

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 70

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					
2nd Supplemental Statement Primary - Original					
10. PERIOD COVERED					
Beginning Date		Ending Date			
07/15/2010		thru		07/21/2010	
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		07/22/2010	
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.		
	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	\$849,097.64	
14. Contributions received from Individuals (Section A and B)	\$11,890.00	\$778,915.51
15. Receipts from Other Committees (Sections C1 + C2)	\$0.00	\$0.00
16. Other Monetary Receipts (Section D-1)	\$0.00	\$2,003,680.46
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)	\$11,890.00	\$2,782,595.97
19. Subtotals (add totals in line 13 + line 18 in Column A and in lines 12 + 18 in Column B)	\$860,987.64	\$2,782,595.97
20. Expenses Paid by Committee (Section N)	\$522,715.02	\$2,444,323.35
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19)	\$338,272.62	\$338,272.62
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	\$0.00
26. Beginning Loan Balance	\$2,000,000.00	\$2,000,000.00
26a. + Loans Received (Section D)	\$0.00	\$2,000,000.00
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	\$2,000,000.00	\$2,000,000.00
27. Campaign Expenses Paid By Candidate (Section O)	\$0.00	\$0.00
28. Expenses Incurred on Committee Credit Card (Section P)	\$407.51	\$23,884.11
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$407.51	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$1,367.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	
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 Weschler	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 # 0747	Amount of Contribution
Residential Street Address 159 Bedford Rd	City Greenwich	State CT	Zip Code 06831-2505	Date Received 07/15/2010	
Principal Occupation Executive	Name of Employer Scrimshaw Corporation	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00	\$3,500.00
Last Name Acquaviva	First Name Samuel	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 # 0744	Amount of Contribution
Residential Street Address 328 W Shore Ave	City Groton	State CT	Zip Code 06340-8843	Date Received 07/15/2010	
Principal Occupation Financial Advisor	Name of Employer UBS Financial Services	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <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 Larson	First Name David	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 # 0746	Amount of Contribution
Residential Street Address 108 Long Hill Rd	City Middletown	State CT	Zip Code 06457-4064	Date Received 07/15/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <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 \$25.00	\$25.00
Last Name Foley	First Name Gifford	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 # 0745	Amount of Contribution
Residential Street Address 45 Smith Ridge Rd	City South Salem	State NY	Zip Code 10590-1923	Date Received 07/15/2010	
Principal Occupation Finance	Name of Employer ACN	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>07152010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00	\$200.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name Krediet	First Name Rudolph	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 # 0757	Amount of Contribution
Residential Street Address 8 Outer Rd	City Norwalk	State CT	Zip Code 06854-4709	Date Received 07/20/2010	
Principal Occupation Investment Manager	Name of Employer The Compass Group	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>07152010A</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	\$100.00
Last Name Pierson, MD.	First Name Anne	MI B	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0763	Amount of Contribution
Residential Street Address The Brick House, Griswold Point Lane	City Old Lyme	State CT	Zip Code 06371	Date Received 07/20/2010	
Principal Occupation Occupational Medicine	Name of Employer Sonalysts	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 \$55.00	\$20.00
Last Name Dunkle Scheffler	First Name Lisa	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0754	Amount of Contribution
Residential Street Address 12 Richborough Rd	City Madison	State CT	Zip Code 06443-2530	Date Received 07/20/2010	
Principal Occupation Physician-Scientist	Name of Employer Merck Research Labs	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>07252010A</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 Scheffler	First Name Richard	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 # 0764	Amount of Contribution
Residential Street Address 12 Richborough Rd	City Madison	State CT	Zip Code 06443-2530	Date Received 07/20/2010	
Principal Occupation Scientist	Name of Employer Merck	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>07252010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name Carr	First Name Kenneth	MI M	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0750	Amount of Contribution
Residential Street Address 38 Atlantic Ave	City Groton	State CT	Zip Code 06340-8801	Date Received 07/20/2010	
Principal Occupation Vice Admiral	Name of Employer United States Navy	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 Hunt, Jr.	First Name George	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 # 0756	Amount of Contribution
Residential Street Address 23 Wildwood Dr	City Old Lyme	State CT	Zip Code 06371-1833	Date Received 07/20/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>07252010A</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 Lombardo	First Name Joseph	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 # 0759	Amount of Contribution
Residential Street Address 15 Louis Rd	City Middlefield	State CT	Zip Code 06455-1108	Date Received 07/20/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <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 \$200.00	\$200.00
Last Name Ulozas	First Name Athena	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 # 0767	Amount of Contribution
Residential Street Address 15 Louis Rd	City Middlefield	State CT	Zip Code 06455-1108	Date Received 07/20/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <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 \$200.00	\$200.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name McCann	First Name Timothy	MI J	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0760	Amount of Contribution
Residential Street Address 90 Meeting House Rd	City Haddam	State CT	Zip Code 06438-1047	Date Received 07/20/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <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 \$20.00	\$20.00
Last Name McGwire	First Name Thomas	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0761	Amount of Contribution
Residential Street Address 37 1st Ave	City Branford	State CT	Zip Code 06405-5407	Date Received 07/20/2010	
Principal Occupation President	Name of Employer Industrial Heater Corp	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 \$200.00	\$200.00
Last Name Weiss	First Name Robert	MI R	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0769	Amount of Contribution
Residential Street Address 20 High Ridge Dr	City Waterford	State CT	Zip Code 06385-2545	Date Received 07/20/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <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 Broadbent	First Name William	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 # 0748	Amount of Contribution
Residential Street Address 75 Peckslan Rd	City Greenwich	State CT	Zip Code 06831-3647	Date Received 07/20/2010	
Principal Occupation Institutional Equity Sales	Name of Employer Barclays Capital	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name Callahan	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 # 0749	Amount of Contribution
Residential Street Address 227 Noroton Ave	City Darien	State CT	Zip Code 06820-4219	Date Received 07/20/2010	
Principal Occupation Executive	Name of Employer Xerox Corporation	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>07152010A</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 Comfort	First Name Stuyvesant	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 # 0751	Amount of Contribution
Residential Street Address 127-131 Sloane St	City London En	State	Zip Code	Date Received 07/20/2010	
Principal Occupation Partner/Executive	Name of Employer Stirling Square Capital Partners, 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 \$3,500.00	\$3,500.00
Last Name Dudley	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 # 0752	Amount of Contribution
Residential Street Address 45 Rowayton Ave	City Norwalk	State CT	Zip Code 06853-1629	Date Received 07/20/2010	
Principal Occupation Homemaker	Name of Employer Homemaker	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>07152010A</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 Dudley	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 # 0753	Amount of Contribution
Residential Street Address 45 Rowayton Ave	City Norwalk	State CT	Zip Code 06853-1629	Date Received 07/20/2010	
Principal Occupation CEO	Name of Employer Octagon	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>07152010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name Hardy	First Name Kathy	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 # 0755	Amount of Contribution
Residential Street Address 17 Lenox Ave	City Norwalk	State CT	Zip Code 06854-4012	Date Received 07/20/2010	
Principal Occupation Teacher	Name of Employer No Full-time Employer	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>07152010A</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 Laone	First Name Ronald	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 # 0758	Amount of Contribution
Residential Street Address 111 Scott Rd	City Prospect	State CT	Zip Code 06712-1337	Date Received 07/20/2010	
Principal Occupation Correctional Supervisor	Name of Employer Connecticut, DOC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Pariano	First Name Michael	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 # 0762	Amount of Contribution
Residential Street Address 6 Old Kings Rd	City Avon	State CT	Zip Code 06001-2336	Date Received 07/20/2010	
Principal Occupation Managing Principal	Name of Employer Highland Capital Brokerage	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>06292010B</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 Schoff	First Name Andrew	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 # 0765	Amount of Contribution
Residential Street Address 51 Rowayton Ave	City Norwalk	State CT	Zip Code 06853-1625	Date Received 07/20/2010	
Principal Occupation Investment Management	Name of Employer Diamondback Capital	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>07152010A</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.	

B. Itemized Contributions from Individuals

Last Name Stuart	First Name Peter	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0766	Amount of Contribution
Residential Street Address 85 Highland Ave	City New York	State NY	Zip Code 10022	Date Received 07/20/2010	
Principal Occupation Finance	Name of Employer CanAccord Genuity	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>07152010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00	\$200.00
Last Name Valuckas	First Name Richard	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 # 0768	Amount of Contribution
Residential Street Address 37 Steele Brook Rd	City Watertown	State CT	Zip Code 06795-2226	Date Received 07/20/2010	
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name Burkard	First Name David	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0770	Amount of Contribution
Residential Street Address 62 Orchard Farms Ln	City Avon	State CT	Zip Code 06001-3266	Date Received 07/21/2010	
Principal Occupation Dentist	Name of Employer Self-Employed	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 Schiavone	First Name Joel	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 # 0771	Amount of Contribution
Residential Street Address 439 N River St	City Guilford	State CT	Zip Code 06437-2430	Date Received 07/21/2010	
Principal Occupation Real Estate	Name of Employer Self-Employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>07252010A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

B. Itemized Contributions from Individuals

Last Name Young	First Name Jim	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 # 0772	Amount of Contribution
Residential Street Address 91 Sagamore Ter E	City Westbrook	State CT	Zip Code 06498-2110	Date Received 07/21/2010		
Principal Occupation Retired	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <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"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="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	\$400.00
Total of Section B					\$11,890.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) <i>(Total on Line 14 of Summary Page)</i>					\$11,890.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

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.				
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.	

D. Loans Received this Period

Name of Lender				Source of Loan:	Is there a cosigner or Guarantor of this loan?	Amount Received
Street Address	City	State	Zip Code	Bank	Yes	
Name of Cosigner/Guarantor				Candidate	No	
Street Address	City	State	Zip Code	Individual		
				Other Committee		
				Date Received		

Total of Section D

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

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.					
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.		
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.			
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	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.		
I. Miscellaneous Monetary Receipts not Considered Contributions		
Name	Date of Transaction	Amount Received
Street Address	City	
Description	State Zip Code	
Total of Section I		

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

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: Cash Personal Check Credit/Debit Card				Aggregate Amount of Purchases
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.	

J3. In-Kind Donations Not Considered Contributions

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

Total of Section J3

III. NONMONETARY RECEIPTS

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

K. In-Kind Contributions

Name				Date Received		Fair Market Value of this Contribution
Street Address		City	State	Zip Code		
Type of Contributor: Individual Committee	Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:		Yes No Executive Legislative	
Is this contribution associated with a fundraising event listed in Section 11? 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.	

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.	

**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.	

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount
Staples	07/15/2010	<input type="checkbox"/> Check #	
Street Address 2299 Summer St	City Stamford	State CT	Zip Code 06905-4502
Purpose of Expenditure OVHD		<input checked="" 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
			\$0.82
US Post Office Lasalle Road Branch	07/15/2010	<input type="checkbox"/> Check #	
Street Address 102 Lasalle Rd	City West Hartford	State CT	Zip Code 06107-9992
Purpose of Expenditure OVHD		<input checked="" 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
			\$187.12
Staples	07/16/2010	<input type="checkbox"/> Check #	
Street Address 2299 Summer St	City Stamford	State CT	Zip Code 06905-4502
Purpose of Expenditure OVHD		<input checked="" 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
			\$27.54

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Stamps.com					07/16/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
12959 Coral Tree Pl	Los Angeles	CA	90066-7020	OVHD	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$15.99
Name of Payee					Date of Payment	Method of Payment	Amount
Comcast					07/18/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
PO Box 1577	Newark	NJ	07101-1577	OVHD	1338 <input type="checkbox"/> Debit Card		
Description						Event #	
Computer and Internet Expenses							
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							\$338.20
Name of Payee					Date of Payment	Method of Payment	Amount
Verizon Wireless					07/19/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
PO Box 15062	Albany	NY	12212-5062	OVHD	1337 <input type="checkbox"/> Debit Card		
Description						Event #	
Computer and Internet							
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							\$100.41

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount	
Elizabeth Osborn Poirier	07/19/2010	<input checked="" type="checkbox"/> Check #		
Street Address 20 Summer St Fl 2	City Stamford	State CT		Zip Code 06901-2304
Purpose of Expenditure RCW				1334
Description Travel miles, call plan				<input type="checkbox"/> Debit Card
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Event #	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name			Office Sought	
			\$409.21	
John L Whitney	07/19/2010	<input checked="" type="checkbox"/> Check #		
Street Address 20 Summer St Fl 2	City Stamford	State CT		Zip Code 06901-2304
Purpose of Expenditure RCW				1321
Description Office Supplies, Miles, Parking and Food				<input type="checkbox"/> Debit Card
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Event #	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name			Office Sought	
			\$161.31	
Ben Hartman	07/19/2010	<input checked="" type="checkbox"/> Check #		
Street Address 20 Summer St Fl 2	City Stamford	State CT		Zip Code 06901-2304
Purpose of Expenditure RCW				1328
Description Vehicle Miles, meal, office supplies, call plan				<input type="checkbox"/> Debit Card
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Event #	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name			Office Sought	
			\$729.83	

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Foley For Governor, Inc.							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Bill Cortese					07/19/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1333</u>	
20 Summer St Ste 200		Stamford	CT	06901-2304	RCW	<input type="checkbox"/> Debit Card	
Description						Event #	
Vehicle Miles, Parking, Meals, Call Plan							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$663.47	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Sunghi P Frauen					07/19/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1320</u>	
20 Summer St Ste 200		Stamford	CT	06901-2304	RCW	<input type="checkbox"/> Debit Card	
Description						Event #	
Telephone Expense							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$137.10	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
DMI, Inc					07/19/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1336</u>	
1145 W Collins Ave		Orange	CA	92867-5445	PRNT	<input type="checkbox"/> Debit Card	
Description						Event #	
Printing and Reproduction							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$10,983.41	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Foley For Governor, Inc.							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Red October Productions					07/19/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	1330	
2120 L St NW		Washington	DC	20037-1527	A-TV	<input type="checkbox"/> Debit Card	
Description						Event #	
Professional Fees							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$65,377.14	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Keegan Shepardson					07/19/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	1325	
49 Westmont St		West Hartford	CT	06117-2928	WAGE	<input type="checkbox"/> Debit Card	
Description						Event #	
Intern 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
INT*Intermedia.net					07/19/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	1325	
150 Mathilda Pl Ste 104		Sunnyvale	CA	94086-6010	OVHD	<input checked="" type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$5.01	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Foley For Governor, Inc.							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
INT*Intermedia.net					07/19/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
150 Mathilda Pl Ste 104		Sunnyvale	CA	94086-6010	OVHD		
Description						Event #	
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							\$1.33
Name of Payee					Date of Payment	Method of Payment	Amount
Fedex Kinko's					07/19/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
48 W Putnam Ave		Greenwich	CT	06830-5331	OVHD		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$18.90
Name of Payee					Date of Payment	Method of Payment	Amount
Fedex Kinko's					07/19/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
48 W Putnam Ave		Greenwich	CT	06830-5331	OVHD		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$18.90

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Capitol Report Media Group, LLC					07/19/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	1331		
c/o Tom Dudchik 314 Town St	East Haddam	CT	06423	A-NEWS	<input type="checkbox"/> Debit Card		
Description						Event #	
Advertising and Promotion							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$1,874.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Melissa C Danforth					07/19/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	1329		
20 Summer St	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		\$368.44	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
James Akin					07/19/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	1324		
110 Mountain Terrace Rd	West Hartford	CT	06107-1534	WAGE	<input type="checkbox"/> Debit Card		
Description						Event #	
Intern 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.							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Premier Transportation					07/19/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	1335	
109 International Dr Ste 300		Franklin	TN	37067-1764	TRVL	<input type="checkbox"/> Debit Card	
Description						Event #	
Rent Expense							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$15,600.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Michael Roberts					07/19/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	1322	
14 Blueberry Ln		Southbury	CT	06488-1929	WAGE	<input type="checkbox"/> Debit Card	
Description						Event #	
Intern Stipend							
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
Meg Holthaus					07/19/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	1332	
5 Terrace Rd		Milford	CT	06460-7738	RCW	<input type="checkbox"/> Debit Card	
Description						Event #	
Travel Expense, Meal, Phone							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$863.53	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Matthew Joiner					07/20/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	1340		
150 Oxoboxo Dam Rd	Oakdale	CT	06370-1267	WAGE	<input type="checkbox"/> Debit Card		
Description						Event #	
Intern 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
Hartford Canoe Club					07/20/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	1350		
75 Riverside Dr	East Hartford	CT	06118-1837	FOOD	<input type="checkbox"/> Debit Card		
Description						Event #	
Foley Reception Event, Food and entertainment							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$784.92	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Revolvis					07/20/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	1348		
7185 Navajo Rd Ste P	San Diego	CA	92119-1695	CNSLT	<input type="checkbox"/> Debit Card		
Description						Event #	
Indep. Proofreading							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$100.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount	
Spencer A. Sloan Photographer	07/20/2010	<input checked="" type="checkbox"/> Check #		
Street Address 1150 Tolland St	City East Hartford	State CT		Zip Code 06108-1537
Purpose of Expenditure PRNT		<u>1351</u>		<input type="checkbox"/> Debit Card
Description Color Prints		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	\$201.40
MagmaCreative Incorporated	07/20/2010	<input checked="" type="checkbox"/> Check #		
Street Address PO Box 382	City Roseville	State CA		Zip Code 95678-0382
Purpose of Expenditure CNSLT		<u>1353</u>		<input type="checkbox"/> Debit Card
Description Professional Fees		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	\$3,750.00
Michael Roberts	07/20/2010	<input checked="" type="checkbox"/> Check #		
Street Address 14 Blueberry Ln	City Southbury	State CT		Zip Code 06488-1929
Purpose of Expenditure RCW		<u>1342</u>		<input type="checkbox"/> Debit Card
Description Parking		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	\$28.00

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
SWC Office Furniture					07/20/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	1345		
375 Fairfield Ave	Stamford	CT	06902-7220	OVHD	<input type="checkbox"/> Debit Card		
Description					Event #		
Office Furniture							
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		\$1,113.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Handmaid Design & Graphics					07/20/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	1354		
PO Box 142	Hanover	CT	06350-0142	PRNT	<input type="checkbox"/> Debit Card		
Description					Event #		
Printing and reproduction							
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		\$519.40
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
S.B. Andrews Company / RLM Co.					07/20/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	1347		
10 N Main St	West Hartford	CT	06107-1968	OVHD	<input type="checkbox"/> Debit Card		
Description					Event #		
Aug 2010 Rent							
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		\$1,680.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Foley For Governor, Inc.							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Premier Printing & Mailing Solutions					07/20/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1346</u>	
860 Honeyspot Rd		Stratford	CT	06615-7159	PRNT	<input type="checkbox"/> Debit Card	
Description						Event #	
Printing and reproduction							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$10,375.59	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
McKenna, Long & Aldridge					07/20/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1352</u>	
1900 K St NW		Washington	DC	20006-1110	CNSLT	<input type="checkbox"/> Debit Card	
Description						Event #	
Professional Fees							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$7,174.64	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Fedex Kinko's					07/20/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
48 W Putnam Ave		Greenwich	CT	06830-5331	OVHD		
Description						Event #	
Debit							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$1.72	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Foley For Governor, Inc.							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
AT Conference					07/20/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
PO Box 2939		Southampton	NY	11969-2939	CNSLT		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$386.94
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
AT&T					07/20/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1339</u> <input type="checkbox"/> Debit Card	
208 S Akard St		Dallas	TX	75202-4206	OVHD		
Description						Event #	
Telephone							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$1,069.17
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Diane L. Browne Catering					07/20/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1355</u> <input type="checkbox"/> Debit Card	
865 Post Rd		Darien	CT	06820-4603	FOOD		
Description						Event #	
Rowayton Event, meals and entertainment							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$1,733.10
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Foley For Governor, Inc.							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Campaign Solutions					07/20/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1356</u>	
117 N Asaph St		Alexandria	VA	22314	WEB	<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
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$4,788.77
Name of Payee					Date of Payment	Method of Payment	Amount
TVEyes Inc.					07/20/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1349</u>	
2150 Post Rd		Fairfield	CT	06824-5669	WEB	<input type="checkbox"/> Debit Card	
Description						Event #	
Computer and Internet							
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							\$300.00
Name of Payee					Date of Payment	Method of Payment	Amount
Schuyler Merritt					07/20/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1341</u>	
20 Summer St Ste 200		Stamford	CT	06901-2304	RCW	<input type="checkbox"/> Debit Card	
Description						Event #	
Parking, Meals, Gas, Vehicle Wrap, staff snacks							
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$2,270.70

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount	
Chris Covucci	07/20/2010	<input checked="" type="checkbox"/> Check #		
Street Address 20 Summer St Fl 2	City Stamford	State CT		Zip Code 06901-2304
Purpose of Expenditure RCW				
Description Vehicle Miles, Parking, Meals, Office Supplies				
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$1,453.35	
Anthem BCBS	07/20/2010	<input checked="" type="checkbox"/> Check #		
Street Address PO Box 11017	City Lewiston	State ME		Zip Code 04243-9468
Purpose of Expenditure WAGE				
Description Insurance Expense				
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$2,690.80	
Hartford Parking Authority	07/21/2010	<input type="checkbox"/> Check #		
Street Address 155 Morgan St	City Hartford	State CT		Zip Code 06103-1309
Purpose of Expenditure TRVL				
Description Parking				
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$2.00	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Katie's Gourmet					07/21/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure		<input checked="" type="checkbox"/> Debit Card	
29 Bank St	Stamford	CT	06901-3024	FOOD			
Description						Event #	
Debit Card, Staff Lunch							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$173.20
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Mercury Public Affairs LLC					07/21/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure		<u>1357</u> <input type="checkbox"/> Debit Card	
14502 N Dalte Mabre Hwy # 104	Tampa	FL	33618	CNSLT			
Description						Event #	
Professional Fees							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$1,892.89
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Town of West Hartford					07/21/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure		<input checked="" type="checkbox"/> Debit Card	
20 Isham Rd	West Hartford	CT	06107-2204	TRVL			
Description						Event #	
Debit Card							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$6.75
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Foley For Governor, Inc.							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Cashman & Katz Integrated Communication					07/21/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
76 Eastern Blvd	Glastonbury	CT	06033-4382	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							
Total of Section N						\$522,715.02	

IV. EXPENDITURES			
NAME OF COMMITTEE	FILING DUE DATE		
Foley For Governor, Inc.			
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.								
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 07/15/2010		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 Luna Pizza					Date of Transaction 07/15/2010		Amount	
Street Address 999 Farmington Ave		City Hartford		State CT	Zip Code 06107-2103			
Purpose of Expenditure FOOD	Description volunteer food					Event #		\$40.44
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 Pfau's Hardware					Date of Transaction 07/15/2010		Amount	
Street Address 982 Farmington Ave		City West Hartford		State CT	Zip Code 06107-4100			
Purpose of Expenditure OFFICE	Description office keys					Event #		\$8.47

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

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 07/16/2010		Amount	
Street Address 155 Morgan St		City Hartford	State CT	Zip Code 06103-1309			
Purpose of Expenditure TRVL	Description parking				Event #		\$3.00
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 Wings Over Hartford West				Date of Transaction 07/16/2010		Amount	
Street Address 1026 Boulevard		City West Hartford	State CT	Zip Code 06119-1801			
Purpose of Expenditure FOOD	Description campaign meal				Event #		\$56.11
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 07/16/2010		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.	

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 Domino's Pizza				Date of Transaction 07/17/2010		Amount	
Street Address 2308 Main St		City Bridgeport	State CT	Zip Code 06606-5321			
Purpose of Expenditure FOOD	Description volunteer meal				Event #		\$65.61
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 More than a Bagel				Date of Transaction 07/17/2010		Amount	
Street Address 1477 Park St		City Hartford	State CT	Zip Code 06106-2235			
Purpose of Expenditure FOOD	Description staff meal				Event #		\$9.61
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 Daily Mart #3 Harwington				Date of Transaction 07/18/2010		Amount	
Street Address 551 Farmington Ave		City Bristol	State CT	Zip Code 06010-3931			
Purpose of Expenditure FOOD	Description volunteer snacks				Event #		\$11.99

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

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 Fairview Farm Golf				Date of Transaction 07/18/2010		Amount	
Street Address 300 Hill Rd		City Harwinton	State CT	Zip Code 06791-2503			
Purpose of Expenditure FOOD	Description business lunch				Event #		\$64.00
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 Fedex Kinko's				Date of Transaction 07/19/2010		Amount	
Street Address 48 W Putnam Ave		City Greenwich	State CT	Zip Code 06830-5331			
Purpose of Expenditure PRNT	Description shipping & printing				Event #		\$68.86
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 Fedex Kinko's				Date of Transaction 07/19/2010		Amount	
Street Address 48 W Putnam Ave		City Greenwich	State CT	Zip Code 06830-5331			
Purpose of Expenditure PRNT	Description shipping costs				Event #		\$44.15

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

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

Name of Creditor Chase Cardmember Service	Date Incurred 07/21/2010	Event #	Amount Incurred (Estimate or Actual)
Street Address PO Box 15153	City Wilmington	State DE	
Purpose of Expenditure CCP	Description See Schedule P for Subvendor Itemization		\$407.51
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	

Total of Section Q	\$407.51
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IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Folev For Governor. Inc.	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Sunghi P Frauen	Date of Payment 07/19/2010	Method of Payment <input checked="" type="checkbox"/> Check # 1320	Amount
Secondary Payee Verizon Wireless	Purpose of Expenditure RCW	<input type="checkbox"/> Debit Card	
Street Address PO Box 15062	City Albany	State NY	Zip Code 12212-5062
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			\$137.10
Other Candidate(s) Name		Office Sought	

Name of Worker/Consultant Elizabeth Osborn Poirier	Date of Payment 07/19/2010	Method of Payment <input checked="" type="checkbox"/> Check # 1334	Amount
Secondary Payee Elizabeth Osborn Poirier	Purpose of Expenditure RCW	<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			\$172.25
Other Candidate(s) Name		Office Sought	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Elizabeth Osborn Poirier	07/19/2010	<input checked="" type="checkbox"/> Check # 1334	
Secondary Payee Verizon Wireless	Purpose of Expenditure RCW	<input type="checkbox"/> Debit Card	
Street Address PO Box 15062	City Albany	State NY	
Zip Code 12212-5062		Event #	
Description Phone Plan			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$236.96
John L. Whitney	07/19/2010	<input checked="" type="checkbox"/> Check # 1321	
Secondary Payee Target	Purpose of Expenditure RCW	<input type="checkbox"/> Debit Card	
Street Address 21 Broad St	City Stamford	State CT	
Zip Code 06901-2309		Event #	
Description Office Supplies			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$4.85

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
John L Whitney	07/19/2010	<input checked="" type="checkbox"/> Check # 1321	
Secondary Payee United States Postal Service	Purpose of Expenditure RCW	<input type="checkbox"/> Debit Card	
Street Address 421 Atlantic St	City Stamford	State CT	Zip Code 06901-9998
Description Express Mail invitations			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 \$27.15
John L Whitney	07/19/2010	<input checked="" type="checkbox"/> Check # 1321	
Secondary Payee John L Whitney	Purpose of Expenditure RCW	<input type="checkbox"/> Debit Card	
Street Address 20 Summer St Fl 2	City Stamford	State CT	Zip Code 06901-2304
Description Travel 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 \$108.00

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
John L Whitney	07/19/2010	<input checked="" type="checkbox"/> Check # 1321	
Secondary Payee Summer Place Parking	Purpose of Expenditure RCW	<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			\$10.00
Other Candidate(s) Name			
Office Sought			
John L Whitney	07/19/2010	<input checked="" type="checkbox"/> Check # 1321	
Secondary Payee Breugger's Bagels	Purpose of Expenditure RCW	<input type="checkbox"/> Debit Card	
Street Address 1 S Main St	City West Hartford	State CT	
Zip Code 06107-2407		Event #	
Description Meal			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$11.31
Other Candidate(s) Name			
Office Sought			

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Ben Hartman	07/19/2010	<input checked="" type="checkbox"/> Check # 1328	
Secondary Payee Ben Hartman	Purpose of Expenditure RCW	<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
			\$382.50
Ben Hartman	07/19/2010	<input checked="" type="checkbox"/> Check # 1328	
Secondary Payee Wendy's	Purpose of Expenditure RCW	<input type="checkbox"/> Debit Card	
Street Address 306 Prospect Ave	City Hartford	State CT	
Zip Code 06106-2028		Event #	
Description 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
			\$8.55

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Ben Hartman	07/19/2010	<input checked="" type="checkbox"/> Check # 1328		
Secondary Payee Staples	Purpose of Expenditure RCW	<input type="checkbox"/> Debit Card		
Street Address 45 Salem Tpke	City Norwich	State CT		Zip Code 06360-6533
Description Office Supplies		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$38.93	
Ben Hartman	07/19/2010	<input checked="" type="checkbox"/> Check # 1328		
Secondary Payee Walmart	Purpose of Expenditure RCW	<input type="checkbox"/> Debit Card		
Street Address 650 Main Ave	City Norwalk	State CT		Zip Code 06851-1126
Description parade materials		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	
			\$107.43	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Ben Hartman	07/19/2010	<input checked="" type="checkbox"/> Check # 1328		
Secondary Payee The Home Depot	Purpose of Expenditure RCW	<input type="checkbox"/> Debit Card		
Street Address 600 Connecticut Ave	City Norwalk	State CT		Zip Code 06854-1616
Description Supplies sign				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	
			\$24.96	
Ben Hartman	07/19/2010	<input checked="" type="checkbox"/> Check # 1328		
Secondary Payee Ace Hardware	Purpose of Expenditure RCW	<input type="checkbox"/> Debit Card		
Street Address 46 Main St	City Jewett City	State CT		Zip Code 06351-2212
Description Keys				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	
			\$9.50	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Ben Hartman	Date of Payment 07/19/2010	Method of Payment <input checked="" type="checkbox"/> Check # 1328	Amount
Secondary Payee Verizon Wireless	Purpose of Expenditure RCW	<input type="checkbox"/> Debit Card	
Street Address PO Box 15062	City Albany	State NY	Zip Code 12212-5062
Description Cell Phone Bill			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$157.96
Other Candidate(s) Name			Office Sought
Name of Worker/Consultant Melissa C Danforth	Date of Payment 07/19/2010	Method of Payment <input checked="" type="checkbox"/> Check # 1329	Amount
Secondary Payee Melissa C Danforth	Purpose of Expenditure RCW	<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			\$113.00
Other Candidate(s) Name			Office Sought

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Melissa C Danforth	07/19/2010	<input checked="" type="checkbox"/> Check # 1329		
Secondary Payee Hartford Parking Authority	Purpose of Expenditure RCW	<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	
			\$15.00	
Melissa C Danforth	07/19/2010	<input checked="" type="checkbox"/> Check # 1329		
Secondary Payee Dunkin Donuts	Purpose of Expenditure RCW	<input type="checkbox"/> Debit Card		
Street Address 50 Main St	City Stamford	State CT		Zip Code 06901
Description Food for Phonebanking				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Other Candidate(s) Name
			Office Sought	
			\$5.49	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Melissa C Danforth	07/19/2010	<input checked="" type="checkbox"/> Check # 1329		
Secondary Payee CT State Library	Purpose of Expenditure RCW	<input type="checkbox"/> Debit Card		
Street Address 231 Capitol Ave	City Hartford	State CT		Zip Code 06106-1548
Description Copy Card				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	
			\$41.00	
Melissa C Danforth	07/19/2010	<input checked="" type="checkbox"/> Check # 1329		
Secondary Payee AT&T	Purpose of Expenditure RCW	<input type="checkbox"/> Debit Card		
Street Address 208 S Akard St	City Dallas	State TX		Zip Code 75202-4206
Description Phone 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	
			\$193.95	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Meg Holthaus	07/19/2010	<input checked="" type="checkbox"/> Check # 1332	
Secondary Payee Meg Holthaus	Purpose of Expenditure RCW	<input type="checkbox"/> Debit Card	
Street Address 5 Terrace Rd	City Milford	State CT	
Zip Code 06460-7738		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			\$253.95
Other Candidate(s) Name			
Office Sought			
Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Meg Holthaus	07/19/2010	<input checked="" type="checkbox"/> Check # 1332	
Secondary Payee Summer Place Parking	Purpose of Expenditure RCW	<input type="checkbox"/> Debit Card	
Street Address Summer Place	City Stamford	State CT	
Zip Code 06901		Event #	
Description			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$183.00
Other Candidate(s) Name			
Office Sought			

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Meg Holthaus	07/19/2010	<input checked="" type="checkbox"/> Check # 1332		
Secondary Payee Verizon Wireless	Purpose of Expenditure RCW	<input type="checkbox"/> Debit Card		
Street Address PO Box 15062	City Albany	State NY		Zip Code 12212-5062
Description New 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	
			\$345.79	
Meg Holthaus	07/19/2010	<input checked="" type="checkbox"/> Check # 1332		
Secondary Payee Verizon Wireless	Purpose of Expenditure RCW	<input type="checkbox"/> Debit Card		
Street Address PO Box 15062	City Albany	State NY		Zip Code 12212-5062
Description Phone 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	
			\$80.79	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Bill Cortese	07/19/2010	<input checked="" type="checkbox"/> Check # 1333		
Secondary Payee Bill Cortese	Purpose of Expenditure RCW	<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	
			\$66.70	
Bill Cortese	07/19/2010	<input checked="" type="checkbox"/> Check # 1333		
Secondary Payee Hartford Parking Authority	Purpose of Expenditure RCW	<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	
			\$85.25	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Bill Cortese	07/19/2010	<input checked="" type="checkbox"/> Check # 1333	
Secondary Payee Luna Pizza	Purpose of Expenditure RCW	<input type="checkbox"/> Debit Card	
Street Address 999 Farmington Ave	City Hartford	State CT	Zip Code 06107-2103
Description 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
			\$371.38
Bill Cortese	07/19/2010	<input checked="" type="checkbox"/> Check # 1333	
Secondary Payee Verizon Wireless	Purpose of Expenditure RCW	<input type="checkbox"/> Debit Card	
Street Address PO Box 15062	City Albany	State NY	Zip Code 12212-5062
Description June 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
			\$140.14

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Schuyler Merritt	07/20/2010	<input checked="" type="checkbox"/> Check # 1341	
Secondary Payee Schuyler Merritt	Purpose of Expenditure RCW	<input type="checkbox"/> Debit Card	
Street Address 20 Summer St Ste 200	City Stamford	State CT	
Zip Code 06901-2304		Event #	
Description Staff Beverages - cash			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$24.00
Other Candidate(s) Name			
Office Sought			
Schuyler Merritt	07/20/2010	<input checked="" type="checkbox"/> Check # 1341	
Secondary Payee Hartford Parking Authority	Purpose of Expenditure RCW	<input type="checkbox"/> Debit Card	
Street Address 155 Morgan St	City Hartford	State CT	
Zip Code 06103-1309		Event #	
Description			
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			

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Schuyler Merritt	07/20/2010	<input checked="" type="checkbox"/> Check # 1341		
Secondary Payee Sign-a-rama	Purpose of Expenditure RCW	<input type="checkbox"/> Debit Card		
Street Address 35 Eagle Rd	City Danbury	State CT		Zip Code 06810-4127
Description Vehicle Wrap				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	
			\$1,750.00	
Schuyler Merritt	07/20/2010	<input checked="" type="checkbox"/> Check # 1341		
Secondary Payee Keough's Hardware	Purpose of Expenditure RCW	<input type="checkbox"/> Debit Card		
Street Address 907 High Ridge Rd	City Stamford	State CT		Zip Code 06905-1916
Description Office Keys				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Other Candidate(s) Name
			Office Sought	
			\$50.63	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Schuyler Merritt	07/20/2010	<input checked="" type="checkbox"/> Check # 1341	
Secondary Payee Exxon Mobile	Purpose of Expenditure RCW	<input type="checkbox"/> Debit Card	
Street Address 1139 Post Rd	City Fairfield	State CT	Zip Code 06824-6074
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
			\$247.92
Schuyler Merritt	07/20/2010	<input checked="" type="checkbox"/> Check # 1341	
Secondary Payee Costco	Purpose of Expenditure RCW	<input type="checkbox"/> Debit Card	
Street Address 779 Connecticut Ave	City Norwalk	State CT	Zip Code 06854-1615
Description snacks and drinks			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought
			\$177.15

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Michael Roberts	07/20/2010	<input checked="" type="checkbox"/> Check # 1342	
Secondary Payee Hartford Parking Authority	Purpose of Expenditure RCW	<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
			\$28.00
Chris Covucci	07/20/2010	<input checked="" type="checkbox"/> Check # 1343	
Secondary Payee Chris Covucci	Purpose of Expenditure RCW	<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
			\$671.60

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Chris Covucci	07/20/2010	<input checked="" type="checkbox"/> Check # 1343		
Secondary Payee Summer Place Parking	Purpose of Expenditure RCW	<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	
Chris Covucci	07/20/2010	<input checked="" type="checkbox"/> Check # 1343		
Secondary Payee Luna Pizza	Purpose of Expenditure RCW	<input type="checkbox"/> Debit Card		
Street Address 999 Farmington Ave	City Hartford	State CT		Zip Code 06107-2103
Description Volunteer Food				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	
			\$77.01	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Chris Covucci	07/20/2010	<input checked="" type="checkbox"/> Check # 1343		
Secondary Payee Staples	Purpose of Expenditure RCW	<input type="checkbox"/> Debit Card		
Street Address 2550 Albany Ave	City West Hartford	State CT		Zip Code 06117-2301
Description Printer supplies, paper				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	
			\$506.30	
Chris Covucci	07/20/2010	<input checked="" type="checkbox"/> Check # 1343		
Secondary Payee CVS	Purpose of Expenditure RCW	<input type="checkbox"/> Debit Card		
Street Address 150 S Main St	City West Hartford	State CT		Zip Code 06107-3432
Description Supplies				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Other Candidate(s) Name
			Office Sought	
			\$11.22	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Foley For Governor, Inc.	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Chris Covucci	07/20/2010	<input checked="" type="checkbox"/> Check # 1343	
Secondary Payee Lowe's	Purpose of Expenditure RCW	<input type="checkbox"/> Debit Card	
Street Address 325 Cottage Grove Rd	City Bloomfield	State CT	Zip Code 06002-3148
Description Spray Paint, Cans for TV 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
			\$41.41
Chris Covucci	07/20/2010	<input checked="" type="checkbox"/> Check # 1343	
Secondary Payee Verizon Wireless	Purpose of Expenditure RCW	<input type="checkbox"/> Debit Card	
Street Address PO Box 15062	City Albany	State NY	Zip Code 12212-5062
Description Phone 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
			\$143.81
Total of Section R			\$7,084.94

IV. EXPENDITURES				
NAME OF COMMITTEE				FILING DUE DATE
Foley For Governor, Inc.				
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				