

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 26

SUMMARY PAGE

1. NAME OF COMMITTEE				2. TYPE OF COMMITTEE	
Wilson-Foley For Lieutenant Governor				<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee	
3. TREASURER NAME					
Title	First	MI	Last	Suffix	
	David	M	Audibert		
4. TREASURER ADDRESS					
Street Address		City	State	Zip Code	
387 Lyman Rd		Wolcott	CT	06716	
5. ELECTION DATE		6. OFFICE SOUGHT (if applicable)		7. DISTRICT CODE (if applicable)	
11/02/2010		Lieutenant Governor			
8. CANDIDATE NAME					
Title	First	MI	Last	Suffix	
	Lisa	A	Wilson-Foley		
9. TYPE OF REPORT					
1st Supplemental Statement Primary - Original					
10. PERIOD COVERED					
Beginning Date		Ending Date			
07/20/2010		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		Kelly Phaneuf		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

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**SUMMARY PAGE
TOTALS**

NAME OF COMMITTEE	FILING DUE DATE	
Wilson-Foley For Lieutenant Governor		
	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	\$1,135.33	
14. Contributions received from Individuals (Section A and B)	\$350.00	\$67,217.00
15. Receipts from Other Committees (Sections C1 + C2)	\$0.00	\$0.00
16. Other Monetary Receipts (Section D-1)	\$0.00	\$140,000.00
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)	\$350.00	\$207,217.00
19. Subtotals (add totals in line 13 + line 18 in Column A and in lines 12 + 18 in Column B)	\$1,485.33	\$207,217.00
20. Expenses Paid by Committee (Section N)	\$176.00	\$205,907.67
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19)	\$1,309.33	\$1,309.33
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$0.00	\$0.00
23. In-Kind Contributions Received (Section K)	\$0.00	\$0.00
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)	\$0.00	\$0.00
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	\$0.00	\$0.00
27. Campaign Expenses Paid By Candidate (Section O)	\$0.00	\$186,929.82
28. Expenses Incurred on Committee Credit Card (Section P)	\$2,167.36	\$27,244.31
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$3,500.00	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$3,500.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Wilson-Foley For Lieutenant Governor	

A. Total Contributions from Small Contributors-Received this Period ONLY*(See instructions for definition of Small Contributor)***Subtotal Section A****\$100.00****B. Itemized Contributions from Individuals**

Last Name Simmons	First Name Robert	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0211	Amount of Contribution
Residential Street Address PO Box 268	City Stonington	State CT	Zip Code 06378-0268	Date Received 07/20/2010		
Principal Occupation Retired	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> 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 \$150.00
Last Name Caracausa	First Name Judith	MI M	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0212	Amount of Contribution
Residential Street Address 15 1/2 Water St Unit 11	City Mystic	State CT	Zip Code 06355	Date Received 07/20/2010		
Principal Occupation Broker-Owner	Name of Employer Market Realty	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is contributor a principal 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 \$100.00
Total of Section B						\$250.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) <i>(Total on Line 14 of Summary Page)</i>						\$350.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Wilson-Foley For Lieutenant Governor	

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	
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I. MONETARY RECEIPTS (Section A-I)				
NAME OF COMMITTEE				FILING DUE DATE
Wilson-Foley For Lieutenant Governor				
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
Wilson-Foley For Lieutenant Governor	

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
Wilson-Foley For Lieutenant Governor		
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
Wilson-Foley For Lieutenant Governor					
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
Wilson-Foley For Lieutenant Governor				
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
Wilson-Foley For Lieutenant Governor			
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	
Wilson-Foley For Lieutenant Governor					
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 Wilson-Foley For Lieutenant Governor	FILING DUE DATE
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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
Wilson-Foley For Lieutenant Governor	

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		
Wilson-Foley For Lieutenant Governor							
J3. In-Kind Donations Not Considered Contributions							
Name of the Donor				Donation Given by:		Fair Market Value of Donation	
				<input type="checkbox"/> Individual <input type="checkbox"/> 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
Wilson-Foley For Lieutenant Governor	

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: Executive Legislative		Yes No	
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
Wilson-Foley For Lieutenant Governor	

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	
Wilson-Foley For Lieutenant Governor					
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	
Wilson-Foley For Lieutenant Governor							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Amber Saavedra					07/20/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City		State	Zip Code	Purpose of Expenditure	367
441 Allen St		New Britain		CT	06053	CNSLT	<input type="checkbox"/> Debit Card
Description						Event #	
Phone Bank Consulting 7/11-7/17							
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	\$176.00

IV. EXPENDITURES						
NAME OF COMMITTEE					FILING DUE DATE	
Wilson-Foley For Lieutenant Governor						
O. Campaign Expenses Paid By Candidate						
Name of Payee				Date of Payment	Is Reimbursement Claimed?	Amount
Street Address		City		State	Zip Code	
Purpose of Expenditure	Description				Event #	
Total of Section O						

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Wilson-Foley For Lieutenant Governor	

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution Avon Post Office				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 Avon Post Office				Date of Transaction 07/20/2010		Amount	
Street Address 15 Enford St		City Avon	State CT	Zip Code 06001			
Purpose of Expenditure POST	Description Postage Stamps				Event #		\$360.00
Name of Issuing Institution Minuteman Press				Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor Minuteman Press				Date of Transaction 07/20/2010		Amount	
Street Address 195 W Main St		City Avon	State CT	Zip Code 06001			
Purpose of Expenditure PRNT	Description Prints				Event #		\$48.02
Name of Issuing Institution Barker Specialty				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 Barker Specialty				Date of Transaction 07/20/2010		Amount	
Street Address 27 Realty Dr		City Cheshire	State CT	Zip Code 06410			
Purpose of Expenditure A-SIGN	Description Lawn Sign Production				Event #		\$1,410.03

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Wilson-Foley For Lieutenant Governor	

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution Staples				Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor Staples				Date of Transaction 07/21/2010		Amount	
Street Address 15 Albany Tpke		City Simsbury	State CT	Zip Code 06092			
Purpose of Expenditure OFFICE	Description Office Supplies				Event #		\$79.15
Name of Issuing Institution Good2Go				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 Good2Go				Date of Transaction 07/21/2010		Amount	
Street Address 41 E Main St		City Avon	State CT	Zip Code 06001			
Purpose of Expenditure FOOD	Description Phone Bank Dinner 7/21				Event #		\$61.43
Total of Section P						\$2,167.36	

IV. EXPENDITURES

NAME OF COMMITTEE							FILING DUE DATE		
Wilson-Foley For Lieutenant Governor									
Q. Expenses Incurred By Committee but Not Paid During this Period									
Name of Creditor Janet Peckinpaugh					Date Incurred 07/20/2010		Event #		Amount Incurred (Estimate or Actual)
Street Address 7 Pratt St			City Essex			State CT	Zip Code 06426		
Purpose of Expenditure CNSLT	Description Consulting 7/1-7/18								
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name			Office Sought				\$1,000.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
Name of Creditor Mark Larkins					Date Incurred 07/20/2010		Event #		Amount Incurred (Estimate or Actual)
Street Address 1 Potter Hill Dr			City Guilford			State CT	Zip Code 06437		
Purpose of Expenditure Misc *	Description Returned Contribution - Non Compliant								
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									

IV. EXPENDITURES

NAME OF COMMITTEE							FILING DUE DATE		
Wilson-Foley For Lieutenant Governor									
Q. Expenses Incurred By Committee but Not Paid During this Period									
Name of Creditor Robert & Maria Fabrizi					Date Incurred 07/20/2010		Event #		Amount Incurred (Estimate or Actual)
Street Address 33 Judson Ln			City Farmington			State CT	Zip Code 06032		
Purpose of Expenditure Misc *	Description Returned Contribution-Non Compliant								
Is this expenditure 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
Name of Creditor Salvatore DiTomasso					Date Incurred 07/20/2010		Event #		Amount Incurred (Estimate or Actual)
Street Address 47 Judson Ln			City Farmington			State CT	Zip Code 06032		
Purpose of Expenditure Misc *	Description Returned Contribution- Non Compliant								
Is this expenditure 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
Total of Section Q							\$3,500.00		

IV. EXPENDITURES				
NAME OF COMMITTEE				FILING DUE DATE
Wilson-Foley For Lieutenant Governor				
R. Itemization of Reimbursements to Committee Workers and Consultants				
Name of Worker/Consultant	Date of Payment	Method of Payment		Amount
		Check #		
Secondary Payee	Purpose of Expenditure		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
Wilson-Foley For Lieutenant Governor				
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				