of Contribution
Residential Street Address PO Box 502	City Lakeville	State CT	Zip Code 06039-0502	Date Received 08/07/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00
Last Name Sexton	First Name Barbara	MI K	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0832	Amount of Contribution
Residential Street Address 206 Ocean Dr W	City Stamford	State CT	Zip Code 06902-8029	Date Received 08/07/2010	
Principal Occupation Lic/Ord Clergy & Alt HC Provider	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Coci, III	First Name Joseph	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0833	Amount of Contribution
Residential Street Address PO Box 562	City Westport	State CT	Zip Code 06881-0562	Date Received 08/09/2010	
Principal Occupation Real Estate Devolper	Name of Employer Mountain Development Corp.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 08222010A			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$125.00	\$125.00
Last Name Cosentino	First Name Deborah	MI B	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0834	Amount of Contribution
Residential Street Address 3 Ridgebury Rd	City Avon	State CT	Zip Code 06001-3825	Date Received 08/09/2010	
Principal Occupation Executive	Name of Employer UTC/Otis Elevator	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00	\$1,000.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 09/09/2010

B. Itemized Contributions from Individuals

Last Name Moran	First Name Mary	MI C	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0843	Amount of Contribution	
Residential Street Address 136 Lake Ave	City Trumbull	State CT	Zip Code 06611-1845	Date Received 08/09/2010		
Principal Occupation Tax Collector	Name of Employer Town of Trumbull	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>08222010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			Aggregate Contributions \$125.00	\$125.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Last Name Denvir	First Name David	MI L	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0835	Amount of Contribution	
Residential Street Address 118 Chittenden Rd	City Killingworth	State CT	Zip Code 06419-2426	Date Received 08/09/2010		
Principal Occupation Attorney	Name of Employer Law Office of David L. Denvir, LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>06162010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			Aggregate Contributions \$125.00	\$125.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Last Name Dybul	First Name Mark	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0836	Amount of Contribution	
Residential Street Address 1340 Wassach Pl SW	City Washington	State DC	Zip Code 20009	Date Received 08/09/2010		
Principal Occupation Consultant	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>06222010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			Aggregate Contributions \$250.00	\$250.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Last Name Feddersen	First Name Christoph	MI T	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0837	Amount of Contribution	
Residential Street Address 19 Walbridge Rd	City West Hartford	State CT	Zip Code 06119-1344	Date Received 08/09/2010		
Principal Occupation Lawyer	Name of Employer UTC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>07292010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			Aggregate Contributions \$100.00	\$100.00
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 09/09/2010

B. Itemized Contributions from Individuals

Last Name Hall	First Name Robin	MI G	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0840	Amount of Contribution
Residential Street Address 19 Walbridge Rd	City West Hartford	State CT	Zip Code 06119-1344	Date Received 08/09/2010	
Principal Occupation Lawyer	Name of Employer UTC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>07292010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Getz	First Name Robert	MI H	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0838	Amount of Contribution
Residential Street Address 46 Peckslan Rd	City Greenwich	State CT	Zip Code 06831-3738	Date Received 08/09/2010	
Principal Occupation Managing Director	Name of Employer Cornerstone Equity Investors, LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00
Last Name Grondin	First Name Laura	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0839	Amount of Contribution
Residential Street Address 27 Atlantic Ave	City Groton	State CT	Zip Code 06340-8802	Date Received 08/09/2010	
Principal Occupation	Name of Employer	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>07292010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$400.00	\$400.00
Last Name Hansford	First Name Jeanne	MI C	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0841	Amount of Contribution
Residential Street Address 3 Sherwood Ave	City Greenwich	State CT	Zip Code 06831-3213	Date Received 08/09/2010	
Principal Occupation Designer	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00	\$500.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 09/09/2010

B. Itemized Contributions from Individuals

Last Name Kelly	First Name Patricia	MI A	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0842	Amount of Contribution
Residential Street Address 172 Snowapple Ln	City Milford	State CT	Zip Code 06460-6727	Date Received 08/09/2010	
Principal Occupation Executive Assistant	Name of Employer Dassault Systemes Enovia Corp.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>08222010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$125.00	\$125.00
Last Name Seero	First Name Dana	MI J	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0844	Amount of Contribution
Residential Street Address 29 Mercer St	City Boston	State MA	Zip Code 02127-3913	Date Received 08/09/2010	
Principal Occupation Manager	Name of Employer Computer-Aided Products, Inc.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Kahn	First Name Steven	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0845	Amount of Contribution
Residential Street Address 18 Hatheway Dr	City West Hartford	State CT	Zip Code 06107-1130	Date Received 08/11/2010	
Principal Occupation Tax Corrections Officer	Name of Employer State of CT	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name Sunkel	First Name Sean	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0846	Amount of Contribution
Residential Street Address 92 Bushy Hill Rd	City Ivoryton	State CT	Zip Code 06442-1108	Date Received 08/13/2010	
Principal Occupation Small Business Owner	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$49.00	\$49.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 09/09/2010

B. Itemized Contributions from Individuals

Last Name Spencer	First Name Norman	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0847	Amount of Contribution
Residential Street Address PO Box 2224	City Vernon	State CT	Zip Code 06066-1624	Date Received 08/15/2010	
Principal Occupation Quality Analyst	Name of Employer Pratt & Whitney	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Bush	First Name George	MI W	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0848	Amount of Contribution
Residential Street Address PO Box 3362	City Midland	State TX	Zip Code 79702-3362	Date Received 08/16/2010	
Principal Occupation Self Employed	Name of Employer Self Employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00
Last Name Bush	First Name Laura	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0849	Amount of Contribution
Residential Street Address PO Box 3362	City Midland	State TX	Zip Code 79702-3362	Date Received 08/16/2010	
Principal Occupation Volunteer	Name of Employer Volunteer	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00
Last Name Falo, Jr.	First Name Andrew	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0850	Amount of Contribution
Residential Street Address 434 Dayton Rd	City Trumbull	State CT	Zip Code 06611-1827	Date Received 08/16/2010	
Principal Occupation Investment Associate	Name of Employer PartnerRe Capital Markets Group	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>08222010A</u>			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 09/09/2010

B. Itemized Contributions from Individuals

Last Name Fasi	First Name Joseph	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0851	Amount of Contribution
Residential Street Address 1062 Boulevard Apt C10	City West Hartford	State CT	Zip Code 06119-1805	Date Received 08/16/2010	
Principal Occupation Self Employed	Name of Employer Joseph Fasi, LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>08222010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$125.00	\$125.00
Last Name Gallagher	First Name Michael	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0852	Amount of Contribution
Residential Street Address 17 Thornberry Dr	City Ocean View	State DE	Zip Code 19970-2906	Date Received 08/16/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Langan	First Name Margaret	MI A	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0853	Amount of Contribution
Residential Street Address 1361 Madison Ave Apt 6E	City New York	State NY	Zip Code 10128-0769	Date Received 08/16/2010	
Principal Occupation Volunteer	Name of Employer Volunteer	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00	\$500.00
Last Name Malone	First Name Claudine	MI B	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0854	Amount of Contribution
Residential Street Address 700 Belgrove Rd	City McLean	State VA	Zip Code 22101-1836	Date Received 08/16/2010	
Principal Occupation Mgt. Consultant	Name of Employer Financial & Management Connecting, Inc.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>06222010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00	\$500.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 09/09/2010

B. Itemized Contributions from Individuals

Last Name Kaplan	First Name David	MI E	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0855	Amount of Contribution
Residential Street Address 16 Cornell Rd	City West Hartford	State CT	Zip Code 06107-2905	Date Received 08/18/2010	
Principal Occupation Real Estate Executive	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>07292010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Nelson	First Name Agnes	MI E	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0856	Amount of Contribution
Residential Street Address 10 Fawn Meadow Dr	City Trumbull	State CT	Zip Code 06611-1604	Date Received 08/18/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>08222010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name Nelson	First Name Donald	MI E	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0857	Amount of Contribution
Residential Street Address 10 Fawn Meadow Dr	City Trumbull	State CT	Zip Code 06611-1604	Date Received 08/18/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>08222010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name Overhiser	First Name Norman	MI E	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0858	Amount of Contribution
Residential Street Address 44 Laurel St	City Trumbull	State CT	Zip Code 06611-3920	Date Received 08/18/2010	
Principal Occupation Executive Assistant	Name of Employer Town of Trumbull	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>08222010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$125.00	\$125.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 09/09/2010

B. Itemized Contributions from Individuals

Last Name Saylor	First Name Roger	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0859	Amount of Contribution
Residential Street Address 59 White Fall Ln	City New Canaan	State CT	Zip Code 06840-2038	Date Received 08/18/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$500.00
Last Name Stapleton	First Name James	MI F	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0860	Amount of Contribution
Residential Street Address 6 Winding Way	City Trumbull	State CT	Zip Code 06611-2945	Date Received 08/18/2010	
Principal Occupation Lawyer	Name of Employer Day Pitney LLP	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>08222010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$175.00	\$125.00
Last Name Kosowsky	First Name John	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0861	Amount of Contribution
Residential Street Address 85 Willoughby Rd	City Shelton	State CT	Zip Code 06484-5946	Date Received 08/19/2010	
Principal Occupation CPA/Executive	Name of Employer J. Allen Kosowsky, CPA, PC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,500.00	\$1,000.00
Last Name Sterman	First Name David	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0863	Amount of Contribution
Residential Street Address 517 Lake Ave	City Greenwich	State CT	Zip Code 06830-3831	Date Received 08/20/2010	
Principal Occupation Portfolio Manager/Managing Member	Name of Employer Conatus Capital Management LP	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$7,500.00	\$3,500.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 09/09/2010

B. Itemized Contributions from Individuals

Last Name Merritt	First Name Henry	MI F	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0862	Amount of Contribution
Residential Street Address PO Box 50	City Redding Ridge	State CT	Zip Code 06876-0050	Date Received 08/20/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00
Last Name Sterman	First Name Joline	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0864	Amount of Contribution
Residential Street Address PO Box 8020	City Garden City	State NY	Zip Code 11530-8020	Date Received 08/20/2010	
Principal Occupation Homemaker	Name of Employer Homemaker	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00	\$3,500.00
Last Name DeMarco	First Name Donna	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0865	Amount of Contribution
Residential Street Address 19 Obtuse Rd S	City Brookfield	State CT	Zip Code 06804-3625	Date Received 08/21/2010	
Principal Occupation Unemployed	Name of Employer Unemployed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Caldiero	First Name Raymond P.	MI P	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0867	Amount of Contribution
Residential Street Address 958 Hillside Rd	City Fairfield	State CT	Zip Code 06824-2114	Date Received 08/23/2010	
Principal Occupation Chairman	Name of Employer Sequora Group	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 08222010A			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$125.00	\$125.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 09/09/2010

B. Itemized Contributions from Individuals

Last Name Chiota	First Name John	MI P	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0868	Amount of Contribution
Residential Street Address 35 Iron Gate Rd	City Trumbull	State CT	Zip Code 06611-2077	Date Received 08/23/2010	
Principal Occupation None	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>08222010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$125.00	\$125.00
Last Name Egri	First Name Karen	MI A	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0870	Amount of Contribution
Residential Street Address 1 Morningside Ter	City Trumbull	State CT	Zip Code 06611-3803	Date Received 08/23/2010	
Principal Occupation Market Research	Name of Employer Millward Brown	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>08222010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$150.00	\$150.00
Last Name Fair	First Name Matthew	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0871	Amount of Contribution
Residential Street Address 40 Riverfield Dr	City Westport	State CT	Zip Code 06880-1306	Date Received 08/23/2010	
Principal Occupation Partner - Insurance	Name of Employer Pierson & Smith	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Friess	First Name Foster	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0872	Amount of Contribution
Residential Street Address PO Box 9790	City Jackson	State WY	Zip Code 83002-9790	Date Received 08/23/2010	
Principal Occupation Philanthropist	Name of Employer Lynn & Foster Friess Family Foundation	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$2,500.00	\$2,500.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 09/09/2010

B. Itemized Contributions from Individuals

Last Name Friess	First Name Lynn	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0873	Amount of Contribution
Residential Street Address PO Box 9790	City Jackson	State WY	Zip Code 83002-9790	Date Received 08/23/2010	
Principal Occupation Philanthropist	Name of Employer Lynn & Foster Friess Family Foundation	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$2,500.00	\$2,500.00
Last Name Herbst	First Name Timothy	MI M	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0877	Amount of Contribution
Residential Street Address 11 Lynnbrook Rd	City Trumbull	State CT	Zip Code 06611-3308	Date Received 08/23/2010	
Principal Occupation First Selectman	Name of Employer Town of Trumbull	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>08222010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$125.00	\$125.00
Last Name Herrmann	First Name Thomas A.	MI A	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0878	Amount of Contribution
Residential Street Address 75 Kellers Farm Rd	City Easton	State CT	Zip Code 06612-1341	Date Received 08/23/2010	
Principal Occupation Managing Director	Name of Employer Stanwich Partners	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>08222010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$125.00	\$125.00
Last Name Hiller, Jr.	First Name Paul	MI H	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0879	Amount of Contribution
Residential Street Address 2745 Burr St	City Fairfield	State CT	Zip Code 06824-1852	Date Received 08/23/2010	
Principal Occupation CFO	Name of Employer Town of Fairfield	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>08222010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 09/09/2010

B. Itemized Contributions from Individuals

Last Name Knight	First Name Darlene	MI M	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0881	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 Employer Trumbull School Dist.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>08222010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$125.00	\$125.00
Last Name Martin	First Name Douglas	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0882	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 Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Massaro, Jr.	First Name Carl	MI A	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0883	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 Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>08222010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$125.00	\$125.00
Last Name Testani	First Name Jack	MI H	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0885	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 Employer Icon International, Inc.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>08222010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$125.00	\$125.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 09/09/2010

B. Itemized Contributions from Individuals

Last Name Stock	First Name Keith	MI L	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0884	Amount of Contribution
Residential Street Address 88 Field Point Rd	City Greenwich	State CT	Zip Code 06830-6468	Date Received 08/23/2010	
Principal Occupation Finance	Name of Employer TIAA-CREF	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00	\$3,500.00
Last Name Burr Monaco	First Name Suzanne	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0866	Amount of Contribution
Residential Street Address 76 Westfield Dr	City Trumbull	State CT	Zip Code 06611-1545	Date Received 08/23/2010	
Principal Occupation Town Clerk	Name of Employer Trumbull	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>08222010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$225.00	\$125.00
Last Name Halaby	First Name Kenneth	MI S	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0874	Amount of Contribution
Residential Street Address 24 Coventry Ln	City Trumbull	State CT	Zip Code 06611-1051	Date Received 08/23/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>08222010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00
Last Name Halaby	First Name Linda	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0875	Amount of Contribution
Residential Street Address 24 Coventry Ln	City Trumbull	State CT	Zip Code 06611-1051	Date Received 08/23/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>08222010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 09/09/2010

B. Itemized Contributions from Individuals

Last Name Cook	First Name Everett R.	MI R	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0869	Amount of Contribution
Residential Street Address 775 Park Ave	City New York	State NY	Zip Code 10021-4253	Date Received 08/23/2010	
Principal Occupation Managing Director	Name of Employer Pouschine Cook Capital Management	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$7,000.00	\$3,500.00
Last Name Kendall	First Name Donald	MI M	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0880	Amount of Contribution
Residential Street Address 18 Porchuck Rd	City Greenwich	State CT	Zip Code 06831-2922	Date Received 08/23/2010	
Principal Occupation Former Chairman & CEO	Name of Employer PepsiCo (former)	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$7,000.00	\$3,500.00
Last Name Hannan, Jr.	First Name Kenneth	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0876	Amount of Contribution
Residential Street Address 60 E End Ave Apt 30A	City New York	State NY	Zip Code 10028-7946	Date Received 08/23/2010	
Principal Occupation Executive	Name of Employer Colonial Navigation Co.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00	\$3,500.00
Last Name Brag	First Name Anders	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0886	Amount of Contribution
Residential Street Address 888 Park Ave	City New York	State NY	Zip Code 10075-0235	Date Received 08/25/2010	
Principal Occupation Private Equity	Name of Employer Garb Holding	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$7,000.00	\$3,500.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 09/09/2010

B. Itemized Contributions from Individuals

Last Name Foley	First Name April Hoxie	MI H	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0889	Amount of Contribution
Residential Street Address 45 Smith Ridge Rd	City South Salem	State NY	Zip Code 10590-1923	Date Received 08/25/2010	
Principal Occupation Executive	Name of Employer ATK; XRM Board of Directors	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00	\$3,500.00
Last Name Ohnell	First Name Ernst	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0891	Amount of Contribution
Residential Street Address 75 Khakum Wood Rd	City Greenwich	State CT	Zip Code 06831-3729	Date Received 08/25/2010	
Principal Occupation Partner	Name of Employer Sef-Employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00	\$1,500.00
Last Name Coci, III	First Name Joseph	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0887	Amount of Contribution
Residential Street Address PO Box 562	City Westport	State CT	Zip Code 06881-0562	Date Received 08/25/2010	
Principal Occupation Real Estate Devolper	Name of Employer Mountain Development Corp.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 08222010A			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,125.00	\$1,000.00
Last Name Crooks, Jr.	First Name William	MI A	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0888	Amount of Contribution
Residential Street Address 25 Dalecot Dr	City Trumbull	State CT	Zip Code 06611-2801	Date Received 08/25/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 08222010A			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$75.00	\$75.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 09/09/2010

B. Itemized Contributions from Individuals

Last Name Hosley	First Name William	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0890	Amount of Contribution
Residential Street Address 30 Old Abbe Rd	City Enfield	State CT	Zip Code 06082-6030	Date Received 08/25/2010	
Principal Occupation Cultural Resource Development	Name of Employer Self-Employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Smilow	First Name Joel	MI E	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0892	Amount of Contribution
Residential Street Address 1097 Pequot Ave	City Southport	State CT	Zip Code 06890-1421	Date Received 08/25/2010	
Principal Occupation Director	Name of Employer Trian Acquisition Corp.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00
Last Name Hobbs	First Name Hazel	MI R	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0898	Amount of Contribution
Residential Street Address 249 Main St	City New Canaan	State CT	Zip Code 06840-5608	Date Received 08/28/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00
Last Name Hobbs	First Name Michael	MI D	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0899	Amount of Contribution
Residential Street Address 249 Main St	City New Canaan	State CT	Zip Code 06840-5608	Date Received 08/28/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 09/09/2010

B. Itemized Contributions from Individuals

Last Name Lerner	First Name Craig	MI S	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0900	Amount of Contribution
Residential Street Address 6315 Evermay Dr	City McLean	State VA	Zip Code 22101-2309	Date Received 08/28/2010	
Principal Occupation Law Professor	Name of Employer George Mason Univeristy	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>06222010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Lerner	First Name Renee	MI L	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0901	Amount of Contribution
Residential Street Address 6315 Evermay Dr	City McLean	State VA	Zip Code 22101-2309	Date Received 08/28/2010	
Principal Occupation Law Professor	Name of Employer George Washington Univeristy	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>06222010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Moynihan	First Name Kevin	MI J	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0902	Amount of Contribution
Residential Street Address 135 Oenoke Rdg	City New Canaan	State CT	Zip Code 06840-4107	Date Received 08/28/2010	
Principal Occupation Attorney	Name of Employer Sefl	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00	\$500.00
Last Name Roxe	First Name Joseph D.	MI D	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0903	Amount of Contribution
Residential Street Address 459 Middlesex Rd	City Darien	State CT	Zip Code 06820-2520	Date Received 08/28/2010	
Principal Occupation Executive	Name of Employer Bay Holdings	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00	\$3,500.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 09/09/2010

B. Itemized Contributions from Individuals

Last Name Siegel	First Name Hal	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0904	Amount of Contribution
Residential Street Address 244 Colonial Rd	City New Canaan	State CT	Zip Code 06840-2409	Date Received 08/28/2010	
Principal Occupation Businessman	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00
Last Name Siegel	First Name Linda	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0905	Amount of Contribution
Residential Street Address 244 Colonial Rd	City New Canaan	State CT	Zip Code 06840-2409	Date Received 08/28/2010	
Principal Occupation Attorney	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00
Last Name Coppage	First Name Gail	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0894	Amount of Contribution
Residential Street Address 4 Muirfield Rd	City Bloomfield	State CT	Zip Code 06002-2378	Date Received 08/28/2010	
Principal Occupation State Director of Workforce Development	Name of Employer Connecticut Community College System	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$125.00	\$125.00
Last Name Coppage	First Name Timothy	MI H	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0895	Amount of Contribution
Residential Street Address 4 Muirfield Rd	City Bloomfield	State CT	Zip Code 06002-2378	Date Received 08/28/2010	
Principal Occupation Vice President	Name of Employer Self-Employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$975.00	\$125.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 09/09/2010

B. Itemized Contributions from Individuals

Last Name Carsens	First Name Daniel	MI J	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0893	Amount of Contribution
Residential Street Address 11 Aquidneck Trl	City Old Saybrook	State CT	Zip Code 06475-1802	Date Received 08/28/2010	
Principal Occupation Realtor	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Day	First Name Christopher Sean	MI S	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0896	Amount of Contribution
Residential Street Address 26 Deer Park Dr	City Greenwich	State CT	Zip Code 06830-4629	Date Received 08/28/2010	
Principal Occupation Executive	Name of Employer Compass Group International	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00	\$3,500.00
Last Name Day	First Name Virginia	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0897	Amount of Contribution
Residential Street Address 26 Deer Park Dr	City Greenwich	State CT	Zip Code 06830-4629	Date Received 08/28/2010	
Principal Occupation Homemaker	Name of Employer Homemaker	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$7,000.00	\$3,500.00
Last Name Amato	First Name Len	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0906	Amount of Contribution
Residential Street Address 1664 Redding Rd	City Fairfield	State CT	Zip Code 06824	Date Received 08/29/2010	
Principal Occupation Business	Name of Employer Interstellar Holdings	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 08222010A			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$125.00	\$125.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 09/09/2010

B. Itemized Contributions from Individuals

Last Name Connaughton	First Name James	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0907	Amount of Contribution
Residential Street Address 3050 University Ter NW	City Washington	State DC	Zip Code 20016-3463	Date Received 08/29/2010	
Principal Occupation Executive Vice President	Name of Employer Constellation Energy	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Hunter	First Name Annette	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0908	Amount of Contribution
Residential Street Address 85 Lords Hwy E	City Weston	State CT	Zip Code 06883-2009	Date Received 08/29/2010	
Principal Occupation CEO	Name of Employer Nexxtvision	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>08222010A</u>			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$125.00	\$125.00
Last Name Mendiratta	First Name Tarun	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0909	Amount of Contribution
Residential Street Address 85 Lords Hwy E	City Weston	State CT	Zip Code 06883-2009	Date Received 08/29/2010	
Principal Occupation Self-Employed	Name of Employer Self-Employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>08222010A</u>			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$125.00	\$125.00
Last Name Young	First Name Sarah	MI P	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0910	Amount of Contribution
Residential Street Address 254 Woodbury Rd	City Washington	State CT	Zip Code 06793-1521	Date Received 08/29/2010	
Principal Occupation Dr	Name of Employer Nexxtvision	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>08222010A</u>			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$125.00	\$125.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 09/09/2010

B. Itemized Contributions from Individuals

Last Name Smoller	First Name Andrew	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0911	Amount of Contribution
Residential Street Address 2 Tods Driftway	City Old Greenwich	State CT	Zip Code 06870-2412	Date Received 08/30/2010	
Principal Occupation Portfolio Manager	Name of Employer Millenium Partners	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00
Last Name Baker	First Name Todd	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0912	Amount of Contribution
Residential Street Address 88 Lukes Wood Rd	City New Canaan	State CT	Zip Code 06840-2201	Date Received 09/02/2010	
Principal Occupation Investment Banker	Name of Employer Bank of America Merrill Lynch	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00	\$500.00
Last Name Bisbee, Jr.	First Name Gerald	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0913	Amount of Contribution
Residential Street Address 110 Wellesley Dr	City New Canaan	State CT	Zip Code 06840-3530	Date Received 09/02/2010	
Principal Occupation CEO	Name of Employer The Academy Advisors	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00
Last Name Bitting	First Name Jonathon	MI K	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0914	Amount of Contribution
Residential Street Address 1051 Weed St	City New Canaan	State CT	Zip Code 06840-4026	Date Received 09/02/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00	\$500.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 09/09/2010

B. Itemized Contributions from Individuals

Last Name Compton	First Name Cindy	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0915	Amount of Contribution
Residential Street Address 620 Oenoke Rodge	City New Canaan	State CT	Zip Code 06840	Date Received 09/02/2010	
Principal Occupation Homemaker	Name of Employer Homemaker	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00
Last Name Compton	First Name John	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0916	Amount of Contribution
Residential Street Address 620 Oenoke Rodge	City New Canaan	State CT	Zip Code 06840	Date Received 09/02/2010	
Principal Occupation CEO	Name of Employer Pepsi North America	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00
Last Name Cowin	First Name Andrew	MI J	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0917	Amount of Contribution
Residential Street Address 43 Sawmill Ln	City Greenwich	State CT	Zip Code 06830-4027	Date Received 09/02/2010	
Principal Occupation Private Investor	Name of Employer Stable Partners	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 08122010A			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$2,500.00	\$2,500.00
Last Name Donnelly	First Name Justin	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0918	Amount of Contribution
Residential Street Address 1321 Hill St	City Suffield	State CT	Zip Code 06078-1024	Date Received 09/02/2010	
Principal Occupation Attorney	Name of Employer City of Waterbury	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 09/09/2010

B. Itemized Contributions from Individuals

Last Name Foley	First Name Paul	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0919	Amount of Contribution
Residential Street Address 68 West Rd	City New Canaan	State CT	Zip Code 06840-3010	Date Received 09/02/2010	
Principal Occupation International Bond Sales	Name of Employer Cohen and Company	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00	\$500.00
Last Name Fredericks, Jr.	First Name Wesley	MI C	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0920	Amount of Contribution
Residential Street Address 221 Benedict Hill Rd	City New Canaan	State CT	Zip Code 06840-2913	Date Received 09/02/2010	
Principal Occupation Attorney	Name of Employer Goodwin Proctor LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00	\$500.00
Last Name Freeman	First Name Eric	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0921	Amount of Contribution
Residential Street Address 91 Four Winds Ln	City New Canaan	State CT	Zip Code 06840-3443	Date Received 09/02/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00
Last Name Higgins	First Name Bradford R.	MI R	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0924	Amount of Contribution
Residential Street Address 1079 Oenoke Rdg	City New Canaan	State CT	Zip Code 06840-2607	Date Received 09/02/2010	
Principal Occupation Assistant Secretary and CFO	Name of Employer Bureau of Resource Management	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$125.00	\$125.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 09/09/2010

B. Itemized Contributions from Individuals

Last Name Higgins	First Name Kimberly	MI R	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0925	Amount of Contribution
Residential Street Address 1079 Oenoke Rdg	City New Canaan	State CT	Zip Code 06840-2607	Date Received 09/02/2010	
Principal Occupation Real Estate	Name of Employer The Higgins Group	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$125.00	\$125.00
Last Name Jones	First Name Andrew	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0926	Amount of Contribution
Residential Street Address 8 Town Crier Ln	City Westport	State CT	Zip Code 06880-1533	Date Received 09/02/2010	
Principal Occupation Money Management	Name of Employer Self-Employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>08122010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$125.00	\$125.00
Last Name Jones	First Name Jill	MI A	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0927	Amount of Contribution
Residential Street Address 8 Town Crier Ln	City Westport	State CT	Zip Code 06880-1533	Date Received 09/02/2010	
Principal Occupation Money Management	Name of Employer Self-Employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>08122010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$125.00	\$125.00
Last Name Kilmurray	First Name Daniel	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0928	Amount of Contribution
Residential Street Address 74 Cedar Cliff Rd	City Riverside	State CT	Zip Code 06878-2604	Date Received 09/02/2010	
Principal Occupation Financial Advisor	Name of Employer UBS	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>08122010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,250.00	\$1,250.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 09/09/2010

B. Itemized Contributions from Individuals

Last Name Kilmurray	First Name Tamara	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0929	Amount of Contribution
Residential Street Address 74 Cedar Cliff Rd	City Riverside	State CT	Zip Code 06878-2604	Date Received 09/02/2010	
Principal Occupation Homemaker	Name of Employer Homemaker	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>08122010A</u>			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions \$1,250.00	\$1,250.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Last Name Kurth	First Name Richard	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0930	Amount of Contribution
Residential Street Address 31 Lake Wind Rd	City New Canaan	State CT	Zip Code 06840-2520	Date Received 09/02/2010	
Principal Occupation Portfolio Manager	Name of Employer Silvermine Capital	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions \$250.00	\$250.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Last Name McEaney	First Name Bonnie	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0932	Amount of Contribution
Residential Street Address 49 White Fall Ln	City New Canaan	State CT	Zip Code 06840-2038	Date Received 09/02/2010	
Principal Occupation business executive	Name of Employer Harper Collins	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions \$250.00	\$250.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Last Name Merrill	First Name Joseph	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0933	Amount of Contribution
Residential Street Address 726 Weed St	City New Canaan	State CT	Zip Code 06840-4016	Date Received 09/02/2010	
Principal Occupation Investments	Name of Employer Northeast Capital	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions \$250.00	\$250.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 09/09/2010

B. Itemized Contributions from Individuals

Last Name Merrill	First Name Tracy	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0934	Amount of Contribution
Residential Street Address 726 Weed St	City New Canaan	State CT	Zip Code 06840-4016	Date Received 09/02/2010	
Principal Occupation Homemaker	Name of Employer Homemaker	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00
Last Name Palazzo	First Name Vincent	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0935	Amount of Contribution
Residential Street Address 58 Marbern Dr	City Suffield	State CT	Zip Code 06078-1533	Date Received 09/02/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Patch	First Name Benjamin	MI T	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0936	Amount of Contribution
Residential Street Address 63 Old Norwalk Rd	City New Canaan	State CT	Zip Code 06840-6418	Date Received 09/02/2010	
Principal Occupation Vice President	Name of Employer AIG	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$300.00	\$300.00
Last Name Pence	First Name Lea	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0937	Amount of Contribution
Residential Street Address 931 Timothy Ln	City Menlo Park	State CA	Zip Code 94025-1726	Date Received 09/02/2010	
Principal Occupation Unemployed	Name of Employer Unemployed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 09/09/2010

B. Itemized Contributions from Individuals

Last Name Ringleberg	First Name John	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0938	Amount of Contribution
Residential Street Address 34 Cove Side Ln	City Stonington	State CT	Zip Code 06378-2902	Date Received 09/02/2010	
Principal Occupation Naval Architect	Name of Employer JMS Naval Architects	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Skakel	First Name George	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0939	Amount of Contribution
Residential Street Address 137 Weaver St	City Greenwich	State CT	Zip Code 06831-4300	Date Received 09/02/2010	
Principal Occupation Investor	Name of Employer Self-Employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>08122010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,250.00	\$1,250.00
Last Name Stiffelman	First Name Jodi	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0941	Amount of Contribution
Residential Street Address 207 Jonathan Rd	City New Canaan	State CT	Zip Code 06840-2119	Date Received 09/02/2010	
Principal Occupation Homemaker	Name of Employer Homemaker	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00
Last Name Stiffelman	First Name Robert	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0942	Amount of Contribution
Residential Street Address 207 Jonathan Rd	City New Canaan	State CT	Zip Code 06840-2119	Date Received 09/02/2010	
Principal Occupation Partner/Director	Name of Employer Pasternack, Baums & Co., Inc.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 09/09/2010

B. Itemized Contributions from Individuals

Last Name Ughetta	First Name James	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0943	Amount of Contribution
Residential Street Address 7 Sherwood Ln	City New Canaan	State CT	Zip Code 06840-3523	Date Received 09/02/2010	
Principal Occupation Attorney	Name of Employer Littlejohn, Joyce, Ughetta, Park & Kelly, LLP	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Hannan	First Name Yvonne	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0923	Amount of Contribution
Residential Street Address 60 E End Ave Apt 30A	City New York	State NY	Zip Code 10028-7946	Date Received 09/02/2010	
Principal Occupation Homemaker	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$7,000.00	\$3,500.00
Last Name Mather, Jr.	First Name Lee W.	MI W	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0931	Amount of Contribution
Residential Street Address 6 Francine Dr	City Greenwich	State CT	Zip Code 06830-4703	Date Received 09/02/2010	
Principal Occupation Director	Name of Employer American Rivers	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$2,000.00	\$1,000.00
Last Name Smith	First Name Michele	MI L	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0940	Amount of Contribution
Residential Street Address 139 W 19th St Apt 7 SW	City New York	State NY	Zip Code 10011-4118	Date Received 09/02/2010	
Principal Occupation Photographer	Name of Employer Self-Employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00	\$3,500.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 09/09/2010

B. Itemized Contributions from Individuals

Last Name Weinberg	First Name David	MI L	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0944	Amount of Contribution
Residential Street Address 139 W 19th St Apt 7 SW	City New York	State NY	Zip Code 10011-4118	Date Received 09/02/2010	
Principal Occupation Finance	Name of Employer Self-Employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00	\$3,500.00
Last Name Gressel	First Name Daniel	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0922	Amount of Contribution
Residential Street Address 88 Cedar Cliff Rd	City Riverside	State CT	Zip Code 06878-2604	Date Received 09/02/2010	
Principal Occupation Economist	Name of Employer Teleos Asset Management	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>08122010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$2,500.00	\$2,500.00
Total of Section B					\$88,324.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) <i>(Total on Line 14 of Summary Page)</i>					\$88,324.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 09/09/2010

C1. Contributions from Other Committees

Name of Committee	Name of Treasurer
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Address	Is this contribution associated with a fundraising event listed in Section J1?	Yes No	If yes, list Event # Amount of Contribution	
City	State	Zip Code	Date Received	Aggregate Contributions

Total of Section C1

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 09/09/2010

C2. Reimbursements or Payments from other Committees

Name of Committee			Name of Treasurer	
Address			Date Received	Amount of Receipt
City	State	Zip Code	Reimbursement for shared expense Payment for goods and services	
Total of Section C2				

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 09/09/2010

D. Loans Received this Period

Name of Lender Mr. Thomas C Foley				Source of Loan:		Is there a cosigner or Guarantor of this loan?		Amount Received
Street Address 62 Khakum Wood Rd		City Greenwich		State CT	Zip Code 06831-3748	<input type="checkbox"/> Bank	<input checked="" type="checkbox"/> Candidate	
Name of Cosigner/Guarantor				<input type="checkbox"/> Individual		<input checked="" type="checkbox"/> No		\$500,000.00
Street Address		City		State	Zip Code	Date Received 08/20/2010		

Name of Lender Mr. Thomas C Foley				Source of Loan:		Is there a cosigner or Guarantor of this loan?		Amount Received
Street Address 62 Khakum Wood Rd		City Greenwich		State CT	Zip Code 06831-3748	<input type="checkbox"/> Bank	<input checked="" type="checkbox"/> Candidate	
Name of Cosigner/Guarantor				<input type="checkbox"/> Individual		<input checked="" type="checkbox"/> No		\$500,000.00
Street Address		City		State	Zip Code	Date Received 09/02/2010		

Total of Section D**\$1,000,000.00**

I. MONETARY RECEIPTS (Section A-I)

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	Amount	Method of Payment
		Cash Personal Check Credit/Debit Card
		Total of Section E

I. MONETARY RECEIPTS (Section A-I)					
NAME OF COMMITTEE					FILING DUE DATE
Foley For Governor, Inc.					Original 09/09/2010
F. Anonymous Contributions					
Date Received	\$ 1 bills	\$ 5 bills	\$ 10 bill	coins	Amount
Total of Section F					

I. Monetary Receipts (Section A-I)				
NAME OF COMMITTEE				FILING DUE DATE
Foley For Governor, Inc.				Original 09/09/2010
G. Interest from Deposits in Authorized Accounts				
Name of Institution		Date Received		Total Amount Received
Street Address	City	State	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:	Supplemental/Independent Expenditure		Date Received	Amount
Initial				
Primary General or Special Election	Primary	General or Special Election		
Supplemental/Post Election Deficit	Supplemental/Excess Expenditure			
General or Special Election	Primary	General or Special Election		
Total of Section H				

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

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE Foley For Governor, Inc.	FILING DUE DATE Original 09/09/2010
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J1. Fundraising Event Information

Fundraising Event #	Description	Location: Street Address	City	State	Zip Code
Date of Fundraiser Letter 08/12/2010 A	Reception Event	88 Cedar Cliff Rd	Riverside	CT	06878-2604

Was this fundraising event hosted at a personal residence? Yes No

Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$50? Yes No

Was this fundraiser a tag sale, auction, or other sale of donated items? Yes No

Fundraising Event #	Description	Location: Street Address	City	State	Zip Code
Date of Fundraiser Letter 08/22/2010 A	Cocktail Event	24 Coventry Ln	Trumbull	CT	06611-1051

Was this fundraising event hosted at a personal residence? Yes No

Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$50? Yes No

Was this fundraiser a tag sale, auction, or other sale of donated items? Yes No

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 09/09/2010

J2. Proceeds from Tag Sale, Auction, or Other Sale of Donated Items

Name of the Purchaser <i>(Individuals ONLY)</i> Last Name	First Name	MI	Method of payment:				Aggregate Amount of Purchases
			Cash	Personal Check	Credit/Debit Card		
Residential Street Address	City	State	Zip Code	Date Received	Event #		
Items Purchased							

Total of Section J2

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 09/09/2010

J3. In-Kind Donations Not Considered Contributions

Name of the Donor				Donation Given by:		Fair Market Value of Donation
				Individual	Business Entity	
Street Address	City	State	Zip Code	Aggregate value for this event		
Description of Donation			Date Received	Event #		

Total of Section J3						
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III. NONMONETARY RECEIPTS						
NAME OF COMMITTEE					FILING DUE DATE	
Foley For Governor, Inc.					Original 09/09/2010	
K. In-Kind Contributions						
Name				Date Received		Fair Market Value of this Contribution
Street Address			City	State	Zip Code	
Type of Contributor:	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:	Yes No	Executive Legislative	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event#		Yes No	Description of In-Kind Contribution		Aggregate contributions	
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	City	State	Zip Code	
Total of Section L				

III. NONMONETARY RECEIPTS						
NAME OF COMMITTEE				FILING DUE DATE		
Foley For Governor, Inc.				Original 09/09/2010		
M. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus, and Party Committee						
Name of Committee			Name of Treasurer			
Street Address			Date Notice Received	Fair Market Value of Donation		
City	State	Zip Code	Aggregate Donations			
Description of Donation		Purpose of Expenditure				
		A	B	C	D	E
Total of Section M						

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 09/09/2010

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount
Premier Graphics	08/05/2010	<input checked="" type="checkbox"/> Check #	
Street Address 860 Honeyspot Rd	City Stratford	State CT	Zip Code 06615-7159
Description mailers		Purpose of Expenditure PRNT	Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$67,928.98
Capitol Report Media Group, LLC	08/05/2010	<input checked="" type="checkbox"/> Check #	
Street Address c/o Tom Dudchik 314 Town St	City East Haddam	State CT	Zip Code 06423
Description ad		Purpose of Expenditure A-NEWS	Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$625.00
Keegan Shepardson	08/06/2010	<input checked="" type="checkbox"/> Check #	
Street Address 49 Westmont St	City West Hartford	State CT	Zip Code 06117-2928
Description intern stipend		Purpose of Expenditure WAGE	Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$250.00

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 09/09/2010

N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
James Akin					08/06/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	1367		
110 Mountain Terrace Rd	West Hartford	CT	06107-1534	WAGE	<input type="checkbox"/> Debit Card		
Description						Event #	
stipend							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$250.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Matthew Joiner					08/06/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	1369		
150 Oxoboxo Dam Rd	Oakdale	CT	06370-1267	WAGE	<input type="checkbox"/> Debit Card		
Description						Event #	
stipend							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$210.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Michael Roberts					08/06/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	1371		
618 Belden Hall	Storrs	CT	06269-6905	WAGE	<input type="checkbox"/> Debit Card		
Description						Event #	
stipend							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$250.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 09/09/2010

N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
MagmaCreative Incorporated					08/06/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	5700		
PO Box 382	Roseville	CA	95678-0382	CNSLT	<input type="checkbox"/> Debit Card		
Description						Event #	
political consulting							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$5,700.00	
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Revolvis					08/06/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	1414		
7185 Navajo Rd Ste P	San Diego	CA	92119-1695	CNSLT	<input type="checkbox"/> Debit Card		
Description						Event #	
proofreading services							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$250.00	
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Campaign Solutions					08/06/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	1415		
118 N Saint Asaph St	Alexandria	VA	22314-3110	CNSLT	<input type="checkbox"/> Debit Card		
Description						Event #	
web consulting							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$2,125.00	
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 09/09/2010

N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
SSG Media, Inc.					08/06/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure		<input checked="" type="checkbox"/> Debit Card	
2120 L St NW Ste 510	Washington	DC	20037-1534	A-TV			
Description						Event #	
media buys							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$100,000.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
JP Morgan Chase Bank					08/06/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure		<input checked="" type="checkbox"/> Debit Card	
3A Pickwick Plz	Greenwich	CT	06830	BNK			
Description						Event #	
bank fees							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$37.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Sherwood Island State Park					08/08/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure		<u>181</u> <input type="checkbox"/> Debit Card	
188 Greens Farms	Westport	CT	06838-0188	FOOD			
Description						Event #	
campaign barbeque							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$334.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Foley For Governor, Inc.						Original 09/09/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
City of Stamford, Cashiering & Permitting Division					08/09/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1428</u>	
888 Washington Blvd Fl 1		Stamford	CT	06901-2902	TRVL	<input type="checkbox"/> Debit Card	
Description						Event #	
parking							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$30.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Red October Productions					08/09/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1430</u>	
2120 L St NW		Washington	DC	20037-1527	A-TV	<input type="checkbox"/> Debit Card	
Description						Event #	
media production							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$75,490.64
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Front Porch Strategies					08/09/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1432</u>	
243 N 5th St Ste 330		Columbus	OH	43215-2676	A-ATM	<input type="checkbox"/> Debit Card	
Description						Event #	
phone system							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$20,545.91
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Foley For Governor, Inc.						Original 09/09/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
CD Inc.					08/09/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	1433	
PO Box 1877		Alexandria	VA	22313-1877	A-WEB	<input type="checkbox"/> Debit Card	
Description						Event #	
google ads							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$918.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Stevens & Schriefer Group					08/09/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	1434	
2120 L St NW Ste 510		Washington	DC	20037-1534	CNSLT	<input type="checkbox"/> Debit Card	
Description						Event #	
political consulting							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$1,683.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Sprint					08/09/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	1435	
PO Box 660075		Dallas	TX	75266-0075	OVHD	<input type="checkbox"/> Debit Card	
Description						Event #	
internet & phone							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$173.54
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Foley For Governor, Inc.						Original 09/09/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Terry Bear					08/09/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	1449	
389 Brock Rd		Charlotte	TN	37036-5917	RCW	<input type="checkbox"/> Debit Card	
Description					Event #		
bus driver							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$400.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Premier Graphics					08/09/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	1450	
860 Honeyspot Rd		Stratford	CT	06615-7159	PRNT	<input type="checkbox"/> Debit Card	
Description					Event #		
mailers & postage							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$35,622.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Clark Hill PLC					08/09/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	1451	
1250 Eye St NW		Washington	DC	20005	CNSLT	<input type="checkbox"/> Debit Card	
Description					Event #		
legal services							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$2,000.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 09/09/2010

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount
Verizon Wireless	08/09/2010	<input checked="" type="checkbox"/> Check # <input type="checkbox"/> Debit Card	
Street Address PO Box 15062	City Albany	State NY	Zip Code 12212-5062
Purpose of Expenditure OVHD			
Description call plan			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought
			\$389.41
Name of Payee ADP EasyPay Boston 2	Date of Payment 08/09/2010	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	Amount
Street Address 225 2nd Ave	City Waltham	State MA	Zip Code 02451-1122
Purpose of Expenditure WAGE			
Description payroll fees			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought
			\$88.48
Name of Payee Dean Pagani	Date of Payment 08/09/2010	Method of Payment <input checked="" type="checkbox"/> Check # <input type="checkbox"/> Debit Card	Amount
Street Address 309 Holland Ln Ste 226	City Alexandria	State VA	Zip Code 22314-6104
Purpose of Expenditure RCW			
Description			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought
			\$558.90

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 09/09/2010

N. Expenses Paid By Committee

Name of Payee Keegan Shepardson					Date of Payment 08/09/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address 49 Westmont St		City West Hartford	State CT	Zip Code 06117-2928	Purpose of Expenditure RCW	<u>1447</u> <input type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name		Office Sought			\$61.00
Name of Payee Len Greene					Date of Payment 08/09/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address 20 Summer St Ste 200		City Stamford	State CT	Zip Code 06901-2304	Purpose of Expenditure RCW	<u>1446</u> <input type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name		Office Sought			\$172.92
Name of Payee Keegan Shepardson					Date of Payment 08/09/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address 49 Westmont St		City West Hartford	State CT	Zip Code 06117-2928	Purpose of Expenditure RCW	<u>1009</u> <input type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name		Office Sought			\$267.50

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 09/09/2010

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount	
Bill Cortese	08/09/2010	<input checked="" type="checkbox"/> Check #		
Street Address	City	State		Zip Code
20 Summer St Ste 200	Stamford	CT		06901-2304
Purpose of Expenditure		1436		
Description		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		
<input type="checkbox"/> Yes				
<input checked="" type="checkbox"/> No				
		Office Sought		
		\$826.37		
Elizabeth Osborn Poirier	08/09/2010	<input checked="" type="checkbox"/> Check #		
Street Address	City	State		Zip Code
20 Summer St Fl 2	Stamford	CT		06901-2304
Purpose of Expenditure		1445		
Description		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		
<input type="checkbox"/> Yes				
<input checked="" type="checkbox"/> No				
		Office Sought		
		\$1,004.33		
Ben Hartman	08/09/2010	<input checked="" type="checkbox"/> Check #		
Street Address	City	State		Zip Code
20 Summer St Fl 2	Stamford	CT		06901-2304
Purpose of Expenditure		1444		
Description		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		
<input type="checkbox"/> Yes				
<input checked="" type="checkbox"/> No				
		Office Sought		
		\$211.62		

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 09/09/2010

N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Chris Covucci					08/09/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	1442		
20 Summer St Fl 2	Stamford	CT	06901-2304	RCW	<input type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$223.70	
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Courtney Weaver					08/09/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	1439		
20 Summer St Fl 2	Stamford	CT	06901-2304	RCW	<input type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$438.47	
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Chris Syrek					08/09/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	1438		
20 Summer St Ste 200	Stamford	CT	06901-2304	RCW	<input type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$288.75	
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 09/09/2010

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount	
Melissa C Danforth	08/09/2010	<input checked="" type="checkbox"/> Check #		
Street Address 20 Summer St	City Stamford	State CT		Zip Code 06901-2304
Purpose of Expenditure RCW				<input type="checkbox"/> Debit Card
Description 1437				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name			Office Sought	
			\$686.52	
John L Whitney	08/09/2010	<input checked="" type="checkbox"/> Check #		
Street Address 20 Summer St Fl 2	City Stamford	State CT		Zip Code 06901-2304
Purpose of Expenditure RCW				<input type="checkbox"/> Debit Card
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name			Office Sought	
			\$131.50	
Sunghi P Frauen	08/09/2010	<input checked="" type="checkbox"/> Check #		
Street Address 20 Summer St Ste 200	City Stamford	State CT		Zip Code 06901-2304
Purpose of Expenditure RCW				<input type="checkbox"/> Debit Card
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name			Office Sought	
			\$131.27	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 09/09/2010

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount	
Schuyler Merritt	08/09/2010	<input checked="" type="checkbox"/> Check #		
Street Address 20 Summer St Ste 200	City Stamford	State CT		Zip Code 06901-2304
Purpose of Expenditure RCW				1425 <input type="checkbox"/> Debit Card
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name			Office Sought	
			\$1,806.52	
Courtney Weaver	08/09/2010	<input checked="" type="checkbox"/> Check #		
Street Address 20 Summer St Fl 2	City Stamford	State CT		Zip Code 06901-2304
Purpose of Expenditure RCW				1421 <input type="checkbox"/> Debit Card
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name			Office Sought	
			\$532.90	
Chris Covucci	08/09/2010	<input checked="" type="checkbox"/> Check #		
Street Address 20 Summer St Fl 2	City Stamford	State CT		Zip Code 06901-2304
Purpose of Expenditure RCW				1420 <input type="checkbox"/> Debit Card
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name			Office Sought	
			\$1,633.43	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 09/09/2010

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount	
Elizabeth Osborn Poirier	08/09/2010	<input checked="" type="checkbox"/> Check #		
Street Address 20 Summer St Fl 2	City Stamford	State CT		Zip Code 06901-2304
Purpose of Expenditure RCW				1419 <input type="checkbox"/> Debit Card
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name			Office Sought	
			\$316.70	
Michael Roberts	08/09/2010	<input checked="" type="checkbox"/> Check #		
Street Address 618 Belden Hall	City Storrs	State CT		Zip Code 06269-6905
Purpose of Expenditure RCW				1418 <input type="checkbox"/> Debit Card
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name			Office Sought	
			\$190.75	
Matthew Joiner	08/09/2010	<input checked="" type="checkbox"/> Check #		
Street Address 150 Oxoboxo Dam Rd	City Oakdale	State CT		Zip Code 06370-1267
Purpose of Expenditure RCW				1417 <input type="checkbox"/> Debit Card
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name			Office Sought	
			\$92.00	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 09/09/2010

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount	
Ben Hartman	08/09/2010	<input checked="" type="checkbox"/> Check #		
Street Address 20 Summer St Fl 2	City Stamford	State CT		Zip Code 06901-2304
Purpose of Expenditure RCW				1416 <input type="checkbox"/> Debit Card
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name			Office Sought	
			\$741.37	
Chris Bandecchi	08/09/2010	<input checked="" type="checkbox"/> Check #		
Street Address 20 Summer St Fl 2	City Stamford	State CT		Zip Code 06901-2304
Purpose of Expenditure RCW				1412 <input type="checkbox"/> Debit Card
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name			Office Sought	
			\$236.16	
Melissa C Danforth	08/09/2010	<input checked="" type="checkbox"/> Check #		
Street Address 20 Summer St	City Stamford	State CT		Zip Code 06901-2304
Purpose of Expenditure RCW				1410 <input type="checkbox"/> Debit Card
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name			Office Sought	
			\$310.00	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 09/09/2010

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount	
Schuyler Merritt	08/09/2010	<input checked="" type="checkbox"/> Check #		
Street Address 20 Summer St Ste 200	City Stamford	State CT		Zip Code 06901-2304
Purpose of Expenditure RCW				1406 <input type="checkbox"/> Debit Card
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name			Office Sought	
			\$624.04	
Sunghi P Frauen	08/09/2010	<input checked="" type="checkbox"/> Check #		
Street Address 20 Summer St Ste 200	City Stamford	State CT		Zip Code 06901-2304
Purpose of Expenditure RCW				1422 <input type="checkbox"/> Debit Card
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name			Office Sought	
			\$296.54	
Keegan Shepardson	08/09/2010	<input checked="" type="checkbox"/> Check #		
Street Address 49 Westmont St	City West Hartford	State CT		Zip Code 06117-2928
Purpose of Expenditure RCW				1404 <input type="checkbox"/> Debit Card
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name			Office Sought	
			\$801.01	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 09/09/2010

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount	
John L Whitney	08/09/2010	<input checked="" type="checkbox"/> Check #		
Street Address 20 Summer St Fl 2	City Stamford	State CT		Zip Code 06901-2304
Purpose of Expenditure RCW				1403 <input type="checkbox"/> Debit Card
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name			Office Sought	
			\$274.00	
Len Greene	08/09/2010	<input checked="" type="checkbox"/> Check #		
Street Address 20 Summer St Ste 200	City Stamford	State CT		Zip Code 06901-2304
Purpose of Expenditure RCW				1402 <input type="checkbox"/> Debit Card
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name			Office Sought	
			\$283.26	
John Martin	08/09/2010	<input checked="" type="checkbox"/> Check #		
Street Address 20 Summer St	City Stamford	State CT		Zip Code 06901-2304
Purpose of Expenditure RCW				1443 <input type="checkbox"/> Debit Card
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name			Office Sought	
			\$520.29	

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Foley For Governor, Inc.						Original 09/09/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Chris Syrek					08/09/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1405</u>	
20 Summer St Ste 200		Stamford	CT	06901-2304	RCW	<input type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$635.16
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Schuyler Merritt					08/09/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1448</u>	
20 Summer St Ste 200		Stamford	CT	06901-2304	RCW	<input type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$400.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Matthew Joiner					08/13/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1374</u>	
150 Oxoboxo Dam Rd		Oakdale	CT	06370-1267	WAGE	<input type="checkbox"/> Debit Card	
Description						Event #	
stipend							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$210.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 09/09/2010

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount
Michael Roberts	08/13/2010	<input checked="" type="checkbox"/> Check #	
Street Address 618 Belden Hall	City Storrs	State CT	Zip Code 06269-6905
Purpose of Expenditure WAGE		1375	<input type="checkbox"/> Debit Card
Description stipend			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$250.00
Name of Payee	Date of Payment	Method of Payment	Amount
Keegan Shepardson	08/13/2010	<input checked="" type="checkbox"/> Check #	
Street Address 49 Westmont St	City West Hartford	State CT	Zip Code 06117-2928
Purpose of Expenditure WAGE		1373	<input type="checkbox"/> Debit Card
Description stipend			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$250.00
Name of Payee	Date of Payment	Method of Payment	Amount
James Akin	08/13/2010	<input checked="" type="checkbox"/> Check #	
Street Address 110 Mountain Terrace Rd	City West Hartford	State CT	Zip Code 06107-1534
Purpose of Expenditure WAGE		1372	<input type="checkbox"/> Debit Card
Description stipend			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$250.00

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Foley For Governor, Inc.						Original 09/09/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Verizon Wireless					08/16/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	1407	
PO Box 15062		Albany	NY	12212-5062	OVHD	<input type="checkbox"/> Debit Card	
Description					Event #		
aircard fee							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$60.07
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
DMI, Inc					08/16/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	1409	
1145 W Collins Ave		Orange	CA	92867-5445	A-SIGN	<input type="checkbox"/> Debit Card	
Description					Event #		
pamphlets, bags, signs							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$4,962.85
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
JP Morgan Chase Bank					08/16/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure		
3A Pickwick Plz		Greenwich	CT	06830	BNK	<input checked="" type="checkbox"/> Debit Card	
Description					Event #		
bank fees							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$112.21
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Foley For Governor, Inc.						Original 09/09/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
JP Morgan Chase Bank					08/17/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
3A Pickwick Plz		Greenwich	CT	06830	BNK		
Description						Event #	
bank fees							
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		\$27.95
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
UPFFA					08/19/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1008</u> <input type="checkbox"/> Debit Card	
30 Sherman St		West Hartford	CT	06110-1915	Misc *		
Description						Event #	
CT Ride event							
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		\$250.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Tarrance Group					08/20/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1005</u> <input type="checkbox"/> Debit Card	
201 N Union St		Alexandria	VA	22314-2642	CNSLT		
Description						Event #	
Political consulting							
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		\$17,459.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 09/09/2010

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount	
S.B. Andrews Company / RLM Co.	08/20/2010	<input checked="" type="checkbox"/> Check #		
Street Address 10 N Main St	City West Hartford	State CT		Zip Code 06107-1968
Purpose of Expenditure OVHD				<input type="checkbox"/> Debit Card
Description office rent				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name			Office Sought	
			\$1,680.00	
Premier Graphics	08/20/2010	<input checked="" type="checkbox"/> Check #		
Street Address 860 Honeyspot Rd	City Stratford	State CT		Zip Code 06615-7159
Purpose of Expenditure PRNT				<input type="checkbox"/> Debit Card
Description print material				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name			Office Sought	
			\$106.87	
JP Morgan Chase Bank	08/20/2010	<input type="checkbox"/> Check #		
Street Address 3A Pickwick Plz	City Greenwich	State CT		Zip Code 06830
Purpose of Expenditure BNK				<input checked="" type="checkbox"/> Debit Card
Description bank fees				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name			Office Sought	
			\$15.00	

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Foley For Governor, Inc.						Original 09/09/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Aristotle					08/20/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
205 Pennsylvania Ave SE		Washington	DC	20003-1164	OVHD		
Description						Event #	
database software							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$500.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
SSG Media, Inc.					08/20/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
2120 L St NW Ste 510		Washington	DC	20037-1534	A-TV		
Description						Event #	
media buys							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$151,375.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
JP Morgan Chase Bank					08/20/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
3A Pickwick Plz		Greenwich	CT	06830	BNK		
Description						Event #	
bank fees							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$25.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 09/09/2010

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount	
Keegan Shepardson	08/20/2010	<input checked="" type="checkbox"/> Check #		
Street Address 49 Westmont St	City West Hartford	State CT		Zip Code 06117-2928
Purpose of Expenditure WAGE				<input type="checkbox"/> Debit Card
Description stipend				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought?				
<input type="checkbox"/> Yes		Other Candidate(s) Name		
<input checked="" type="checkbox"/> No		Office Sought		
			\$100.00	
James Akin	08/20/2010	<input checked="" type="checkbox"/> Check #		
Street Address 110 Mountain Terrace Rd	City West Hartford	State CT		Zip Code 06107-1534
Purpose of Expenditure WAGE				<input type="checkbox"/> Debit Card
Description stipend				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought?				
<input type="checkbox"/> Yes		Other Candidate(s) Name		
<input checked="" type="checkbox"/> No		Office Sought		
			\$100.00	
Michael Roberts	08/20/2010	<input checked="" type="checkbox"/> Check #		
Street Address 618 Belden Hall	City Storrs	State CT		Zip Code 06269-6905
Purpose of Expenditure WAGE				<input type="checkbox"/> Debit Card
Description stipend				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought?				
<input type="checkbox"/> Yes		Other Candidate(s) Name		
<input checked="" type="checkbox"/> No		Office Sought		
			\$100.00	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 09/09/2010

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount	
Michael Roberts	08/20/2010	<input checked="" type="checkbox"/> Check #		
Street Address 618 Belden Hall	City Storrs	State CT		Zip Code 06269-6905
Purpose of Expenditure WAGE				1012 <input type="checkbox"/> Debit Card
Description stipend				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name			Office Sought	
			\$150.00	
James Akin	08/20/2010	<input checked="" type="checkbox"/> Check #		
Street Address 110 Mountain Terrace Rd	City West Hartford	State CT		Zip Code 06107-1534
Purpose of Expenditure WAGE				1013 <input type="checkbox"/> Debit Card
Description stipend				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name			Office Sought	
			\$150.00	
Keegan Shepardson	08/20/2010	<input checked="" type="checkbox"/> Check #		
Street Address 49 Westmont St	City West Hartford	State CT		Zip Code 06117-2928
Purpose of Expenditure WAGE				1014 <input type="checkbox"/> Debit Card
Description stipend				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name			Office Sought	
			\$150.00	

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Foley For Governor, Inc.						Original 09/09/2010	
N. Expenses Paid By Committee							
Name of Payee Matthew Joiner					Date of Payment 08/20/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address 150 Oxoboxo Dam Rd		City Oakdale	State CT	Zip Code 06370-1267	Purpose of Expenditure WAGE	<u>1004</u> <input type="checkbox"/> Debit Card	
Description stipend						Event #	\$210.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name		Office Sought		
Name of Payee JP Morgan Chase Bank					Date of Payment 08/24/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Street Address 3A Pickwick Plz		City Greenwich	State CT	Zip Code 06830	Purpose of Expenditure BNK	<input checked="" type="checkbox"/> Debit Card	
Description bank fees						Event #	\$96.25
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name		Office Sought		
Name of Payee Premier Graphics					Date of Payment 08/24/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address 860 Honeyspot Rd		City Stratford	State CT	Zip Code 06615-7159	Purpose of Expenditure PRNT	<u>2002</u> <input type="checkbox"/> Debit Card	
Description postage & mailers						Event #	\$33,219.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name		Office Sought		

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 09/09/2010

N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
New England Southport Village Committee					08/25/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	2002		
Norwalk Seaport Association, Inc. 132 Wa	Norwalk	CT	06854	A-SIGN	<input type="checkbox"/> Debit Card		
Description						Event #	
candidate booth							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$1,500.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Premier Transportation					08/25/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	2010		
109 International Dr Ste 300	Franklin	TN	37067-1764	EFV *	<input type="checkbox"/> Debit Card		
Description						Event #	
bus rental							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$45,400.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
JP Morgan Chase Bank					08/25/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	2010		
3A Pickwick Plz	Greenwich	CT	06830	BNK	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
bank fee							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$10.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 09/09/2010

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount	
Chris Covucci	08/26/2010	<input checked="" type="checkbox"/> Check #		
Street Address 20 Summer St Fl 2	City Stamford	State CT		Zip Code 06901-2304
Purpose of Expenditure RCW		<u>1010</u>		<input type="checkbox"/> Debit Card
Description		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	\$1,102.10
Newtown Labor Day Parade	08/27/2010	<input checked="" type="checkbox"/> Check #		
Street Address c/o Jantris Marketing Services 18 Boggs H	City Newtown	State CT		Zip Code 06470
Purpose of Expenditure A-OTH		<u>2005</u>		<input type="checkbox"/> Debit Card
Description parade ad		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	\$300.00
C. Christopher Semmes	08/27/2010	<input checked="" type="checkbox"/> Check #		
Street Address 23 Pilgrim Dr	City Greenwich	State CT		Zip Code 06831-4925
Purpose of Expenditure PRNT		<u>2001</u>		<input type="checkbox"/> Debit Card
Description photography		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	\$471.70

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 09/09/2010

N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Town Center West Association LLC					08/27/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	2007		
29 S Main St Ste B1	Hartford	CT	06107-2460	TRVL	<input type="checkbox"/> Debit Card		
Description						Event #	
parking							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No						\$503.50	
Name of Payee					Date of Payment	Method of Payment	Amount
WCAS Brooklyn Fair					08/27/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	2008		
459 Hartford Rd	Brooklyn	CT	06234	Misc *	<input type="checkbox"/> Debit Card		
Description						Event #	
fair booth							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No						\$150.00	
Name of Payee					Date of Payment	Method of Payment	Amount
Front Porch Strategies					08/27/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	2009		
243 N 5th St Ste 330	Columbus	OH	43215-2676	A-ATM	<input type="checkbox"/> Debit Card		
Description						Event #	
phone system							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No						\$5,730.94	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 09/09/2010

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount
Axiom Strategies	08/27/2010	<input checked="" type="checkbox"/> Check #	
Street Address 1251 NW Briarcliff Pkwy Ste 85	City Kansas City	State MO	Zip Code 64116-1780
Purpose of Expenditure CNSLT		2011 <input type="checkbox"/> Debit Card	
Description political consulting		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name Office Sought	\$7,196.94
Mercury Public Affairs LLC	08/30/2010	<input checked="" type="checkbox"/> Check #	
Street Address 14502 N Dalte Mabre Hwy # 104	City Tampa	State FL	Zip Code 33618
Purpose of Expenditure CNSLT		1007 <input type="checkbox"/> Debit Card	
Description political consulting		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name Office Sought	\$25,000.00
Anthem BCBS	08/30/2010	<input checked="" type="checkbox"/> Check #	
Street Address PO Box 11017	City Lewiston	State ME	Zip Code 04243-9468
Purpose of Expenditure WAGE		1011 <input type="checkbox"/> Debit Card	
Description health insurance		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name Office Sought	\$1,994.44

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 09/09/2010

N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
ADP EasyPay Boston 2					08/30/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
225 2nd Ave	Waltham	MA	02451-1122	WAGE	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
payroll tax & withholding							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$19,784.13	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
ADP EasyPay Boston 2					08/30/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
225 2nd Ave	Waltham	MA	02451-1122	WAGE	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
payroll expense							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$59,393.92	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Aristotle					08/30/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
205 Pennsylvania Ave SE	Washington	DC	20003-1164	OVHD	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
database software							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$1,600.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Foley For Governor, Inc.						Original 09/09/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
City of Stamford, Cashiering & Permitting Division					08/30/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
888 Washington Blvd Fl 1		Stamford	CT	06901-2902	TRVL		
Description						Event #	
parking permits							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
\$1,600.00							
Name of Payee					Date of Payment	Method of Payment	Amount
Connecticut Expos, LLC					08/30/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
180 Post Rd E		Westport	CT	06880-3414	A-OTH		
Description						Event #	
expos booth							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
\$750.00							
Name of Payee					Date of Payment	Method of Payment	Amount
SSG Media, Inc.					08/31/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
2120 L St NW Ste 510		Washington	DC	20037-1534	A-TV		
Description						Event #	
media buy							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
\$80,000.00							

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 09/09/2010

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount	
JP Morgan Chase Bank	08/31/2010	<input type="checkbox"/> Check #		
Street Address 3A Pickwick Plz	City Greenwich	State CT		Zip Code 06830
Purpose of Expenditure BNK				<input checked="" type="checkbox"/> Debit Card
Description bank fees				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought	
			\$25.00	
Handmaid Design & Graphics	09/01/2010	<input checked="" type="checkbox"/> Check #		
Street Address PO Box 142	City Hanover	State CT		Zip Code 06350-0142
Purpose of Expenditure PRNT				2035 <input type="checkbox"/> Debit Card
Description invites				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought	
			\$1,038.60	
JP Morgan Chase Bank	09/01/2010	<input type="checkbox"/> Check #		
Street Address 3A Pickwick Plz	City Greenwich	State CT		Zip Code 06830
Purpose of Expenditure BNK				<input checked="" type="checkbox"/> Debit Card
Description bank fee				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought	
			\$42.00	

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Foley For Governor, Inc.						Original 09/09/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
JP Morgan Chase Bank					09/02/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
3A Pickwick Plz		Greenwich	CT	06830	BNK		
Description						Event #	
bank fees							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$44.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Chase Cardmember Service					09/02/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
PO Box 15153		Wilmington	DE	19886-5153	CCP		
Description						Event #	
cc payment							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$22,732.01
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Chase Cardmember Service					09/02/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card	
PO Box 15153		Wilmington	DE	19886-5153	CCP		
Description						Event #	
payment to campaign card							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$409.76
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Foley For Governor, Inc.						Original 09/09/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Chase Cardmember Service					09/02/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card	
PO Box 15153		Wilmington	DE	19886-5153	CCP		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$923.07
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Chase Cardmember Service					09/02/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card	
PO Box 15153		Wilmington	DE	19886-5153	CCP		
Description						Event #	
Payment to Campaign Credit Card							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$409.20
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Total of Section N							\$819,918.45

IV. EXPENDITURES						
NAME OF COMMITTEE	FILING DUE DATE					
Foley For Governor, Inc.	Original 09/09/2010					
O. Campaign Expenses Paid By Candidate						
Name of Payee	Date of Payment	Is Reimbursement Claimed?	Amount			
Street Address	City	State		Zip Code	Yes	No
Purpose of Expenditure	Description	Event #				
Total of Section O						

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 Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor Luna Pizza					Date of Transaction 08/06/2010		Amount	
Street Address 999 Farmington Ave		City Hartford		State CT	Zip Code 06107-2103			
Purpose of Expenditure FOOD	Description staff meal					Event #		\$19.03
Name of Issuing Institution Chase Cardmember Service					Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor Hartford Parking Authority					Date of Transaction 08/06/2010		Amount	
Street Address 155 Morgan St		City Hartford		State CT	Zip Code 06103-1309			
Purpose of Expenditure TRVL	Description parking					Event #		\$3.75
Name of Issuing Institution Chase Cardmember Service					Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor Hartford Marriott Rocky Hill					Date of Transaction 08/07/2010		Amount	
Street Address 100 Capital Blvd		City Rocky Hill		State CT	Zip Code 06067-3575			
Purpose of Expenditure Misc *	Description tip					Event #		\$5.00

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 Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor 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 services				Event #		\$317.95
Name of Issuing Institution Chase Cardmember Service				Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor Staples				Date of Transaction 08/09/2010		Amount	
Street Address 2299 Summer St		City Stamford	State CT	Zip Code 06905-4502			
Purpose of Expenditure OFFICE	Description computer accessories				Event #		\$192.90
Name of Issuing Institution Chase Cardmember Service				Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor 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

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 Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor Party City				Date of Transaction 08/09/2010		Amount	
Street Address 192 Kitts Ln		City Newington		State CT	Zip Code 06111-4250		
Purpose of Expenditure OFFICE	Description balloons, party supplies				Event #		\$305.99
Name of Issuing Institution Chase Cardmember Service				Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor Luna Pizza				Date of Transaction 08/09/2010		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 Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor 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 #		\$2.00

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 Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor 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 #		\$4.50
Name of Issuing Institution Chase Cardmember Service				Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor Hartford Courant				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 Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor 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 #		\$7.00

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 Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor 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 Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor Minuteman Press				Date of Transaction 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 Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor 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 #		\$7.00

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 Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor 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 reception hall, food				Event #		\$11,453.54
Name of Issuing Institution Chase Cardmember Service				Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor Giovanni's Brickoven Pizzeria				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 Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor Lena's First and Last Pizzeria				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 #		\$19.04

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 Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor McDonalds				Date of Transaction 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 Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor Dunkin Donuts				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 Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor 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 #		\$7.00

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 Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor 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 Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor Moe's Southwest Grill				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 Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor McDonalds				Date of Transaction 08/16/2010		Amount	
Street Address 172 Washington St		City Stamford	State CT	Zip Code			
Purpose of Expenditure FOOD	Description staff meal				Event #		\$7.83

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 Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor 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 #		\$4.50
Name of Issuing Institution Chase Cardmember Service				Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor 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 Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor Reuben's Deli				Date of Transaction 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 #		\$17.38

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 Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor 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 Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor 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 Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor Minuteman Press				Date of Transaction 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

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 Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor Bradford's Grill and Tavern				Date of Transaction 08/18/2010		Amount	
Street Address 83 Bedford St		City Stamford	State CT	Zip Code 06901-1908			
Purpose of Expenditure FOOD	Description campaign reception				Event #		\$344.60
Name of Issuing Institution Chase Cardmember Service				Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor Marriott Hartford				Date of Transaction 08/19/2010		Amount	
Street Address 942 Main St		City Hartford	State CT	Zip Code 06103-1214			
Purpose of Expenditure TRVL	Description hotel				Event #		\$305.25
Name of Issuing Institution Chase Cardmember Service				Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor Hula Hanks Black Bear				Date of Transaction 08/19/2010		Amount	
Street Address 261 Main St		City Stamford	State CT	Zip Code 06901-2918			
Purpose of Expenditure FOOD	Description staff meal				Event #		\$14.64

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 Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor 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 Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor GoDaddy.com				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 Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor 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 #		\$4.82

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 Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor Reuben's Deli				Date of Transaction 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 #		\$15.32
Name of Issuing Institution Chase Cardmember Service				Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor CVS				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 Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor 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 #		\$7.00

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 Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor Harry's Pizza				Date of Transaction 08/20/2010		Amount	
Street Address 1003 Farmington Ave		City West Hartford	State CT	Zip Code 06107-2191			
Purpose of Expenditure FOOD	Description volunteer food				Event #		\$22.26
Name of Issuing Institution Chase Cardmember Service				Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor Stop & Shop				Date of Transaction 08/22/2010		Amount	
Street Address 2200 Bedford St		City Stamford	State CT	Zip Code 06905-3905			
Purpose of Expenditure FOOD	Description volunteer snacks				Event #		\$24.61
Name of Issuing Institution Chase Cardmember Service				Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor Moe's Southwest Grill				Date of Transaction 08/23/2010		Amount	
Street Address 2267 Black Rock Tpke		City Fairfield	State CT	Zip Code 06825-3243			
Purpose of Expenditure FOOD	Description staff meal				Event #		\$15.24

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 Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor 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 Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor 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 Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor 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

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 Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor 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: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor Minuteman Press				Date of Transaction 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 Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor 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. Expenses Incurred on Committee Credit Card

Name of Issuing Institution Chase Cardmember Service				Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor 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: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor 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 Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor Minuteman Press				Date of Transaction 09/02/2010		Amount	
Street Address 2540 Summer St		City Stamford		State CT	Zip Code 06905-4302		
Purpose of Expenditure PRNT	Description print ad				Event #		\$801.36

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 Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor 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: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor 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 Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor The Home Depot				Date of Transaction 09/02/2010		Amount	
Street Address 600 Connecticut Ave		City Norwalk	State CT	Zip Code 06854-1616			
Purpose of Expenditure OFFICE	Description cleaning, tools, hardware				Event #		\$262.35

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 Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor 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: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor 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 Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor Starbucks						Date of Transaction 09/02/2010		Amount
Street Address 96 Broad St			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.	Original 09/09/2010

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

Name of Creditor		Date Incurred	Event #		Amount Incurred (Estimate or Actual)
Street Address	City	State	Zip Code		
Purpose of Expenditure	Description				
Is this expenditure coordinated with another candidate for which reimbursement is sought?	Other Candidate(s) Name	Office Sought			
Yes					
No					

Total of Section Q

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Folev For Governor. Inc.	Original 09/09/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Dean Pagani	Date of Payment 08/09/2010	Method of Payment <input checked="" type="checkbox"/> Check # 1431	Amount
Secondary Payee Hartford Parking Authority	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address 155 Morgan St	City Hartford	State CT	Zip Code 06103-1309
Description parking			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought
			\$16.00

Name of Worker/Consultant Dean Pagani	Date of Payment 08/09/2010	Method of Payment <input checked="" type="checkbox"/> Check # 1431	Amount
Secondary Payee Avis	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address 1445 New Britain Ave	City West Hartford	State CT	Zip Code 06110-1659
Description rental car			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought
			\$163.26

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 09/09/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Dean Pagani	08/09/2010	<input checked="" type="checkbox"/> Check # 1431		
Secondary Payee Southwest Airlines	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card		
Street Address 2702 Love Field Dr	City Dallas	State TX		Zip Code 75235-1908
Description airline fare		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$209.40	
Dean Pagani	08/09/2010	<input checked="" type="checkbox"/> Check # 1431		
Secondary Payee Hilton Garden	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card		
Street Address 85 Glastonbury Blvd	City Glastonbury	State CT		Zip Code 06033-4401
Description hotel		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$170.24	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 09/09/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Keegan Shepardson	08/09/2010	<input checked="" type="checkbox"/> Check # 1447		
Secondary Payee Keegan Shepardson	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card		
Street Address 49 Westmont St	City West Hartford	State CT		Zip Code 06117-2928
Description vehicle miles		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$61.00	
Len Greene	08/09/2010	<input checked="" type="checkbox"/> Check # 1446		
Secondary Payee Len Greene	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card		
Street Address 20 Summer St Ste 200	City Stamford	State CT		Zip Code 06901-2304
Description vehicle miles		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$159.00	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 09/09/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Len Greene	08/09/2010	<input checked="" type="checkbox"/> Check # 1446	
Secondary Payee Dunkin Donuts	Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card	
Street Address 50 Main St	City Stamford	State CT	
Zip Code 06901		Event #	
Description Staff snack			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$13.92
Other Candidate(s) Name			
Office Sought			
Keegan Shepardson	08/09/2010	<input checked="" type="checkbox"/> Check # 1009	
Secondary Payee Keegan Shepardson	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address 49 Westmont St	City West Hartford	State CT	
Zip Code 06117-2928		Event #	
Description vehicle miles			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$267.50
Other Candidate(s) Name			
Office Sought			

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 09/09/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Bill Cortese	08/09/2010	<input checked="" type="checkbox"/> Check # 1436	
Secondary Payee Bill Cortese	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address 20 Summer St Ste 200	City Stamford	State CT	
Zip Code 06901-2304		Event #	
Description vehicle miles			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$323.96
Bill Cortese	08/09/2010	<input checked="" type="checkbox"/> Check # 1436	
Secondary Payee Hartford Parking Authority	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address 155 Morgan St	City Hartford	State CT	
Zip Code 06103-1309		Event #	
Description parking			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$51.75

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 09/09/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Bill Cortese	08/09/2010	<input checked="" type="checkbox"/> Check # 1436		
Secondary Payee Whole Foods	Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card		
Street Address 50 Raymond Rd	City West Hartford	State CT		Zip Code 06107-2213
Description Staff snacks		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$310.66	
Bill Cortese	08/09/2010	<input checked="" type="checkbox"/> Check # 1436		
Secondary Payee Verizon Wireless	Purpose of Expenditure A-PH-BNK	<input type="checkbox"/> Debit Card		
Street Address PO Box 15062	City Albany	State NY		Zip Code 12212-5062
Description July phone bill		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$140.00	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 09/09/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Elizabeth Osborn Poirier	08/09/2010	<input checked="" type="checkbox"/> Check # 1445	
Secondary Payee Elizabeth Osborn Poirier	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address 20 Summer St Fl 2	City Stamford	State CT	
Zip Code 06901-2304		Event #	
Description vehicle miles			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$338.90
Elizabeth Osborn Poirier	08/09/2010	<input checked="" type="checkbox"/> Check # 1445	
Secondary Payee Verizon Wireless	Purpose of Expenditure A-PH-BNK	<input type="checkbox"/> Debit Card	
Street Address PO Box 15062	City Albany	State NY	
Zip Code 12212-5062		Event #	
Description cell phone			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$170.73

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 09/09/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Elizabeth Osborn Poirier	08/09/2010	<input checked="" type="checkbox"/> Check # 1445	
Secondary Payee Verizon Wireless	Purpose of Expenditure A-PH-BNK	<input type="checkbox"/> Debit Card	
Street Address PO Box 15062	City Albany	State NY	
Zip Code 12212-5062		Event #	
Description air card			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$66.20
Elizabeth Osborn Poirier	08/09/2010	<input checked="" type="checkbox"/> Check # 1445	
Secondary Payee Saybrook Point Inn -- Hotel	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address 2 Bridge St	City Old Saybrook	State CT	
Zip Code 06475-2502		Event #	
Description hotel room			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$379.68

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 09/09/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Elizabeth Osborn Poirier	08/09/2010	<input checked="" type="checkbox"/> Check # 1445		
Secondary Payee Elizabeth Osborn Poirier	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card		
Street Address 20 Summer St Fl 2	City Stamford	State CT		Zip Code 06901-2304
Description Gas for Toms Car				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Other Candidate(s) Name
			Office Sought	
			\$48.82	
Ben Hartman	08/09/2010	<input checked="" type="checkbox"/> Check # 1444		
Secondary Payee Ben Hartman	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card		
Street Address 20 Summer St Fl 2	City Stamford	State CT		Zip Code 06901-2304
Description vehicle miles				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Other Candidate(s) Name
			Office Sought	
			\$149.00	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 09/09/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Ben Hartman	08/09/2010	<input checked="" type="checkbox"/> Check # 1444	
Secondary Payee Mr Pizza	Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card	
Street Address 680 W Main St	City Norwich	State CT	
Zip Code 06360-6045		Event #	
Description pizza for phone bank			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$30.97
Ben Hartman	08/09/2010	<input checked="" type="checkbox"/> Check # 1444	
Secondary Payee Ninety Nine	Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card	
Street Address 85 Salem Tpke	City Norwich	State CT	
Zip Code 06901		Event #	
Description Volunteer Lunch			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$31.65

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 09/09/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Chris Covucci	08/09/2010	<input checked="" type="checkbox"/> Check # 1442	
Secondary Payee Chris Covucci	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address 20 Summer St Fl 2	City Stamford	State CT	
Zip Code 06901-2304		Event #	
Description Vehicle miles			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name
			Office Sought
			\$102.15
Chris Covucci	08/09/2010	<input checked="" type="checkbox"/> Check # 1442	
Secondary Payee Luna Pizza	Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card	
Street Address 999 Farmington Ave	City Hartford	State CT	
Zip Code 06107-2103		Event #	
Description volunteer lunch			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name
			Office Sought
			\$19.03

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 09/09/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Chris Covucci	08/09/2010	<input checked="" type="checkbox"/> Check # 1442		
Secondary Payee The Home Depot	Purpose of Expenditure A-SIGN	<input type="checkbox"/> Debit Card		
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Other Candidate(s) Name
			Office Sought	
			\$102.52	
Courtney Weaver	08/09/2010	<input checked="" type="checkbox"/> Check # 1439		
Secondary Payee Courtney Weaver	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card		
Street Address 20 Summer St Fl 2	City Stamford	State CT		Zip Code 06901-2304
Description vehicle miles				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Other Candidate(s) Name
			Office Sought	
			\$302.05	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 09/09/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Courtney Weaver	08/09/2010	<input checked="" type="checkbox"/> Check # 1439	
Secondary Payee Hartford Parking Authority	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address 155 Morgan St	City Hartford	State CT	
Zip Code 06103-1309		Event #	
Description parking			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$7.00
Courtney Weaver	08/09/2010	<input checked="" type="checkbox"/> Check # 1439	
Secondary Payee Mendano's Apizza	Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card	
Street Address 799 New Haven Rd	City Naugatuck	State CT	
Zip Code 06770-4762		Event #	
Description volunteer meal			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$38.77

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 09/09/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Courtney Weaver	08/09/2010	<input checked="" type="checkbox"/> Check # 1439	
Secondary Payee Brew Bakers	Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card	
Street Address 169 Main St	City Middletown	State CT	
Zip Code 06457-3423		Event #	
Description Business roundtable w/ Tom			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$90.65
Other Candidate(s) Name			
Office Sought			
Chris Syrek	08/09/2010	<input checked="" type="checkbox"/> Check # 1438	
Secondary Payee Chris Syrek	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address 20 Summer St Ste 200	City Stamford	State CT	
Zip Code 06901-2304		Event #	
Description vehicle miles			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$186.00
Other Candidate(s) Name			
Office Sought			

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 09/09/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Chris Syrek	08/09/2010	<input checked="" type="checkbox"/> Check # 1438	
Secondary Payee Town of West Hartford	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address 20 Isham Rd	City West Hartford	State CT	
Zip Code 06107-2204		Event #	
Description parking			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$7.00
Chris Syrek	08/09/2010	<input checked="" type="checkbox"/> Check # 1438	
Secondary Payee Brueggers	Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card	
Street Address 1 S Main St	City West Hartford	State CT	
Zip Code 06107-2407		Event #	
Description coffee/bagels for volunteers			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$13.29

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 09/09/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Chris Syrek	08/09/2010	<input checked="" type="checkbox"/> Check # 1438	
Secondary Payee Panera Bread	Purpose of Expenditure A-RAD	<input type="checkbox"/> Debit Card	
Street Address 2534 Albany Ave	City West Hartford	State CT	
Zip Code 06117-2301		Event #	
Description 			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$64.05
Other Candidate(s) Name 			
Office Sought 			
Chris Syrek	08/09/2010	<input checked="" type="checkbox"/> Check # 1438	
Secondary Payee Dunkin Donuts	Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card	
Street Address 41 S Main St	City West Hartford	State CT	
Zip Code 06107-2448		Event #	
Description coffee for volunteers			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$18.41
Other Candidate(s) Name 			
Office Sought 			

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 09/09/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Melissa C Danforth	08/09/2010	<input checked="" type="checkbox"/> Check #		
Secondary Payee Melissa C Danforth	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card		
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Other Candidate(s) Name
			Office Sought	
			\$356.50	
Melissa C Danforth	08/09/2010	<input checked="" type="checkbox"/> Check #		
Secondary Payee Hartford Parking Authority	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card		
Street Address 155 Morgan St	City Hartford	State CT		Zip Code 06103-1309
Description parking				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Other Candidate(s) Name
			Office Sought	
			\$34.50	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 09/09/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Melissa C Danforth	08/09/2010	<input checked="" type="checkbox"/> Check #		
Secondary Payee Remo's	Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card		
Street Address 35 Bedford St	City Stamford	State CT		Zip Code 06901-1908
Description mini staff lunch		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$43.62	
Melissa C Danforth	08/09/2010	<input checked="" type="checkbox"/> Check #		
Secondary Payee Dunkin Donuts	Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card		
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 which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$28.35	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 09/09/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Melissa C Danforth	08/09/2010	<input checked="" type="checkbox"/> Check #		
Secondary Payee AT&T	Purpose of Expenditure A-PH-BNK	<input type="checkbox"/> Debit Card		
Street Address 208 S Akard St	City Dallas	State TX		Zip Code 75202-4206
Description phone bill		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$178.05	
Melissa C Danforth	08/09/2010	<input checked="" type="checkbox"/> Check #		
Secondary Payee New York State Tollways	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card		
Street Address 20 Summer St	City Stamford	State CT		Zip Code 06901-2304
Description tolls to LGA		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$25.50	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 09/09/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Melissa C Danforth	08/09/2010	<input checked="" type="checkbox"/> Check #		
Secondary Payee Middletown RTC	Purpose of Expenditure RCW	<input type="checkbox"/> Debit Card		
Street Address 20 Summer St	City Stamford	State CT		Zip Code 06901-2304
Description Middletown Straw Poll Ballots (2)		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$20.00	
John L Whitney	08/09/2010	<input checked="" type="checkbox"/> Check #		
Secondary Payee John L Whitney	Purpose of Expenditure TRVL	1427 <input type="checkbox"/> Debit Card		
Street Address 20 Summer St Fl 2	City Stamford	State CT		Zip Code 06901-2304
Description vehicle miles		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$123.50	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 09/09/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
John L Whitney	08/09/2010	<input checked="" type="checkbox"/> Check # 1427	
Secondary Payee Town of West Hartford	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address 20 Isham Rd	City West Hartford	State CT	
Zip Code 06107-2204		Event #	
Description parking			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$8.00
Sunghi P Frauen	08/09/2010	<input checked="" type="checkbox"/> Check # 1426	
Secondary Payee Stop & Shop	Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card	
Street Address 2200 Bedford St	City Stamford	State CT	
Zip Code 06905-3905		Event #	
Description Phone bank snacks & drinks			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$131.27

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 09/09/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Schuyler Merritt	08/09/2010	<input checked="" type="checkbox"/> Check # 1425		
Secondary Payee Schuyler Merritt	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card		
Street Address 20 Summer St Ste 200	City Stamford	State CT		Zip Code 06901-2304
Description vehicle miles		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$256.75	
Schuyler Merritt	08/09/2010	<input checked="" type="checkbox"/> Check # 1425		
Secondary Payee Laz Parking	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card		
Street Address 100 Allyn St	City Hartford	State CT		Zip Code 06103-1418
Description parking		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$3.00	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 09/09/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Schuyler Merritt	08/09/2010	<input checked="" type="checkbox"/> Check # 1425	
Secondary Payee Summer Place Parking	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address Summer Place	City Stamford	State CT	
Zip Code 06901		Event #	
Description parking			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$3.00
Schuyler Merritt	08/09/2010	<input checked="" type="checkbox"/> Check # 1425	
Secondary Payee Dunkin Donuts	Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card	
Street Address 50 Main St	City Stamford	State CT	
Zip Code		Event #	
Description primary day breakfast			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$51.68

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor. Inc.	Original 09/09/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Schuyler Merritt	08/09/2010	<input checked="" type="checkbox"/> Check # 1425		
Secondary Payee Staples	Purpose of Expenditure OFFICE	<input type="checkbox"/> Debit Card		
Street Address 2299 Summer St	City Stamford	State CT		Zip Code 06905-4502
Description Office supplies: envelopes, binders, bookshelves				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Other Candidate(s) Name
			Office Sought	
			\$195.89	
Schuyler Merritt	08/09/2010	<input checked="" type="checkbox"/> Check # 1425		
Secondary Payee Exxon Mobile	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card		
Street Address 1139 Post Rd	City Fairfield	State CT		Zip Code 06824-6074
Description Gas--Toms BMW				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Other Candidate(s) Name
			Office Sought	
			\$47.99	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 09/09/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Schuyler Merritt	08/09/2010	<input checked="" type="checkbox"/> Check # 1425		
Secondary Payee Costco	Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card		
Street Address 779 Connecticut Ave	City Norwalk	State CT		Zip Code 06854-1615
Description GOTV BBQ				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Other Candidate(s) Name
			Office Sought	
			\$897.99	
Schuyler Merritt	08/09/2010	<input checked="" type="checkbox"/> Check # 1425		
Secondary Payee Party Depot	Purpose of Expenditure Misc *	<input type="checkbox"/> Debit Card		
Street Address 43 South St	City Danbury	State CT		Zip Code 06810-8147
Description GOTV BBQ				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Other Candidate(s) Name
			Office Sought	
			\$199.07	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 09/09/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Schuyler Merritt	08/09/2010	<input checked="" type="checkbox"/> Check # 1425	
Secondary Payee The Home Depot	Purpose of Expenditure Misc *	<input type="checkbox"/> Debit Card	
Street Address 600 Connecticut Ave	City Norwalk	State CT	
Zip Code 06854-1616		Event #	
Description Party Depot			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Other Candidate(s) Name			
Office Sought			\$151.25
Courtney Weaver	08/09/2010	<input checked="" type="checkbox"/> Check # 1421	
Secondary Payee Courtney Weaver	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address 20 Summer St Fl 2	City Stamford	State CT	
Zip Code 06901-2304		Event #	
Description vehicle miles			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Other Candidate(s) Name			
Office Sought			\$468.65

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 09/09/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Courtney Weaver	08/09/2010	<input checked="" type="checkbox"/> Check # 1421	
Secondary Payee Hartford Parking Authority	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address 155 Morgan St	City Hartford	State CT	
Zip Code 06103-1309		Event #	
Description parking			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$21.00
Other Candidate(s) Name			
Office Sought			
Courtney Weaver	08/09/2010	<input checked="" type="checkbox"/> Check # 1421	
Secondary Payee Sugar Bowl	Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card	
Street Address 1033 Post Rd	City Darien	State CT	
Zip Code 06820-4510		Event #	
Description Breakfast with Tom			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$43.25
Other Candidate(s) Name			
Office Sought			

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 09/09/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Chris Covucci	08/09/2010	<input checked="" type="checkbox"/> Check # 1420	
Secondary Payee Chris Covucci	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address 20 Summer St Fl 2	City Stamford	State CT	
Zip Code 06901-2304		Event #	
Description vehicle miles			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$1,066.25
Chris Covucci	08/09/2010	<input checked="" type="checkbox"/> Check # 1420	
Secondary Payee Summer Place Parking	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address Summer Place	City Stamford	State CT	
Zip Code 06901		Event #	
Description parking			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$81.00

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 09/09/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Chris Covucci	08/09/2010	<input checked="" type="checkbox"/> Check # 1420	
Secondary Payee Luna Pizza	Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card	
Street Address 999 Farmington Ave	City Hartford	State CT	
Zip Code 06107-2103		Event #	
Description pizza for volunteers			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$38.06
Chris Covucci	08/09/2010	<input checked="" type="checkbox"/> Check # 1420	
Secondary Payee LaStella Pizza	Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card	
Street Address 1 Market St	City Norwich	State CT	
Zip Code 06360-5733		Event #	
Description water for volunteers			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$6.36

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 09/09/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Chris Covucci	08/09/2010	<input checked="" type="checkbox"/> Check # 1420		
Secondary Payee The Home Depot	Purpose of Expenditure A-SIGN	<input type="checkbox"/> Debit Card		
Street Address 600 Connecticut Ave	City Norwalk	State CT		Zip Code 06854-1616
Description posts for rally/lawn signs		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$293.00	
Chris Covucci	08/09/2010	<input checked="" type="checkbox"/> Check # 1420		
Secondary Payee Verizon Wireless	Purpose of Expenditure A-PH-BNK	<input type="checkbox"/> Debit Card		
Street Address PO Box 15062	City Albany	State NY		Zip Code 12212-5062
Description cell phone		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$148.76	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 09/09/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Elizabeth Osborn Poirier	08/09/2010	<input checked="" type="checkbox"/> Check # 1419	
Secondary Payee Elizabeth Osborn Poirier	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address 20 Summer St Fl 2	City Stamford	State CT	
Zip Code 06901-2304		Event #	
Description vehicle miles			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$316.70
Michael Roberts	08/09/2010	<input checked="" type="checkbox"/> Check # 1418	
Secondary Payee Michael Roberts	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address 618 Belden Hall	City Storrs	State CT	
Zip Code 06269-6905		Event #	
Description vehicle miles			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$71.00

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 09/09/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Michael Roberts	08/09/2010	<input checked="" type="checkbox"/> Check # 1418	
Secondary Payee Town of West Hartford	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address 20 Isham Rd	City West Hartford	State CT	
Zip Code 06107-2204		Event #	
Description parking			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$119.75
Matthew Joiner	08/09/2010	<input checked="" type="checkbox"/> Check # 1417	
Secondary Payee Matthew Joiner	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address 150 Oxoboxo Dam Rd	City Oakdale	State CT	
Zip Code 06370-1267		Event #	
Description vehicle miles			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$92.00

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 09/09/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Ben Hartman	08/09/2010	<input checked="" type="checkbox"/> Check # 1416	
Secondary Payee Ben Hartman	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address 20 Summer St Fl 2	City Stamford	State CT	
Zip Code 06901-2304		Event #	
Description vehicle miles			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$476.00
Ben Hartman	08/09/2010	<input checked="" type="checkbox"/> Check # 1416	
Secondary Payee Staples	Purpose of Expenditure OFFICE	<input type="checkbox"/> Debit Card	
Street Address 45 Salem Tpke	City Norwich	State CT	
Zip Code 06360-6533		Event #	
Description supplies			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$182.38

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 09/09/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Ben Hartman	08/09/2010	<input checked="" type="checkbox"/> Check # 1416	
Secondary Payee Mr Pizza	Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card	
Street Address 680 W Main St	City Norwich	State CT	
Zip Code 06360-6045		Event #	
Description pizza for phone bank			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$25.39
Ben Hartman	08/09/2010	<input checked="" type="checkbox"/> Check # 1416	
Secondary Payee Ninety Nine	Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card	
Street Address 85 Salem Tpke	City Norwich	State CT	
Zip Code 06901		Event #	
Description Volunteer Lunch			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$32.70

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 09/09/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Ben Hartman	08/09/2010	<input checked="" type="checkbox"/> Check # 1416		
Secondary Payee Infinity Palace	Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card		
Street Address 77 Salem Tpke	City Norwich	State CT		Zip Code 06360-6483
Description Volunteer Lunch				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Other Candidate(s) Name
			Office Sought	
			\$24.90	
Chris Bandecchi	08/09/2010	<input checked="" type="checkbox"/> Check # 1412		
Secondary Payee Chris Bandecchi	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card		
Street Address 20 Summer St Fl 2	City Stamford	State CT		Zip Code 06901-2304
Description vehicle miles				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Other Candidate(s) Name
			Office Sought	
			\$110.00	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 09/09/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Chris Bandecchi	08/09/2010	<input checked="" type="checkbox"/> Check # 1412	
Secondary Payee Office of Legislative Management	Purpose of Expenditure Misc *	<input type="checkbox"/> Debit Card	
Street Address 20 Summer St	City Stamford	State CT	
Zip Code 06901-2304		Event #	
Description Precinct propensity data			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$116.19
Other Candidate(s) Name			
Office Sought			
Chris Bandecchi	08/09/2010	<input checked="" type="checkbox"/> Check # 1412	
Secondary Payee Middletown RTC	Purpose of Expenditure Misc *	<input type="checkbox"/> Debit Card	
Street Address 20 Summer St	City Stamford	State CT	
Zip Code 06901-2304		Event #	
Description Straw poll ticket			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$10.00
Other Candidate(s) Name			
Office Sought			

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 09/09/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Melissa C Danforth	08/09/2010	<input checked="" type="checkbox"/> Check # 1410	
Secondary Payee Melissa C Danforth	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address 20 Summer St	City Stamford	State CT	
Zip Code 06901-2304		Event #	
Description vehicle miles			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$287.50
Melissa C Danforth	08/09/2010	<input checked="" type="checkbox"/> Check # 1410	
Secondary Payee Town of West Hartford	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address 20 Isham Rd	City West Hartford	State CT	
Zip Code 06107-2204		Event #	
Description parking			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$22.50

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 09/09/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Schuyler Merritt	08/09/2010	<input checked="" type="checkbox"/> Check # 1406	
Secondary Payee Schuyler Merritt	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address 20 Summer St Ste 200	City Stamford	State CT	
Zip Code 06901-2304		Event #	
Description vehicle miles			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$73.30
Schuyler Merritt	08/09/2010	<input checked="" type="checkbox"/> Check # 1406	
Secondary Payee Summer Place Parking	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address Summer Place	City Stamford	State CT	
Zip Code 06901		Event #	
Description parking			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$8.00

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 09/09/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Schuyler Merritt	08/09/2010	<input checked="" type="checkbox"/> Check # 1406	
Secondary Payee Layla's	Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card	
Street Address 245 Main St	City Stamford	State CT	
Zip Code 06901-2918		Event #	
Description op-research Lunch Meating			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$28.07
Schuyler Merritt	08/09/2010	<input checked="" type="checkbox"/> Check # 1406	
Secondary Payee Wendy's	Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card	
Street Address 306 Prospect Ave	City Hartford	State CT	
Zip Code 06106-2028		Event #	
Description Tom Lunch			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$66.73

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 09/09/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Schuyler Merritt	08/09/2010	<input checked="" type="checkbox"/> Check # 1406	
Secondary Payee Costco	Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card	
Street Address 779 Connecticut Ave	City Norwalk	State CT	
Zip Code 06854-1615	Event #		
Description office snacks/drinks			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$143.40
Schuyler Merritt	08/09/2010	<input checked="" type="checkbox"/> Check # 1406	
Secondary Payee Target	Purpose of Expenditure Misc *	<input type="checkbox"/> Debit Card	
Street Address 21 Broad St	City Stamford	State CT	
Zip Code 06901-2309	Event #		
Description Bug spray for Tom and Office drinks			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$26.47

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 09/09/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Schuyler Merritt	08/09/2010	<input checked="" type="checkbox"/> Check # 1406	
Secondary Payee Shell Oil	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address 2512 Albany Ave	City West Hartford	State CT	
Zip Code 06117-2505		Event #	
Description Gas various			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$278.07
Sunghi P Frauen	08/09/2010	<input checked="" type="checkbox"/> Check # 1422	
Secondary Payee Sunghi P Frauen	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address 20 Summer St Ste 200	City Stamford	State CT	
Zip Code 06901-2304		Event #	
Description vehicle miles			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$81.20

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 09/09/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Sunghi P Frauen	08/09/2010	<input checked="" type="checkbox"/> Check # 1422	
Secondary Payee Middletown RTC	Purpose of Expenditure Misc *	<input type="checkbox"/> Debit Card	
Street Address 20 Summer St Ste 200	City Stamford	State CT	
Zip Code 06901-2304		Event #	
Description Straw Poll ticket			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought
			\$40.00
Sunghi P Frauen	08/09/2010	<input checked="" type="checkbox"/> Check # 1422	
Secondary Payee Verizon Wireless	Purpose of Expenditure A-PH-BNK	<input type="checkbox"/> Debit Card	
Street Address PO Box 15062	City Albany	State NY	
Zip Code 12212-5062		Event #	
Description cell phone			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought
			\$175.34

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 09/09/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Keegan Shepardson	08/09/2010	<input checked="" type="checkbox"/> Check # 1404	
Secondary Payee Keegan Shepardson	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address 49 Westmont St	City West Hartford	State CT	
Zip Code 06117-2928		Event #	
Description vehicle miles and sign delivery			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Other Candidate(s) Name			
Office Sought			\$741.00
Keegan Shepardson	08/09/2010	<input checked="" type="checkbox"/> Check # 1404	
Secondary Payee The Home Depot	Purpose of Expenditure A-SIGN	<input type="checkbox"/> Debit Card	
Street Address 600 Connecticut Ave	City Norwalk	State CT	
Zip Code 06854-1616		Event #	
Description posts for signs			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Other Candidate(s) Name			
Office Sought			\$41.98

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 09/09/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Keegan Shepardson	08/09/2010	<input checked="" type="checkbox"/> Check # 1404		
Secondary Payee Pfau's Hardware	Purpose of Expenditure Misc *	<input type="checkbox"/> Debit Card		
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Other Candidate(s) Name
			Office Sought	
			\$18.03	
John L. Whitney	08/09/2010	<input checked="" type="checkbox"/> Check # 1403		
Secondary Payee John L. Whitney	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card		
Street Address 20 Summer St Fl 2	City Stamford	State CT		Zip Code 06901-2304
Description vehicle miles				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Other Candidate(s) Name
			Office Sought	
			\$257.00	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 09/09/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
John L Whitney	08/09/2010	<input checked="" type="checkbox"/> Check # 1403	
Secondary Payee Summer Place Parking	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address Summer Place	City Stamford	State CT	
Zip Code 06901		Event #	
Description parking			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$17.00
Len Greene	08/09/2010	<input checked="" type="checkbox"/> Check # 1402	
Secondary Payee Len Greene	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address 20 Summer St Ste 200	City Stamford	State CT	
Zip Code 06901-2304		Event #	
Description vehicle miles			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$150.00

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 09/09/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Len Greene	08/09/2010	<input checked="" type="checkbox"/> Check # 1402	
Secondary Payee Outback Steakhouse	Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card	
Street Address 817 Queen St	City Southington	State CT	
Zip Code 06489-1507	Event #		
Description dinner meeting w/ Steve Loban			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$78.26
Other Candidate(s) Name			
Office Sought			
Len Greene	08/09/2010	<input checked="" type="checkbox"/> Check # 1402	
Secondary Payee Old Corner Cafe	Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card	
Street Address 178 N Main St	City Naugatuck	State CT	
Zip Code 06770-3229	Event #		
Description Meeting w. Naugatuck RTC chair			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$55.00
Other Candidate(s) Name			
Office Sought			

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 09/09/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
John Martin	08/09/2010	<input checked="" type="checkbox"/> Check # 1443		
Secondary Payee John Martin	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card		
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Other Candidate(s) Name
			Office Sought	
			\$230.00	
John Martin	08/09/2010	<input checked="" type="checkbox"/> Check # 1443		
Secondary Payee Sherwood Island State Park	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card		
Street Address 188 Greens Farms	City Westport	State CT		Zip Code 06838-0188
Description parking				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Other Candidate(s) Name
			Office Sought	
			\$31.00	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 09/09/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
John Martin	08/09/2010	<input checked="" type="checkbox"/> Check # 1443	
Secondary Payee Stop & Shop	Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card	
Street Address 2200 Bedford St	City Stamford	State CT	
Zip Code 06905-3905	Event #		
Description Ice cubes for BBQ			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$30.00
John Martin	08/09/2010	<input checked="" type="checkbox"/> Check # 1443	
Secondary Payee The Home Depot	Purpose of Expenditure A-SIGN	<input type="checkbox"/> Debit Card	
Street Address 600 Connecticut Ave	City Norwalk	State CT	
Zip Code 06854-1616	Event #		
Description lawn signs and rakes			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$229.29

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 09/09/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Chris Syrek	08/09/2010	<input checked="" type="checkbox"/> Check # 1405	
Secondary Payee Chris Syrek	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address 20 Summer St Ste 200	City Stamford	State CT	
Zip Code 06901-2304		Event #	
Description vehicle miles			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought
			\$477.00
Chris Syrek	08/09/2010	<input checked="" type="checkbox"/> Check # 1405	
Secondary Payee Panera Bread	Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card	
Street Address 2534 Albany Ave	City West Hartford	State CT	
Zip Code 06117-2301		Event #	
Description volunteer lunch			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought
			\$100.68

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 09/09/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Chris Syrek	08/09/2010	<input checked="" type="checkbox"/> Check # 1405	
Secondary Payee Whole Foods	Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card	
Street Address 50 Raymond Rd	City West Hartford	State CT	
Zip Code 06107-2213		Event #	
Description Staff Lunch West Hartford			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$18.26
Chris Syrek	08/09/2010	<input checked="" type="checkbox"/> Check # 1405	
Secondary Payee Holiday Restaurant	Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card	
Street Address 1 Kent Rd	City New Milford	State CT	
Zip Code 06776-3405		Event #	
Description Volunteer lunch			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$29.54

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 09/09/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Chris Syrek	08/09/2010	<input checked="" type="checkbox"/> Check # 1405	
Secondary Payee United States Post Office West Hart	Purpose of Expenditure POST	<input type="checkbox"/> Debit Card	
Street Address Lasalle Road	City West Hartford	State CT	
Description stamps		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name Office Sought	
			\$9.68
Schuyler Merritt	08/09/2010	<input checked="" type="checkbox"/> Check # 1448	
Secondary Payee Schuyler Merritt	Purpose of Expenditure A-PH-BNK	<input type="checkbox"/> Debit Card	
Street Address 20 Summer St Ste 200	City Stamford	State CT	
Description cell phone use February through July		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name Office Sought	
			\$400.00

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 09/09/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Chris Covucci	08/26/2010	<input checked="" type="checkbox"/> Check # 1010		
Secondary Payee Chris Covucci	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card		
Street Address 20 Summer St Fl 2	City Stamford	State CT		Zip Code 06901-2304
Description vehicle miles				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Other Candidate(s) Name
			Office Sought	
			\$559.55	
Chris Covucci	08/26/2010	<input checked="" type="checkbox"/> Check # 1010		
Secondary Payee Summer Place Parking	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card		
Street Address Summer Place	City Stamford	State CT		Zip Code 06901
Description parking				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Other Candidate(s) Name
			Office Sought	
			\$2.00	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	Original 09/09/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Chris Covucci	08/26/2010	<input checked="" type="checkbox"/> Check # 1010	
Secondary Payee Radio Shak	Purpose of Expenditure A-PH-BNK	<input type="checkbox"/> Debit Card	
Street Address 39 S Main St	City West Hartford	State CT	
Zip Code 06107-2412		Event #	
Description prepaid cell phone refills			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$530.00
Chris Covucci	08/26/2010	<input checked="" type="checkbox"/> Check # 1010	
Secondary Payee Herb's Sport Shop	Purpose of Expenditure Misc *	<input type="checkbox"/> Debit Card	
Street Address 60 Lasalle Rd	City West Hartford	State CT	
Zip Code 06107-2303		Event #	
Description Tally counter			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$10.55
Total of Section R			\$15,799.21

IV. EXPENDITURES				
NAME OF COMMITTEE				FILING DUE DATE
Foley For Governor, Inc.				Original 09/09/2010
S. Surplus Distribution of Equipment and Furniture				
Name of Recipient				Original Purchase Amount of Item
Street Address	City	State	Zip Code	
Description				
Total of Section S				