

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

Office Use Only

Page 1 of 36

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 | | | | | | | | | |
| January 10 Filing - Original | | | | | | | | | |
| 10. PERIOD COVERED | | | | | | | | | |
| Beginning Date | | | | | Ending Date | | | | |
| 12/01/2009 | | | | | thru 12/31/2009 | | | | |
| 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 | | | 01/11/2010 | | | |
| SIGNATURE | | | PRINT NAME OF THE SIGNER | | | DATE CERTIFIED | | | |
| PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH. | | | | | | | | | |

SEEC FORM 30

Itemized Campaign Finance Disclosure Statement

Candidates for Statewide Offices and General Assembly

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 1/08

**SUMMARY PAGE
TOTALS**

| NAME OF COMMITTEE | FILING DUE DATE | |
|--|--------------------------------|------------------------------|
| Foley For Governor, Inc. | Original 01/11/2010 | |
| | COLUMN A This Period | COLUMN B Aggregate |
| 12. Balance on hand from day Committee was formed | | \$0.00 |
| 13. Balance on hand at the beginning of Reporting Period | \$0.00 | |
| 14. Contributions received from Individuals (Section A and B) | \$64,175.00 | \$64,175.00 |
| 15. Receipts from Other Committees (Sections C1 + C2) | \$0.00 | \$0.00 |
| 16. Other Monetary Receipts (Section D-1) | \$2,000,000.00 | \$2,000,000.00 |
| 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) | \$2,064,175.00 | \$2,064,175.00 |
| 19. Subtotals (add totals in line 13 + line 18 in Column A and in lines 12 + 18 in Column B) | \$2,064,175.00 | \$2,064,175.00 |
| 20. Expenses Paid by Committee (Section N) | \$46,688.42 | \$46,688.42 |
| 21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19) | \$2,017,486.58 | \$2,017,486.58 |
| 22. In-Kind Donations not Considered Contributions Received (Section J3) | \$0.00 | \$0.00 |
| 23. In-Kind Contributions Received (Section K) | \$1,242.53 | \$1,242.53 |
| 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 | \$0.00 | \$0.00 |
| 26a. + Loans Received (Section D) | \$2,000,000.00 | \$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) | \$0.00 | \$0.00 |
| 29. Expenses Incurred by Committee During this Period but Not Paid (Section Q) | \$0.00 | |
| 29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q) | \$0.00 | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|--|---|
| NAME OF COMMITTEE | FILING DUE DATE |
| Foley For Governor, Inc. | Original 01/11/2010 |
| A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i> | Subtotal Section A \$0.00 |

B. Itemized Contributions from Individuals

| | | | | | |
|--|-----------------------------------|--|--|---------------------------------------|------------------------|
| Last Name Pirchner | First Name Herman | 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 # 0001 | Amount of Contribution |
| Residential Street Address 115 10th St SE | City Washington | State DC | Zip Code 20003-3922 | Date Received 12/08/2009 | |
| Principal Occupation President | Name of Employer AFPC | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$1,000.00 | \$1,000.00 |
| Last Name Welsh | First Name Melissa | MI | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID # 0012 | Amount of Contribution |
| Residential Street Address 35 Latham Rd | City Willington | State CT | Zip Code 06279-1915 | Date Received 12/08/2009 | |
| Principal Occupation Operations Management | Name of Employer AmTrust | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Cameron | First Name Lenore | 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 # 0023 | Amount of Contribution |
| Residential Street Address 70 E Cedar St | City Chicago | State IL | Zip Code 60611-1179 | Date Received 12/09/2009 | |
| Principal Occupation Retired Fund Manager | Name of Employer retired | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$250.00 | \$250.00 |
| Last Name Graham | First Name William | MI | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID # 0028 | Amount of Contribution |
| Residential Street Address 241 Melrose Ave | City Kenilworth | State IL | Zip Code 60043-1154 | Date Received 12/11/2009 | |
| Principal Occupation Self-employed | Name of Employer Self-employed | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$1,000.00 | \$1,000.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|--------------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Foley For Governor, Inc. | Original 01/11/2010 |

B. Itemized Contributions from Individuals

| | | | | | |
|--|---|--|--|--|------------------------|
| Last Name Salpeter | First Name Alan | 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 # 0029 | Amount of Contribution |
| Residential Street Address 270 E Pearson St Apt 1301 | City Chicago | State IL | Zip Code 60611-2695 | Date Received 12/14/2009 | |
| Principal Occupation Attorney | Name of Employer Dewey & LeBoeuf 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: | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | | Aggregate Contributions \$250.00 | \$250.00 |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Last Name McNitt | First Name Bill | 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 # 0030 | Amount of Contribution |
| Residential Street Address 1152 Cherry St | City Winnetka | State IL | Zip Code 60093-2115 | Date Received 12/15/2009 | |
| Principal Occupation Private Equity | Name of Employer Thurston Group | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | | Aggregate Contributions \$100.00 | \$100.00 |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Last Name Payne | First Name George | MI | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID # 0031 | Amount of Contribution |
| Residential Street Address 32 Loughlin Road Ext | City Oxford | State CT | Zip Code 06478 | Date Received 12/19/2009 | |
| Principal Occupation Factory worker | Name of Employer Macy's Logistics & Operations | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | | Aggregate Contributions \$2,500.00 | \$2,500.00 |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Last Name Creigh | First Name John | MI D | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0032 | Amount of Contribution |
| Residential Street Address 132 Glenwood Ave | City Winnetka | State IL | Zip Code 60093-1509 | Date Received 12/23/2009 | |
| Principal Occupation Builder | Name of Employer GA Johnson | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | | Aggregate Contributions \$500.00 | \$500.00 |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|--------------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Foley For Governor, Inc. | Original 01/11/2010 |

B. Itemized Contributions from Individuals

| | | | | | |
|--|--|--|--|---------------------------------------|------------------------|
| Last Name Fitzpatrick | First Name Brian | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0033 | Amount of Contribution |
| Residential Street Address 600 Glendale Dr | City Glenview | State IL | Zip Code 60025-4413 | Date Received 12/23/2009 | |
| Principal Occupation Retired | Name of Employer Formerly Deloitte & Touche | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$300.00 | \$300.00 |
| Last Name Kachadurian | First Name Gary | 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 # 0002 | Amount of Contribution |
| Residential Street Address 12 S Country Line Rd | City Hinsdale | State IL | Zip Code 60025 | Date Received 12/23/2009 | |
| Principal Occupation Real Estate | Name of Employer ARA | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$250.00 | \$250.00 |
| Last Name Leone | First Name Eugene | 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 # 0003 | Amount of Contribution |
| Residential Street Address 900 N Michigan Ave | City Chicago | State IL | Zip Code 60611-1542 | Date Received 12/23/2009 | |
| Principal Occupation Managing Director | Name of Employer Pircher, Nichols & Meeks | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$1,000.00 | \$1,000.00 |
| Last Name Dixton | First Name Grant | 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 # 0004 | Amount of Contribution |
| Residential Street Address 525 Park Dr | City Kenilworth | State IL | Zip Code 60043-1004 | Date Received 12/29/2009 | |
| Principal Occupation Attorney | Name of Employer The Boeing Company | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$500.00 | \$500.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|--------------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Foley For Governor, Inc. | Original 01/11/2010 |

B. Itemized Contributions from Individuals

| | | | | | |
|--|--|--|--|---------------------------------------|------------------------|
| Last Name Sheffield | First Name Eric | MI | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID # 0005 | Amount of Contribution |
| Residential Street Address 12308 Abberton Ct | City Orlando | State FL | Zip Code 32837-6519 | Date Received 12/29/2009 | |
| Principal Occupation Physical Security SME | Name of Employer Harborsite International LLC | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |
| Last Name Bogart | First Name Susan | 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 # 0006 | Amount of Contribution |
| Residential Street Address 2130 Iroquois Rd | City Wilmette | State IL | Zip Code 60091-1406 | Date Received 12/31/2009 | |
| Principal Occupation Attorney | Name of Employer self-employed | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$250.00 | \$250.00 |
| Last Name Dauphinot | First Name Tori | 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 # 0007 | Amount of Contribution |
| Residential Street Address 36 French Rd | City Greenwich | State CT | Zip Code 06831-3720 | Date Received 12/31/2009 | |
| Principal Occupation Homemaker | Name of Employer Self Employed | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$2,400.00 | \$2,400.00 |
| Last Name Hubbard | First Name Kenneth W. | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0020 | Amount of Contribution |
| Residential Street Address 36 French Rd | City Greenwich | State CT | Zip Code 06831-3720 | Date Received 12/31/2009 | |
| Principal Occupation Real Estate | Name of Employer Hines | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$2,400.00 | \$2,400.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|--------------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Foley For Governor, Inc. | Original 01/11/2010 |

B. Itemized Contributions from Individuals

| | | | | | |
|--|--|--|--|---------------------------------------|------------------------|
| Last Name De Chazal | First Name Guy | 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 # 0008 | Amount of Contribution |
| Residential Street Address 68 Wheatley Rd | City Glen Head | State NY | Zip Code 11545-2922 | Date Received 12/31/2009 | |
| Principal Occupation Investor | Name of Employer Self-employed | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$2,400.00 | \$2,400.00 |
| Last Name Fairley | First Name Peter | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0009 | Amount of Contribution |
| Residential Street Address 36 W 84th St Apt 7C | City New York | State NY | Zip Code 10024-4742 | Date Received 12/31/2009 | |
| Principal Occupation CPA | Name of Employer J.H. Cohn, LLP | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$3,500.00 | \$3,500.00 |
| Last Name Fendler | First Name Gary | MI E | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID # 0010 | Amount of Contribution |
| Residential Street Address 47 Silo Dr | City Wethersfield | State CT | Zip Code 06109-2717 | Date Received 12/31/2009 | |
| Principal Occupation Telecommunications | Name of Employer DiscoveryTel Communications pl | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Foley | First Name Catherine | 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 # 0011 | Amount of Contribution |
| Residential Street Address 3701 Carnegie Ln | City Raleigh | State NC | Zip Code 27612-4375 | Date Received 12/31/2009 | |
| Principal Occupation Photographer | Name of Employer Self-employed | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$3,500.00 | \$3,500.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|--------------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Foley For Governor, Inc. | Original 01/11/2010 |

B. Itemized Contributions from Individuals

| | | | | | |
|--|--|--|--|---------------------------------------|------------------------|
| Last Name Grayson | First Name Brun H. | 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 # 0013 | Amount of Contribution |
| Residential Street Address 950 Winter Steet # 2600 | City Waltham | State MA | Zip Code 02451 | Date Received 12/31/2009 | |
| Principal Occupation Investment | Name of Employer Calvert 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 \$3,500.00 | \$3,500.00 |
| Last Name Grayson | First Name Perrin M. | 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 # 0014 | Amount of Contribution |
| Residential Street Address 950 Winter St Ste 2600 | City Waltham | State MA | Zip Code 02451-1518 | Date Received 12/31/2009 | |
| Principal Occupation Attorney | Name of Employer Self-employed | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$3,500.00 | \$3,500.00 |
| Last Name Hannan | First Name Yvonne | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0015 | Amount of Contribution |
| Residential Street Address 60 E End Ave Apt 30A | City New York | State NY | Zip Code 10028-7946 | Date Received 12/31/2009 | |
| Principal Occupation Homemaker | Name of Employer None | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$3,500.00 | \$3,500.00 |
| Last Name Hannan | First Name Kenneth | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0016 | Amount of Contribution |
| Residential Street Address 60 E End Ave Apt 30A | City New York | State NY | Zip Code 10028-7946 | Date Received 12/31/2009 | |
| Principal Occupation Business Man | Name of Employer Colonial Navigation, Co. | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$3,500.00 | \$3,500.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|--------------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Foley For Governor, Inc. | Original 01/11/2010 |

B. Itemized Contributions from Individuals

| | | | | | |
|--|---|--|--|---------------------------------------|------------------------|
| Last Name Heck | First Name Harold | MI D | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID # 0018 | Amount of Contribution |
| Residential Street Address 794 Sasco Hill Rd | City Fairfield | State CT | Zip Code 06824-6345 | Date Received 12/31/2009 | |
| Principal Occupation Lawyer/Investor | Name of Employer Self-employed | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$1,000.00 | \$1,000.00 |
| Last Name Heck | First Name Jaquett | 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 # 0019 | Amount of Contribution |
| Residential Street Address 794 Sasco Hill Rd | City Fairfield | State CT | Zip Code 06824-6345 | Date Received 12/31/2009 | |
| Principal Occupation Business Owner | Name of Employer Caring Today | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$3,500.00 | \$3,500.00 |
| Last Name Lawrence | First Name Larry | MI 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 # 0021 | Amount of Contribution |
| Residential Street Address 40 Brookside Dr | City Greenwich | State CT | Zip Code 06830 | Date Received 12/31/2009 | |
| Principal Occupation Investment Mgr. | Name of Employer Allegra Capital Mgmt. | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$3,500.00 | \$3,500.00 |
| Last Name Lawrence | First Name Sally | MI 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 # 0022 | Amount of Contribution |
| Residential Street Address 40 Brookside Dr | City Greenwich | State CT | Zip Code 06830 | Date Received 12/31/2009 | |
| Principal Occupation Volunteer | Name of Employer None | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$3,500.00 | \$3,500.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|--------------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Foley For Governor, Inc. | Original 01/11/2010 |

B. Itemized Contributions from Individuals

| | | | | | |
|--|--|--|--|---------------------------------------|------------------------|
| Last Name Overlock | First Name Willard | 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 # 0024 | Amount of Contribution |
| Residential Street Address 32 Pecksland Rd | City Greenwich | State CT | Zip Code 06831-3738 | Date Received 12/31/2009 | |
| Principal Occupation Retired | Name of Employer retired | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$2,400.00 | \$2,400.00 |
| Last Name Smith | First Name Charlotte | 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 # 0025 | Amount of Contribution |
| Residential Street Address 19 Wertsville Rd | City Hillsborough | State NJ | Zip Code 08844-3230 | Date Received 12/31/2009 | |
| Principal Occupation Homemaker | Name of Employer None | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$3,500.00 | \$3,500.00 |
| Last Name Smith | First Name Richard | MI W | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0026 | Amount of Contribution |
| Residential Street Address 19 Wertsville Rd | City Hillsborough | State NJ | Zip Code 08844-3230 | Date Received 12/31/2009 | |
| Principal Occupation Private Equity | Name of Employer J. P. Morgan | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="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 Witmer | First Name Richard | 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 # 0027 | Amount of Contribution |
| Residential Street Address 16 Fort Hill Ln | City Greenwich | State CT | Zip Code 06831-3719 | Date Received 12/31/2009 | |
| Principal Occupation Investor | Name of Employer Brown Brothers Harriiman | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$3,500.00 | \$3,500.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|--------------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Foley For Governor, Inc. | Original 01/11/2010 |

B. Itemized Contributions from Individuals

| | | | | | | |
|--|--|--|--|--|---------------------------|---------------------------|
| Last Name Harvey | First Name Darrell | 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 # 0017 | Amount of Contribution |
| Residential Street Address 18 Peach Hill Rd | City Darien | State CT | Zip Code 06820-2821 | Date Received 12/31/2009 | | |
| Principal Occupation Executive | Name of Employer The Ashford Group | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: | <input type="checkbox"/> 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 \$3,500.00 | | \$3,500.00 |
| Total of Section B | | | | | | \$64,175.00 |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) <i>(Total on Line 14 of Summary Page)</i> | | | | | | \$64,175.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|--------------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Foley For Governor, Inc. | Original 01/11/2010 |

C1. Contributions from Other Committees

| | | | | | | |
|----------------------------|-------|--|-------------------|-------------------------|----------------------|------------------------|
| Name of Committee | | | Name of Treasurer | | | |
| Address | | Is this contribution associated with a fundraising event listed in Section J1? | | Yes No | If yes, list Event # | Amount of Contribution |
| City | State | Zip Code | Date Received | Aggregate Contributions | | |
| Total of Section C1 | | | | | | |

| I. MONETARY RECEIPTS (Section A-I) | | | | |
|---|-------|----------|--|---------------------|
| NAME OF COMMITTEE | | | | FILING DUE DATE |
| Foley For Governor, Inc. | | | | Original 01/11/2010 |
| C2. Reimbursements or Payments from other Committees | | | | |
| Name of Committee | | | Name of Treasurer | |
| Address | | | Date Received | Amount of Receipt |
| City | State | Zip Code | Reimbursement for shared expense Payment for goods and services | |
| Total of Section C2 | | | | |

I. MONETARY RECEIPTS (Section A-K)

| | |
|--------------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Foley For Governor, Inc. | Original 01/11/2010 |

D. Loans Received this Period

| | | | | | | | | |
|--------------------------------------|--|-------------------|--|-------------------------------------|------------------------|--|------------------------------------|-----------------|
| Name of Lender Mr. Thomas C Foley | | | | Source of Loan: | | Is there a cosigner or Guarantor of this loan? | | Amount Received |
| Street Address 62 Khakum Wood Rd | | City Greenwich | | State CT | Zip Code 06831-3748 | <input type="checkbox"/> Bank | <input type="checkbox"/> Candidate | |
| Name of Cosigner/Guarantor | | | | <input type="checkbox"/> Individual | | <input checked="" type="checkbox"/> No | | \$100,000.00 |
| Street Address | | City | | State | Zip Code | Date Received 12/15/2009 | | |

| | | | | | | | | |
|--------------------------------------|--|-------------------|--|-------------------------------------|------------------------|--|---|-----------------|
| Name of Lender Mr. Thomas C Foley | | | | Source of Loan: | | Is there a cosigner or Guarantor of this loan? | | Amount Received |
| Street Address 62 Khakum Wood Rd | | City Greenwich | | State CT | Zip Code 06831-3748 | <input type="checkbox"/> Bank | <input checked="" type="checkbox"/> Candidate | |
| Name of Cosigner/Guarantor | | | | <input type="checkbox"/> Individual | | <input checked="" type="checkbox"/> No | | \$1,900,000.00 |
| Street Address | | City | | State | Zip Code | Date Received 12/23/2009 | | |

Total of Section D**\$2,000,000.00**

I. MONETARY RECEIPTS (Section A-I)

| | |
|--------------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Foley For Governor, Inc. | Original 01/11/2010 |

E. Personal Funds of the Candidate Received this Period

| Date Received | Amount | Method of Payment | | |
|---------------|--------|-------------------|----------------|-------------------|
| | | Cash | Personal Check | Credit/Debit Card |

Total of Section E

| | | | | | |
|---|---------------------|------------|------------|-------|--------|
| I. MONETARY RECEIPTS (Section A-I) | | | | | |
| NAME OF COMMITTEE | FILING DUE DATE | | | | |
| Foley For Governor, Inc. | Original 01/11/2010 | | | | |
| F. Anonymous Contributions | | | | | |
| Date Received | \$ 1 bills | \$ 5 bills | \$ 10 bill | coins | Amount |
| Total of Section F | | | | | |

| I. Monetary Receipts (Section A-I) | | | | |
|---|------|---------------|----------|-----------------------|
| NAME OF COMMITTEE | | | | FILING DUE DATE |
| Foley For Governor, Inc. | | | | Original 01/11/2010 |
| G. Interest from Deposits in Authorized Accounts | | | | |
| Name of Institution | | Date Received | | Total Amount Received |
| Street Address | City | State | Zip Code | |
| Total of Section G | | | | |

| I. MONETARY RECEIPTS (Section A-K) | | | |
|--|--|---------------|---------------------|
| NAME OF COMMITTEE | | | FILING DUE DATE |
| Foley For Governor, Inc. | | | Original 01/11/2010 |
| H. Public Grant Funds Received from the Citizen's Election Fund | | | |
| Purpose of Grant: | Supplemental/Independent Expenditure | Date Received | Amount |
| Initial | Primary General or Special Election | | |
| Primary | Primary General or Special Election | | |
| Supplemental/Post Election Deficit | Supplemental/Excess Expenditure | | |
| General or Special Election | Primary General or Special Election | | |
| Total of Section H | | | |

| I. MONETARY RECEIPTS (Section A-K) | | |
|--|---------------------|--------------------|
| NAME OF COMMITTEE | FILING DUE DATE | |
| Foley For Governor, Inc. | Original 01/11/2010 | |
| I. Miscellaneous Monetary Receipts not Considered Contributions | | |
| Name | Date of Transaction | Amount Received |
| Street Address | City | |
| | State Zip Code | |
| Description | | |
| Total of Section I | | |

II. FUNDRAISING EVENT ACTIVITY

| | |
|---|--|
| NAME OF COMMITTEE Foley For Governor, Inc. | FILING DUE DATE Original 01/11/2010 |
|---|--|

J1. Fundraising Event Information

| Fundraising Event # Date of Fundraiser | Description Letter | Location: Street Address | City | State | Zip Code |
|--|-----------------------|--------------------------|------|-------|----------|
| Was this fundraising event hosted at a personal residence? | | | Yes | No | |
| Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$50? | | | Yes | No | |
| Was this fundraiser a tag sale, auction, or other sale of donated items? | | | Yes | No | |
| | | | | | |

II. FUNDRAISING EVENT ACTIVITY

| | |
|--------------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Foley For Governor, Inc. | Original 01/11/2010 |

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

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

Total of Section J2

II. FUNDRAISING EVENT ACTIVITY

| | |
|--------------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Foley For Governor, Inc. | Original 01/11/2010 |

J3. In-Kind Donations Not Considered Contributions

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

| | | | | | | |
|----------------------------|--|--|--|--|--|--|
| Total of Section J3 | | | | | | |
|----------------------------|--|--|--|--|--|--|

III. NONMONETARY RECEIPTS

| | |
|--------------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Foley For Governor, Inc. | Original 01/11/2010 |

K. In-Kind Contributions

| | | | | | | |
|--|--|---|-------------|---------------------------------------|--|--|
| Name Foley C Thomas | | | | Date Received 12/21/2009 | | Fair Market Value of this Contribution |
| Street Address 62 Khakum Wood Rd | | City Greenwich | State CT | Zip Code 06831-3748 | | |
| Type of Contributor: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Committee | Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | | | |
| Is this contribution associated with a fundraising event listed in Section 11? If yes, list Event# | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Description of In-Kind Contribution Rally Signs from DMI | | Aggregate contributions \$1,242.53 | | \$1,242.53 |
| Total of Section K | | | | | | \$1,242.53 |

III. Non Monetary Receipts

| | |
|--------------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Foley For Governor, Inc. | Original 01/11/2010 |

L. Refundable Deposit to Telephone Company

| Last Name (Individuals Only) | First Name | MI | Date Received | | Amount of Deposit |
|--------------------------------|------------|-------|---------------|--|-------------------|
| Street Address | City | State | Zip Code | | |
| Name of Telephone company | | | | | |
| Street Address | City | State | Zip Code | | |
| Total of Section L | | | | | |

III. NONMONETARY RECEIPTS

| | | | | | |
|--|--|-------|------------------------|----------------------|-------------------------------------|
| NAME OF COMMITTEE | | | | FILING DUE DATE | |
| Foley For Governor, Inc. | | | | Original 01/11/2010 | |
| M. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus, and Party Committee | | | | | |
| Name of Committee | | | Name of Treasurer | | |
| Street Address | | | | Date Notice Received | Fair Market Value of Donation |
| City | | State | Zip Code | Aggregate Donations | |
| Description of Donation | | | Purpose of Expenditure | | |
| | | | A | B | C |
| | | | D | E | |
| Total of Section M | | | | | |

IV. EXPENDITURES

| | |
|--------------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Foley For Governor, Inc. | Original 01/11/2010 |

N. Expenses Paid By Committee

| Name of Payee | Date of Payment | Method of Payment | Amount | |
|---|-------------------|---|------------|-------------------------------------|
| Anthem Blue Cross c/o Secure Future Services | 12/21/2009 | <input checked="" type="checkbox"/> Check # | | |
| Street Address 121 Woosley Ave | City Trumbull | State CT | | Zip Code 06611-4458 |
| Purpose of Expenditure WAGE | | <u>155</u> | | <input type="checkbox"/> Debit Card |
| Description Health Insurance | | Event # | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | |
| Other Candidate(s) Name | | Office Sought | | |
| | | | \$1,993.53 | |
| SWC Office Furniture | 12/21/2009 | <input checked="" type="checkbox"/> Check # | | |
| Street Address 375 Fairfield Ave | City Stamford | State CT | | Zip Code 06902-7220 |
| Purpose of Expenditure EFV * | | <u>157</u> | | <input type="checkbox"/> Debit Card |
| Description Furniture Rental | | 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 | | |
| | | | \$796.41 | |
| Sunghi P Frauen | 12/21/2009 | <input checked="" type="checkbox"/> Check # | | |
| Street Address 55 Upland Dr | City Greenwich | State CT | | Zip Code 06831-4452 |
| Purpose of Expenditure OFFICE | | <u>152</u> | | <input type="checkbox"/> Debit Card |
| Description | | Event # | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | |
| Other Candidate(s) Name | | Office Sought | | |
| | | | \$52.80 | |

IV. EXPENDITURES

| | |
|--------------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Foley For Governor, Inc. | Original 01/11/2010 |

N. Expenses Paid By Committee

| Name of Payee | Date of Payment | Method of Payment | Amount |
|---|------------------|---|-------------------------|
| Chris Bandecchi | 12/21/2009 | <input checked="" type="checkbox"/> Check # | |
| Street Address 20 Summer St Fl 2 | City Stamford | State CT | Zip Code 06901-2304 |
| Purpose of Expenditure TRVL | | <u>151</u> <input type="checkbox"/> Debit Card | |
| Description | | | Event # |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | Other Candidate(s) Name |
| | | | Office Sought |
| | | | \$16.00 |
| Chris Bandecchi | 12/21/2009 | <input checked="" type="checkbox"/> Check # | |
| Street Address 20 Summer St Fl 2 | City Stamford | State CT | Zip Code 06901-2304 |
| Purpose of Expenditure WAGE | | <u>150</u> <input type="checkbox"/> Debit Card | |
| Description | | | Event # |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | Other Candidate(s) Name |
| | | | Office Sought |
| | | | \$1,000.00 |
| United States Postal Service | 12/21/2009 | <input checked="" type="checkbox"/> Check # | |
| Street Address 421 Atlantic St | City Stamford | State CT | Zip Code 06901-9998 |
| Purpose of Expenditure POST | | <u>156</u> <input type="checkbox"/> Debit Card | |
| Description Campaign PO Box 1196 | | | 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 |
| | | | \$392.00 |

| IV. EXPENDITURES | | | | | | | |
|---|--|-------------------------|-------|---------------|------------------------|---|----------|
| NAME OF COMMITTEE | | | | | | FILING DUE DATE | |
| Foley For Governor, Inc. | | | | | | Original 01/11/2010 | |
| N. Expenses Paid By Committee | | | | | | | |
| Name of Payee | | | | | Date of Payment | Method of Payment | Amount |
| JP Morgan Chase | | | | | 12/22/2009 | <input type="checkbox"/> Check # | |
| Street Address | | City | State | Zip Code | Purpose of Expenditure | <input checked="" type="checkbox"/> Debit Card | |
| 3A Pickwick Plz | | Greenwich | CT | 06830 | BNK | | |
| Description | | | | | | Event # | |
| Checking Supplies | | | | | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | | Other Candidate(s) Name | | Office Sought | | | \$27.95 |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | |
| Name of Payee | | | | | Date of Payment | Method of Payment | Amount |
| Foley for Senate, Inc. | | | | | 12/23/2009 | <input checked="" type="checkbox"/> Check # | |
| Street Address | | City | State | Zip Code | Purpose of Expenditure | <u>163</u> <input type="checkbox"/> Debit Card | |
| PO Box 110384 | | Stamford | CT | 06911-0384 | EFV * | | |
| Description | | | | | | Event # | |
| 3 Used Printers | | | | | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | | Other Candidate(s) Name | | Office Sought | | | \$528.98 |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | |
| Name of Payee | | | | | Date of Payment | Method of Payment | Amount |
| Foley for Senate, Inc. | | | | | 12/23/2009 | <input checked="" type="checkbox"/> Check # | |
| Street Address | | City | State | Zip Code | Purpose of Expenditure | <u>164</u> <input type="checkbox"/> Debit Card | |
| PO Box 110384 | | Stamford | CT | 06911-0384 | OFFICE | | |
| Description | | | | | | Event # | |
| | | | | | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | | Other Candidate(s) Name | | Office Sought | | | \$230.00 |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | |

IV. EXPENDITURES

| | |
|--------------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Foley For Governor, Inc. | Original 01/11/2010 |

N. Expenses Paid By Committee

| Name of Payee | Date of Payment | Method of Payment | Amount | |
|---|--------------------|---|-------------------------|------------------------|
| SWC Office Furniture | 12/23/2009 | <input checked="" type="checkbox"/> Check # | | |
| Street Address 375 Fairfield Ave | City Stamford | State CT | | Zip Code 06902-7220 |
| Purpose of Expenditure EFV * | | | | 159 |
| Description Furniture Rental | | | | 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 | |
| | | | \$752.60 | |
| Thomas Daffron | 12/23/2009 | <input checked="" type="checkbox"/> Check # | | |
| Street Address PO Box 31 | City Shady Side | State MD | | Zip Code 20764-0031 |
| Purpose of Expenditure CNSLT | | | | 160 |
| 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 | |
| | | | \$2,000.00 | |
| Custom Sign Solutions | 12/23/2009 | <input checked="" type="checkbox"/> Check # | | |
| Street Address 93 Prospect St | City Stamford | State CT | | Zip Code 06901-1615 |
| Purpose of Expenditure Misc * | | | | 161 |
| Description Office Building 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 | |
| | | | \$75.00 | |

IV. EXPENDITURES

| | |
|--------------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Foley For Governor, Inc. | Original 01/11/2010 |

N. Expenses Paid By Committee

| Name of Payee | Date of Payment | Method of Payment | Amount | |
|---|--------------------|--|-------------|-------------------------------------|
| Stevens & Schriefer Group | 12/29/2009 | <input checked="" type="checkbox"/> Check # <u>999995</u> | \$10,000.00 | |
| Street Address 2120 L St NW Ste 510 | City Washington | State DC | | Zip Code 20037-1534 |
| Purpose of Expenditure CNSLT | | | | <input type="checkbox"/> Debit Card |
| Description | | | | Event # |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | |
| Other Candidate(s) Name | | | | |
| Office Sought | | | | |
| JP Morgan Chase | 12/29/2009 | <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card | \$116.00 | |
| Street Address 3A Pickwick Plz | City Greenwich | State CT | | Zip Code 06830 |
| Purpose of Expenditure BNK | | | | Event # |
| Description Checking Supplies | | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | |
| Other Candidate(s) Name | | | | |
| Office Sought | | | | |
| ADP EasyPay Boston 2 | 12/30/2009 | <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card | \$7,926.06 | |
| Street Address 225 2nd Ave | City Waltham | State MA | | Zip Code 02451-1122 |
| Purpose of Expenditure WAGE | | | | Event # |
| Description Payroll Services | | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | |
| Other Candidate(s) Name | | | | |
| Office Sought | | | | |

| IV. EXPENDITURES | | | | | | | |
|---|----------|-------|-------------------------|------------------------|--|---|-------------|
| NAME OF COMMITTEE | | | | | | FILING DUE DATE | |
| Foley For Governor, Inc. | | | | | | Original 01/11/2010 | |
| N. Expenses Paid By Committee | | | | | | | |
| Name of Payee | | | | | Date of Payment | Method of Payment | Amount |
| ADP EasyPay Boston 2 | | | | | 12/31/2009 | <input type="checkbox"/> Check # | |
| Street Address | City | State | Zip Code | Purpose of Expenditure | Method of Payment | | |
| 225 2nd Ave | Waltham | MA | 02451-1122 | WAGE | <input checked="" type="checkbox"/> Debit Card | | |
| Description | | | | | Event # | | |
| Payroll | | | | | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | | | Other Candidate(s) Name | | Office Sought | | \$20,758.09 |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | |
| Name of Payee | | | | | Date of Payment | Method of Payment | Amount |
| Melissa C Danforth | | | | | 12/31/2009 | <input checked="" type="checkbox"/> Check # | |
| Street Address | City | State | Zip Code | Purpose of Expenditure | Method of Payment | | |
| 20 Summer St | Stamford | CT | 06901-2304 | OFFICE | 153 <input type="checkbox"/> Debit Card | | |
| Description | | | | | Event # | | |
| Mailing Labels | | | | | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | | | Other Candidate(s) Name | | Office Sought | | \$23.00 |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | |
| Total of Section N | | | | | | \$46,688.42 | |

| IV. EXPENDITURES | | | | | | |
|---|-------------|------|--|-----------------|---------------------------|--|
| NAME OF COMMITTEE | | | | | FILING DUE DATE | |
| Foley For Governor, Inc. | | | | | Original 01/11/2010 | |
| O. Campaign Expenses Paid By Candidate | | | | | | |
| Name of Payee | | | | Date of Payment | Is Reimbursement Claimed? | |
| | | | | | Yes No | |
| Street Address | | City | | State | Zip Code | |
| | | | | | | |
| Purpose of Expenditure | Description | | | | Event # | |
| | | | | | | |
| Total of Section O | | | | | | |

| IV. EXPENDITURES | | | | | | |
|--|-------------|------|--|---------------------|---------------------|--------|
| NAME OF COMMITTEE | | | | | FILING DUE DATE | |
| Foley For Governor, Inc. | | | | | Original 01/11/2010 | |
| P. Expenses Incurred on Committee Credit Card | | | | | | |
| Name of Issuing Institution | | | Type of Credit Card: | | | |
| | | | Visa Master Card Discover American Other | | | |
| Name of Vendor | | | | Date of Transaction | | Amount |
| Street Address | | City | State | Zip Code | | |
| Purpose of Expenditure | Description | | | Event # | | |
| Total of Section P | | | | | | |

IV. EXPENDITURES

| | |
|--------------------------|---------------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Foley For Governor, Inc. | Original 01/11/2010 |

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

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

Total of Section Q

| IV. EXPENDITURES | | | | |
|---|------|-------------------------|-------------------|---------------------|
| NAME OF COMMITTEE | | | | FILING DUE DATE |
| Folev For Governor. Inc. | | | | Original 01/11/2010 |
| R. Itemization of Reimbursements to Committee Workers and Consultants | | | | |
| Name of Worker/Consultant | | Date of Payment | Method of Payment | |
| | | | Check # | |
| Secondary Payee | | Purpose of Expenditure | | Amount |
| | | | | Debit Card |
| Street Address | City | State | Zip Code | |
| | | | | |
| Description | | | Event # | |
| | | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | | Other Candidate(s) Name | Office Sought | |
| Yes | | | | |
| No | | | | |
| Total of Section R | | | | |

| | |
|---|--|
| IV. EXPENDITURES | |
| NAME OF COMMITTEE | FILING DUE DATE |
| Foley For Governor, Inc. | Original 01/11/2010 |
| S. Surplus Distribution of Equipment and Furniture | |
| Name of Recipient | Original Purchase Amount of Item |
| Street Address | |
| City | |
| State | Zip Code |
| Description | |
| Total of Section S | |