

**CONNELL FOLEY PAC**

A New Jersey Non-Profit Corporation

85 Livingston Avenue  
Roseland, New Jersey 07068-3702

(973) 535-0500

Facsimile: (973) 535-9217

RECEIVED

2012 JUL 17 AM 9: 53

FEC MAIL CENTER

July 16, 2012

**VIA FEDERAL EXPRESS**

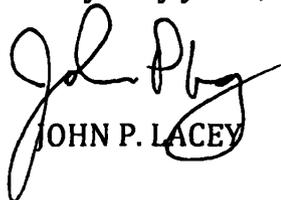
Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

**Re: Connell Foley PAC, a New Jersey  
Non-Profit Corporation  
FED ID No. C00388181**

Dear Sir:

Enclosed for filing please find an original FEC Form 3X, Report of Receipts and Disbursements filed on behalf of Connell Foley PAC, a New Jersey Non-Profit Corporation, for the period April 1, 2012 through June 30, 2012.

Very truly yours,

  
JOHN P. LACEY

JPL:pb  
Enclosure

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED

2012 JUL 17 AM 9:53

Office Use Only

FEC MAIL  
12FE4M5

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼

Example: If typing, type over the lines.

C O N N E L L F O L E Y P A C

ADDRESS (number and street)

8 5 L I V I N G S T O N A V E N U E

Check if different than previously reported. (ACC)

R O S E L A N D

N J

0 7 0 6 8 - 3 7 0 2

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 0 0 3 8 8 1 8 1

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- Primary (12P)
- Convention (12C)
- General (12G)
- Special (12S)
- Runoff (12R)

Election on

MM / DD / YYYY

in the State of

XX

(d) 30-Day POST-Election Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on

MM / DD / YYYY

in the State of

XX

5. Covering Period

0 4 / 0 1 / 2 0 1 2

through

0 6 / 3 0 / 2 0 1 2

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer JOHN P. LACEY

Signature of Treasurer

*John P. Lacey*

Date

0 7 / 1 6 / 2 0 1 2

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

**FEC FORM 3X**  
Rev. 12/2004

12030850044

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

CONNELL FOLEY PAC

Report Covering the Period: From: 04 / 01 / 2012 To: 06 / 30 / 2012

|   | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand<br>January 1,   | 2 0 1 2                 | 1 0 3 2 9 4                       |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....   | 1 0 3 2 9 4             |                                   |
| (c) Total Receipts (from Line 19) .....   | 6 0 0 0 0 0             | 6 0 0 0 0 0                       |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B) .....      | 7 0 3 2 9 4             | 7 0 3 2 9 4                       |
| 7. Total Disbursements (from Line 31) .....   | 6 5 8 9 0 0             | 6 5 8 9 0 0                       |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....                 | 4 4 3 9 4               | 4 4 3 9 4                         |
| 9. Debts and Obligations Owed TO<br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  |                         |                                   |
| 10. Debts and Obligations Owed BY<br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... |                         |                                   |



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

12030850045

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

CONNELL FOLEY PAC

Report Covering the Period: From:

04 / 01 / 2012

To:

06 / 30 / 2012

**I. Receipts**

**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

3 0 5 3 4 6

3 0 5 3 4 6

(ii) Unitemized.....

2 9 4 6 5 4

2 9 4 6 5 4

(iii) TOTAL (add Lines 11(a)(i) and (ii)..... ▶

6 0 0 0 0 0

6 0 0 0 0 0

(b) Political Party Committees.....

(c) Other Political Committees (such as PACs).....

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)..... ▶

12. Transfers From Affiliated/Other Party Committees.....

13. All Loans Received.....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

17. Other Federal Receipts (Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

(b) Levin Funds (from Schedule H5).....

(c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶

6 0 0 0 0 0

6 0 0 0 0 0

20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶

6 0 0 0 0 0

6 0 0 0 0 0

12030850046

**DETAILED SUMMARY PAGE**  
of Disbursements

12030850047

| II. Disbursements   | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 21. Operating Expenditures:   |                               |                                   |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4)                                   |                               |                                   |
| (i) Federal Share .....   |                               |                                   |
| (ii) Non-Federal Share.....   |                               |                                   |
| (b) Other Federal Operating Expenditures .....  | 8 9 0 0                       | 8 9 0 0                           |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                         | 8 9 0 0                       | 8 9 0 0                           |
| 22. Transfers to Affiliated/Other Party Committees .....  |                               |                                   |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees .....         | 6 5 0 0 0 0                   | 6 5 0 0 0 0                       |
| 24. Independent Expenditures (use Schedule E) .....   |                               |                                   |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F) .....                   |                               |                                   |
| 26. Loan Repayments Made .....  |                               |                                   |
| 27. Loans Made .....  |                               |                                   |
| 28. Refunds of Contributions To:  |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees .....                                   |                               |                                   |
| (b) Political Party Committees .....  |                               |                                   |
| (c) Other Political Committees (such as PACs) .....   |                               |                                   |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....                            |                               |                                   |
| 29. Other Disbursements .....   | 0 0 0                         | 0 0 0                             |
| 30. Federal Election Activity (2 U.S.C. §431(20))   |                               |                                   |
| (a) Allocated Federal Election Activity (from Schedule H6)                                      |                               |                                   |
| (i) Federal Share .....   |                               |                                   |
| (ii) "Levin" Share .....  |                               |                                   |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                            |                               |                                   |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)) .....          |                               |                                   |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..       | 6 5 8 9 0 0                   | 6 5 8 9 0 0                       |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) ..... | 6 5 8 9 0 0                   | 6 5 8 9 0 0                       |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | 6 5 0 0 0 0                   | 6 5 0 0 0 0                       |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            | 0 0 0                         | 0 0 0                             |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    | 6 5 0 0 0 0                   | 6 5 0 0 0 0                       |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | 8 9 0 0                       | 8 9 0 0                           |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3) .....                | 0 0 0                         | 0 0 0                             |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....              | 8 9 0 0                       | 8 9 0 0                           |

12030850048

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1 OF 4  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**CONNELL FOLEY PAC**

Full Name (Last, First, Middle Initial)  
**A. CROMIE, JOHN D**

Mailing Address  
**85 LIVINGSTON AVENUE**

City State Zip Code  
**ROSELAND, NJ 07068-3702**

FEC ID number of contributing federal political committee. **C 0 0 3 8 8 1 8 1**

Name of Employer Occupation  
**CONNELL FOLEY, LLP ATTORNEY**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**2 6 6 4 6**

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 0 | 7 | / | 2 | 0 | 1 | 2 |

Amount of Each Receipt this Period  
**2 6 6 4 6**

Full Name (Last, First, Middle Initial)  
**B. GARDNER, KEVIN R**

Mailing Address  
**85 LIVINGSTON AVENUE**

City State Zip Code  
**ROSELAND, NJ 07068-3702**

FEC ID number of contributing federal political committee. **C 0 0 3 8 8 1 8 1**

Name of Employer Occupation  
**CONNELL FOLEY, LLP ATTORNEY**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**2 4 3 9 8**

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 0 | 7 | / | 2 | 0 | 1 | 2 |

Amount of Each Receipt this Period  
**2 4 3 9 8**

Full Name (Last, First, Middle Initial)  
**C. LACEY, JOHN P**

Mailing Address  
**85 LIVINGSTON AVENUE**

City State Zip Code  
**ROSELAND, NJ 07068-3702**

FEC ID number of contributing federal political committee. **C 0 0 3 8 8 1 8 1**

Name of Employer Occupation  
**CONNELL FOLEY, LLP ATTORNEY**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**2 9 1 1 9**

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | / | 0 | 7 | / | 2 | 0 | 1 | 2 |

Amount of Each Receipt this Period  
**2 9 1 1 9**

**SUBTOTAL** of Receipts This Page (optional).....▶ **8 0 1 6 3**

**TOTAL** This Period (last page this line number only).....▶

12030850049

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2 OF 4  
(check only one)

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)  
**CONNELL FOLEY PAC**

Full Name (Last, First) Middle Initial  
**A. MCBRIDE, MICHAEL X**

Mailing Address  
**85 LIVINGSTON AVENUE**

City State Zip Code  
**ROSELAND, NJ 07068-3702**

FEC ID number of contributing federal political committee. **C 0 0 3 8 8 1 8 1**

Name of Employer Occupation  
**CONNELL FOLEY, LLP ATTORNEY**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**2 9 9 0 5**

Date of Receipt  
**0 6 / 0 7 / 2 0 1 2**

Amount of Each Receipt this Period  
**2 9 9 0 5**

Full Name (Last, First, Middle Initial)  
**B. MCCANN, JAMES C**

Mailing Address  
**85 LIVINGSTON AVENUE**

City State Zip Code  
**ROSELAND, NJ 07068-3702**

FEC ID number of contributing federal political committee. **C 0 0 3 8 8 1 8 1**

Name of Employer Occupation  
**CONNELL FOLEY, LLP ATTORNEY**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**2 6 6 4 5**

Date of Receipt  
**0 6 / 0 7 / 2 0 1 2**

Amount of Each Receipt this Period  
**2 6 6 4 5**

Full Name (Last, First, Middle Initial)  
**C. MCGOVERN, PHILIP F**

Mailing Address  
**85 LIVINGSTON AVENUE**

City State Zip Code  
**ROSELAND, NJ 07068-3702**

FEC ID number of contributing federal political committee. **C 0 0 3 8 8 1 8 1**

Name of Employer Occupation  
**CONNELL FOLEY, LLP ATTORNEY**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**3 2 1 5 3**

Date of Receipt  
**0 6 / 0 7 / 2 0 1 2**

Amount of Each Receipt this Period  
**3 2 1 5 3**

**SUBTOTAL** of Receipts This Page (optional).....▶

**TOTAL** This Period (last page this line number only).....▶

**8 8 7 0 3**

12030850050

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 3 OF 4

(check only one)

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**CONNELL FOLEY PAC**

Full Name (Last, First, Middle Initial)

**A. MORYAN, JEFFREY W**

Mailing Address  
85 LIVINGSTON AVENUE

City State Zip Code  
ROSELAND, NJ 07068-3702

FEC ID number of contributing federal political committee. **C 0 0 3 8 8 1 8 1**

Name of Employer Occupation  
**CONNELL FOLEY, LLP ATTORNEY**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**3 0 4 6 7**

Date of Receipt

**0 6 / 0 7 / 2 0 1 2**

Amount of Each Receipt this Period

**3 0 4 6 7**

Full Name (Last, First, Middle Initial)

**B. PIZZI, PETER J**

Mailing Address  
85 LIVINGSTON AVENUE

City State Zip Code  
ROSELAND, NJ 07068-3702

FEC ID number of contributing federal political committee. **C 0 0 3 8 8 1 8 1**

Name of Employer Occupation  
**CONNELL FOLEY, LLP ATTORNEY**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**2 5 0 7 2**

Date of Receipt

**0 6 / 0 7 / 2 0 1 2**

Amount of Each Receipt this Period

**2 5 0 7 2**

Full Name (Last, First, Middle Initial)

**C. VITIELLO, ANTHONY F**

Mailing Address  
85 LIVINGSTON AVENUE

City State Zip Code  
ROSELAND, NJ 07068-3702

FEC ID number of contributing federal political committee. **C 0 0 3 8 8 1 8 1**

Name of Employer Occupation  
**CONNELL FOLEY, LLP ATTORNEY**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**3 8 5 6 0**

Date of Receipt

**0 6 / 0 7 / 2 0 1 2**

Amount of Each Receipt this Period

**3 8 5 6 0**

SUBTOTAL of Receipts This Page (optional).....▶

**9 4 0 9 9**

TOTAL This Period (last page this line number only).....▶

**9 4 0 9 9**

12030850051

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 4 OF 4  
(check only one)

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)  
**CONNELL FOLEY PAC**

**A.** Full Name (Last, First, Middle Initial)  
WALSH, LIZA M

Mailing Address  
85 LIVINGSTON AVENUE

City State Zip Code  
ROSELAND, NJ 07068-3702

FEC ID number of contributing federal political committee.  
C 0 0 3 8 8 1 8 1

Name of Employer  
CONNELL FOLEY, LLP

Occupation  
ATTORNEY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4 2 3 8 1

Date of Receipt  
0 6 / 0 7 / 2 0 1 2

Amount of Each Receipt this Period  
4 2 3 8 1

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.  
C

Name of Employer

Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.  
C

Name of Employer

Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

4 2 3 8 1

3 0 5 3 4 6

12030850052

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

|   |   |                             |                             |                             |                             |                             |                             |                              |                              |                              |                             |
|---|---|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       |                             |                             |                             |                             |                             | PAGE 1 OF 1                 |                              |                              |                              |                             |
|   | <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**CONNELL FOLEY PAC**

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. BANK OF AMERICA</b>   |  | Date of Disbursement<br>06 / 30 / 2012          |
| Mailing Address<br>65 EAGLE ROCK AVENUE  |  | Amount of Each Disbursement this Period<br>8900 |
| City<br>ROSELAND, NJ 07068   | State      Zip Code  |   |
| Purpose of Disbursement<br>BANK MAINTENANCE CHARGE   | Category/Type<br>001   |   |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <b>MAINTENANCE CHARGE</b> |   |
| State:      District:  |  |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B.</b>   |  | Date of Disbursement                    |
| Mailing Address  |  | Amount of Each Disbursement this Period |
| City   | State      Zip Code  |   |
| Purpose of Disbursement  | Category/Type  |   |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |
| State:      District:  |  |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C.</b>   |  | Date of Disbursement                    |
| Mailing Address  |  | Amount of Each Disbursement this Period |
| City   | State      Zip Code  |   |
| Purpose of Disbursement  | Category/Type  |   |
| Candidate Name   |  |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |
| State:      District:  |  |   |

|   |      |
|---|------|
| SUBTOTAL of Disbursements This Page (optional).....▶      | 8900 |
| TOTAL This Period (last page this line number only).....▶ | 8900 |

12030850053

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1 OF 1

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 20 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**CONNELL FOLEY PAC**

Full Name (Last, First, Middle Initial)

|   |   |  |
|---|---|--|
| <b>A. MENENDEZ SENATE VICTORY 2012</b>  |   | Date of Disbursement                                   |
| Mailing Address<br>50 WASHINGTON STREET   |   | MM / DD / YYYY<br>05 / 24 / 2012                       |
| City State Zip Code<br>HOBOKEN, NJ 07030  |   | Amount of Each Disbursement this Period<br>1 0 0 0 0 0 |
| Purpose of Disbursement<br>POLITICAL CONTRIBUTION   | Category/Type<br>0 1 1  |  |
| Candidate Name<br>BOB MENENDEZ  |   |  |
| Office Sought:<br><input checked="" type="checkbox"/> House<br><input checked="" type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) RECEPTION |  |
| State: District:  |   |  |

|   |   |  |
|---|---|--|
| <b>B. JOE KYRILLOS FOR U.S. SENATE</b>  |   | Date of Disbursement                                   |
| Mailing Address<br>1715 STATE HIGHWAY 35N, SUITE 206C   |   | MM / DD / YYYY<br>06 / 07 / 2012                       |
| City State Zip Code<br>MIDDLETOWN, NJ 07748   |   | Amount of Each Disbursement this Period<br>5 0 0 0 0 0 |
| Purpose of Disbursement<br>POLITICAL CONTRIBUTION   | Category/Type<br>0 1 1  |  |
| Candidate Name<br>JOE KYRILLOS  |   |  |
| Office Sought:<br><input checked="" type="checkbox"/> House<br><input checked="" type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) RECEPTION |  |
| State: District:  |   |  |

|   |   |  |
|---|---|--|
| <b>C. MENENDEZ SENATE VICTORY 2012</b>  |   | Date of Disbursement                                   |
| Mailing Address<br>50 WASHINGTON STREET   |   | MM / DD / YYYY<br>06 / 25 / 2012                       |
| City State Zip Code<br>HOBOKEN, NJ 07030  |   | Amount of Each Disbursement this Period<br>5 0 0 0 0 0 |
| Purpose of Disbursement<br>POLITICAL CONTRIBUTION   | Category/Type<br>0 1 1  |  |
| Candidate Name<br>BOB MENENDEZ  |   |  |
| Office Sought:<br><input checked="" type="checkbox"/> House<br><input checked="" type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) RECEPTION |  |
| State: District:  |   |  |

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

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**Federal Election Commission**  
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| <input type="checkbox"/> USPS Priority Mail   | Postmarked                      |
| Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>        |                                 |
| <input type="checkbox"/> USPS Express Mail  | Postmarked                      |
| <input type="checkbox"/> Postmark Illegible   |                                 |
| <input type="checkbox"/> No Postmark  |                                 |
| <input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>Fed Ex</i> | Shipping Date<br><i>7/16/12</i> |
| Next Business Day Delivery <input checked="" type="checkbox"/>                          |                                 |
| <input type="checkbox"/> Received from House Records & Registration Office              | Date of Receipt                 |
| <input type="checkbox"/> Received from Senate Public Records Office                     | Date of Receipt                 |
| <input type="checkbox"/> Received from Electronic Filing Office                         | Date of Receipt                 |
| <input type="checkbox"/> Other (Specify):   | Date of Receipt or Postmarked   |

*[Signature]*

PREPARER  
(3/2005)

*7/17/12*

DATE PREPARED