

CONNELL FOLEY PAC

A New Jersey Non-Profit Corporation

85 Livingston Avenue
Roseland, New Jersey 07068-3702

(973) 535-0500

Facsimile: (973) 535-9217

December 24, 2014

VIA FEDERAL EXPRESS

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

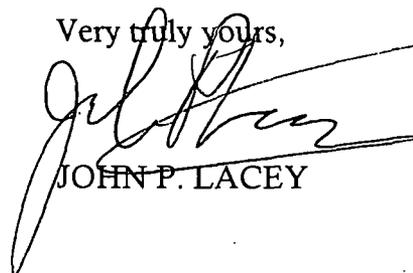
**Re: Connell Foley PAC, a New Jersey
Non-Profit Corporation
FED ID No. C00388181**

RECEIVED
2014 DEC 23 AM 9:33
FEC MAIL CENTER

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 October 1, 2014 through November 24, 2014.

Very truly yours,



JOHN P. LACEY

JPL:pb
Enclosure

**FEC
FORM 3X**

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

RECEIVED

2014 DEC 29 AM 9:33

FEC MAIL CENTER
Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

CONNELL FOLEY PAC

ADDRESS (number and street) 85 LIVINGSTON AVENUE

Check if different than previously reported. (ACC)

ROSELAND NJ 07068-3702

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) Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)

July 15 Quarterly Report (Q2) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)

October 15 Quarterly Report (Q3) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

January 31 Year-End Report (YE) Election on in the State of

July 31 Mid-Year Report (Non-election Year Only) (MY) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R)

Termination Report (TER) (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)

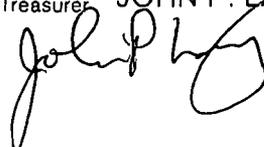
Election on 1 1 0 4 2 0 1 4 in the State of

5. Covering Period 1 0 0 1 2 0 1 4 through 1 1 2 4 2 0 1 4

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



Date

12 24 2014

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									
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FEC FORM 3X
Rev. 12/2004

**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: ^{M M / D D Y Y Y Y} 1 0 / 0 1 2 0 1 4 To: ^{M M / D D Y Y Y Y} 1 1 / 2 4 2 0 1 4

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

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: ^{M M D D Y Y Y Y} 1 0 0 1 2 0 1 4 To: ^{M M D D Y Y Y Y} 1 1 2 4 2 0 1 4

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).....	1 0 5 1 9 2 2	2 1 9 1 5 0 2
(ii) Unitemized	1 4 8 0 7 8	3 0 8 4 9 8
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	1 2 0 0 0 0 0	2 5 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).....▶	1 2 0 0 0 0 0	2 5 0 0 0 0 0
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)).....▶	1 2 0 0 0 0 0	2 5 0 0 0 0 0
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	1 2 0 0 0 0 0	2 5 0 0 0 0 0

11-11-11 11:00 AM

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B 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	2,175,000	2,336,000
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2,175,000	2,336,000
22. Transfers to Affiliated/Other Party Committees.....	,	,
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1,000,000	2,260,000
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	,	,
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))..	1,217,500	2,493,600
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1,217,500	2,493,600

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 1 OF 18	
	<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	

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		Date of Receipt 1 0 2 8 2 0 1 4
Mailing Address 85 LIVINGSTON AVENUE		Amount of Each Receipt this Period 2 1 9 2 6
City ROSELAND, NJ 07068-3702	State Zip Code	
FEC ID number of contributing federal political committee. C 0 0 3 8 8 1 8 1		Amount of Each Receipt this Period 6 9 4 3 3
Name of Employer CONNELL FOLEY, LLP	Occupation ATTORNEY	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. GARDNER, KEVIN R		Date of Receipt 1 0 2 8 2 0 1 4
Mailing Address 85 LIVINGSTON AVENUE		Amount of Each Receipt this Period 3 9 5 3 9
City ROSELAND, NJ 07068-3702	State Zip Code	
FEC ID number of contributing federal political committee. C 0 0 3 8 8 1 8 1		Amount of Each Receipt this Period 1 2 5 2 0 6
Name of Employer CONNELL FOLEY, LLP	Occupation ATTORNEY	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. LACEY, JOHN P		Date of Receipt 1 0 2 8 2 0 1 4
Mailing Address 85 LIVINGSTON AVENUE		Amount of Each Receipt this Period 1 9 2 3 2
City ROSELAND, NJ 07068-3702	State Zip Code	
FEC ID number of contributing federal political committee. C 0 0 3 8 8 1 8 1		Amount of Each Receipt this Period 6 0 9 0 1
Name of Employer CONNELL FOLEY, LLP	Occupation ATTORNEY	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....▶	8 0 6 9 7
TOTAL This Period (last page this line number only).....▶	

ACTION: 4/10/14 11:41 AM

**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 8
(check only one)

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NAME OF COMMITTEE (In Full)
CONNELL FOLEY PAC

Full Name (Last, First, Middle Initial) A. MCBRIDE, MICHAEL X		Date of Receipt 1 0 2 8 2 0 1 4
Mailing Address 85 LIVINGSTON AVENUE		Amount of Each Receipt this Period 2 7 8 6 0
City ROSELAND, NJ 07068-3702	State Zip Code	
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 ▼ 8 8 2 2 3	

Full Name (Last, First, Middle Initial) B. MCCANN, JAMES C		Date of Receipt 1 0 2 8 2 0 1 4
Mailing Address 85 LIVINGSTON AVENUE		Amount of Each Receipt this Period 2 2 8 2 5
City ROSELAND, NJ 07068-3702	State Zip Code	
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 ▼ 7 2 2 8 0	

Full Name (Last, First, Middle Initial) C. MCGOVERN, PHILIP F		Date of Receipt 1 0 2 8 2 0 1 4
Mailing Address 85 LIVINGSTON AVENUE		Amount of Each Receipt this Period 2 6 9 5 8
City ROSELAND, NJ 07068-3702	State Zip Code	
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 ▼ 8 5 3 6 9	

SUBTOTAL of Receipts This Page (optional).....▶	7 7 6 4 3
TOTAL This Period (last page this line number only).....▶	

1-800-424-9547

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 4 OF 18
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CONNELL FOLEY PAC

Full Name (Last, First, Middle Initial) A. WALSH, LIZA M		Date of Receipt 1 0 2 8 2 0 1 4
Mailing Address 85 LIVINGSTON AVENUE		Amount of Each Receipt this Period 5 3 0 1 5
City ROSELAND, NJ 07068-3702	State Zip Code	
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 ▼ 1 6 7 8 8 0	

Full Name (Last, First, Middle Initial) B. CORRISTON, TIMOTHY M		Date of Receipt 1 0 2 8 2 0 1 4
Mailing Address 85 LIVINGSTON AVENUE		Amount of Each Receipt this Period 1 2 7 6 2
City ROSELAND, NJ 07068-3702	State Zip Code	
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 0 4 1 3	

Full Name (Last, First, Middle Initial) C. COSMA, THOMAS S		Date of Receipt 1 0 2 8 2 0 1 4
Mailing Address 85 LIVINGSTON AVENUE		Amount of Each Receipt this Period 1 2 7 6 1
City ROSELAND, NJ 07068-3702	State Zip Code	
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 0 4 0 9	

SUBTOTAL of Receipts This Page (optional).....▶	7 8 5 3 8
TOTAL This Period (last page this line number only).....▶	

CONNELL FOLEY PAC

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

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

FOR LINE NUMBER: PAGE 5 OF 18
(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. FALANGA, STEVEN V		Date of Receipt 1 0 2 8 2 0 1 4
Mailing Address 85 LIVINGSTON AVENUE		Amount of Each Receipt this Period 1 2 7 6 1
City ROSELAND, NJ 07068-3702	State Zip Code	
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 0 4 0 9	

Full Name (Last, First, Middle Initial) B. HARRINGTON III, CHARLES J		Date of Receipt 1 0 2 8 2 0 1 4
Mailing Address 85 LIVINGSTON AVENUE		Amount of Each Receipt this Period 1 4 0 1 8
City ROSELAND, NJ 07068-3702	State Zip Code	
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 4 3 9 0	

Full Name (Last, First, Middle Initial) C. HUGHES, PATRICK		Date of Receipt 1 0 2 8 2 0 1 4
Mailing Address 85 LIVINGSTON AVENUE		Amount of Each Receipt this Period 1 3 8 4 1
City ROSELAND, NJ 07068-3702	State Zip Code	
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 3 8 3 1	

SUBTOTAL of Receipts This Page (optional).....▶	4 0 6 2 0
TOTAL This Period (last page this line number only).....▶	

1-800-424-9541

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

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

FOR LINE NUMBER: PAGE 6 OF 18
(check only one)

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NAME OF COMMITTEE (In Full)
CONNELL FOLEY PAC

Full Name (Last, First, Middle Initial) A. IUSO, ANGELA A		Date of Receipt 1 0 2 8 2 0 1 4
Mailing Address 85 LIVINGSTON AVENUE		Amount of Each Receipt this Period 1 1 8 6 1
City ROSELAND, NJ 07068-3702	State Zip Code	
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 ▼ 3 7 5 5 9	

Full Name (Last, First, Middle Initial) B. JUDGE, BRENDAN		Date of Receipt 1 0 2 8 2 0 1 4
Mailing Address 85 LIVINGSTON AVENUE		Amount of Each Receipt this Period 1 4 0 2 2
City ROSELAND, NJ 07068-3702	State Zip Code	
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 4 4 0 3	

Full Name (Last, First, Middle Initial) C. MCCANN, W. NEVINS		Date of Receipt 1 0 2 8 2 0 1 4
Mailing Address 85 LIVINGSTON AVENUE		Amount of Each Receipt this Period 1 4 5 5 9
City ROSELAND, NJ 07068-3702	State Zip Code	
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 6 1 0 4	

SUBTOTAL of Receipts This Page (optional).....▶	4 0 4 4 2
TOTAL This Period (last page this line number only).....▶	

11041-1000-1-0001

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 18
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
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NAME OF COMMITTEE (In Full)
CONNELL FOLEY PAC

Full Name (Last, First, Middle Initial) A. MCHENRY, JONATHAN P		Date of Receipt 1 0 2 8 2 0 1 4
Mailing Address 85 LIVINGSTON AVENUE		Amount of Each Receipt this Period 1 4 0 1 9
City ROSELAND, NJ 07068-3702	State Zip Code	
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 4 3 9 4	

Full Name (Last, First, Middle Initial) B. O'REILLY, TRICIA		Date of Receipt 1 0 2 8 2 0 1 4
Mailing Address 85 LIVINGSTON AVENUE		Amount of Each Receipt this Period 1 4 7 3 6
City ROSELAND, NJ 07068-3702	State Zip Code	
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 6 6 6 6	

Full Name (Last, First, Middle Initial) C. PAINTER-RANDALL, KAREN L		Date of Receipt 1 0 2 8 2 0 1 4
Mailing Address 85 LIVINGSTON AVENUE		Amount of Each Receipt this Period 1 4 7 3 6
City ROSELAND, NJ 07068-3702	State Zip Code	
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 6 6 6 6	

SUBTOTAL of Receipts This Page (optional).....▶	4 3 4 9 1
TOTAL This Period (last page this line number only).....▶	

11/11/11 11:11:11

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

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

FOR LINE NUMBER: PAGE 8 OF 18
(check only one)

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NAME OF COMMITTEE (In Full)
CONNELL FOLEY PAC

Full Name (Last, First, Middle Initial) A. RYAN, ROBERT E		Date of Receipt 1 0 2 8 2 0 1 4
Mailing Address 85 LIVINGSTON AVENUE		Amount of Each Receipt this Period 2 1 9 2 7
City ROSELAND, NJ 07068-3702	State Zip Code	
FEC ID number of contributing federal political committee. C 0 0 3 8 8 1 8 1		Amount of Each Receipt this Period 6 9 4 3 6
Name of Employer CONNELL FOLEY, LLP	Occupation ATTORNEY	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. SHALIT, BRAD D		Date of Receipt 1 0 2 8 2 0 1 4
Mailing Address 85 LIVINGSTON AVENUE		Amount of Each Receipt this Period 1 4 0 1 8
City ROSELAND, NJ 07068-3702	State Zip Code	
FEC ID number of contributing federal political committee. C 0 0 3 8 8 1 8 1		Amount of Each Receipt this Period 4 4 3 9 0
Name of Employer CONNELL FOLEY, LLP	Occupation ATTORNEY	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. SMITH, PETER J		Date of Receipt 1 0 2 8 2 0 1 4
Mailing Address 85 LIVINGSTON AVENUE		Amount of Each Receipt this Period 1 2 5 8 1
City ROSELAND, NJ 07068-3702	State Zip Code	
FEC ID number of contributing federal political committee. C 0 0 3 8 8 1 8 1		Amount of Each Receipt this Period 3 9 8 4 1
Name of Employer CONNELL FOLEY, LLP	Occupation ATTORNEY	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....▶	4 8 5 2 6
TOTAL This Period (last page this line number only).....▶	

11041-1001-0001

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 9 OF 18	
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	<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. STELLER, BRIAN G		Date of Receipt 1 0 2 8 2 0 1 4
Mailing Address 85 LIVINGSTON AVENUE		Amount of Each Receipt this Period 1 2 4 7 3
City ROSELAND, NJ 07068-3702	State Zip Code	
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 ▼ 3 9 4 9 7	

Full Name (Last, First, Middle Initial) B. MCAULEY, PATRICK J		Date of Receipt 1 0 2 8 2 0 1 4
Mailing Address 85 LIVINGSTON AVENUE		Amount of Each Receipt this Period 1 2 5 8 4
City ROSELAND, NJ 07068-3702	State Zip Code	
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 ▼ 3 9 8 4 9	

Full Name (Last, First, Middle Initial) C. CROWLEY, MICHAEL		Date of Receipt 1 0 2 8 2 0 1 4
Mailing Address 85 LIVINGSTON AVENUE		Amount of Each Receipt this Period 1 5 8 1 9
City ROSELAND, NJ 07068-3702	State Zip Code	
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 ▼ 5 0 0 9 5	

SUBTOTAL of Receipts This Page (optional).....▶	4 0 8 7 6
TOTAL This Period (last page this line number only).....▶	

UNION - FINANCIAL - WOOD

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

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

FOR LINE NUMBER: PAGE 10 OF 18
(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. CROMIE, JOHN D		Date of Receipt 1 1 1 8 2 0 1 4
Mailing Address 85 LIVINGSTON AVENUE		Amount of Each Receipt this Period 2 1 9 2 7
City ROSELAND, NJ 07068-3702	State Zip Code	
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 ▼ 9 1 3 6 0	

Full Name (Last, First, Middle Initial) B. GARDNER, KEVIN R		Date of Receipt 1 1 1 8 2 0 1 4
Mailing Address 85 LIVINGSTON AVENUE		Amount of Each Receipt this Period 3 9 5 3 9
City ROSELAND, NJ 07068-3702	State Zip Code	
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 ▼ 1 6 4 7 4 5	

Full Name (Last, First, Middle Initial) C. LACEY, JOHN P		Date of Receipt 1 1 1 8 2 0 1 4
Mailing Address 85 LIVINGSTON AVENUE		Amount of Each Receipt this Period 1 9 2 3 2
City ROSELAND, NJ 07068-3702	State Zip Code	
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 ▼ 8 0 1 3 3	

SUBTOTAL of Receipts This Page (optional).....▶	8 0 6 9 8
TOTAL This Period (last page this line number only).....▶	

FORM 1001-1001-1001

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

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

FOR LINE NUMBER: PAGE 11 OF 18
(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		Date of Receipt 1 1 1 8 2 0 1 4
Mailing Address 85 LIVINGSTON AVENUE		Amount of Each Receipt this Period 2 7 8 6 0
City ROSELAND, NJ 07068-3702	State Zip Code	
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 ▼ 1 1 6 0 8 3	

Full Name (Last, First, Middle Initial) B. MCCANN, JAMES C		Date of Receipt 1 1 1 8 2 0 1 4
Mailing Address 85 LIVINGSTON AVENUE		Amount of Each Receipt this Period 2 2 8 2 5
City ROSELAND, NJ 07068-3702	State Zip Code	
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 ▼ 9 5 1 0 5	

Full Name (Last, First, Middle Initial) C. MCGOVERN, PHILIP F		Date of Receipt 1 1 1 8 2 0 1 4
Mailing Address 85 LIVINGSTON AVENUE		Amount of Each Receipt this Period 2 6 9 5 9
City ROSELAND, NJ 07068-3702	State Zip Code	
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 ▼ 1 1 2 3 2 8	

SUBTOTAL of Receipts This Page (optional) ▶ 7 7 6 4 4

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

LAWSON : FINANCIAL : WOOD

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

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

FOR LINE NUMBER: (check only one)	PAGE 12 OF 18
<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		Date of Receipt 1 1 1 8 2 0 1 4
Mailing Address 85 LIVINGSTON AVENUE		Amount of Each Receipt this Period 1 9 2 3 4
City ROSELAND, NJ 07068-3702	State Zip Code	
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 ▼ 9 0 1 1 3	

Full Name (Last, First, Middle Initial) B. PIZZI, PETER J		Date of Receipt 1 1 1 8 2 0 1 4
Mailing Address 85 LIVINGSTON AVENUE		Amount of Each Receipt this Period 2 2 2 8 4
City ROSELAND, NJ 07068-3702	State Zip Code	
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 ▼ 9 2 8 5 0	

Full Name (Last, First, Middle Initial) C. VITIELLO, ANTHONY F		Date of Receipt 1 1 1 8 2 0 1 4
Mailing Address 85 LIVINGSTON AVENUE		Amount of Each Receipt this Period 3 3 6 0 8
City ROSELAND, NJ 07068-3702	State Zip Code	
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 ▼ 1 4 0 0 3 3	

SUBTOTAL of Receipts This Page (optional).....▶	7 5 1 2 6
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 13 OF 18	
	<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. WALSH, LIZA M		Date of Receipt 1 1 1 8 2 0 1 4
Mailing Address 85 LIVINGSTON AVENUE		Amount of Each Receipt this Period 5 3 0 1 5
City ROSELAND, NJ 07068-3702	State Zip Code	
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 ▼ 2 2 0 8 9 5	

Full Name (Last, First, Middle Initial) B. CORRISTON, TIMOTHY M		Date of Receipt 1 1 1 8 2 0 1 4
Mailing Address 85 LIVINGSTON AVENUE		Amount of Each Receipt this Period 1 2 7 6 2
City ROSELAND, NJ 07068-3702	State Zip Code	
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 ▼ 5 3 1 7 5	

Full Name (Last, First, Middle Initial) C. COSMA, THOMAS S		Date of Receipt 1 1 1 8 2 0 1 4
Mailing Address 85 LIVINGSTON AVENUE		Amount of Each Receipt this Period 1 2 7 6 1
City ROSELAND, NJ 07068-3702	State Zip Code	
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 ▼ 5 3 1 7 0	

SUBTOTAL of Receipts This Page (optional).....▶	7 8 5 3 8
TOTAL This Period (last page this line number only).....▶	

CONNELL FOLEY PAC

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

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

FOR LINE NUMBER: PAGE 14 OF 18
(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. FALANGA, STEVEN V		Date of Receipt 1 1 1 8 2 0 1 4
Mailing Address 85 LIVINGSTON AVENUE		Amount of Each Receipt this Period 1 2 7 6 1
City ROSELAND, NJ 07068-3702	State Zip Code	
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 ▼ 5 3 1 7 0	

Full Name (Last, First, Middle Initial) B. HARRINGTON III, CHARLES J		Date of Receipt 1 1 1 8 2 0 1 4
Mailing Address 85 LIVINGSTON AVENUE		Amount of Each Receipt this Period 1 4 0 1 8
City ROSELAND, NJ 07068-3702	State Zip Code	
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 ▼ 5 8 4 0 8	

Full Name (Last, First, Middle Initial) C. HUGHES, PATRICK		Date of Receipt 1 1 1 8 2 0 1 4
Mailing Address 85 LIVINGSTON AVENUE		Amount of Each Receipt this Period 1 3 8 4 2
City ROSELAND, NJ 07068-3702	State Zip Code	
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 ▼ 5 7 6 7 3	

SUBTOTAL of Receipts This Page (optional)..... 4 0 6 2 1

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

SYSTEM - INPUT - NUMBER

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 OF 15	
	<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. IUSO, ANGELA A		Date of Receipt 1 1 1 8 2 0 1 4
Mailing Address 85 LIVINGSTON AVENUE		Amount of Each Receipt this Period 1 1 8 6 1
City ROSELAND, NJ 07068-3702	State Zip Code	
FEC ID number of contributing federal political committee. C 0 0 3 8 8 1 8 1		Amount of Each Receipt this Period 1 1 8 6 1
Name of Employer CONNELL FOLEY, LLP	Occupation ATTORNEY	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 4 9 4 2 0	

Full Name (Last, First, Middle Initial) B. JUDGE, BRENDAN		Date of Receipt 1 1 1 8 2 0 1 4
Mailing Address 85 LIVINGSTON AVENUE		Amount of Each Receipt this Period 1 4 0 2 2
City ROSELAND, NJ 07068-3702	State Zip Code	
FEC ID number of contributing federal political committee. C 0 0 3 8 8 1 8 1		Amount of Each Receipt this Period 1 4 0 2 2
Name of Employer CONNELL FOLEY, LLP	Occupation ATTORNEY	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 5 8 4 2 5	

Full Name (Last, First, Middle Initial) C. MCCANN, W. NEVINS		Date of Receipt 1 1 1 8 2 0 1 4
Mailing Address 85 LIVINGSTON AVENUE		Amount of Each Receipt this Period 1 4 5 5 9
City ROSELAND, NJ 07068-3702	State Zip Code	
FEC ID number of contributing federal political committee. C 0 0 3 8 8 1 8 1		Amount of Each Receipt this Period 1 4 5 5 9
Name of Employer CONNELL FOLEY, LLP	Occupation ATTORNEY	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 6 0 6 6 3	

SUBTOTAL of Receipts This Page (optional).....▶	4 0 4 4 2
TOTAL This Period (last page this line number only).....▶	

HUNTER - FINANCIAL - HUNTER

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

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

FOR LINE NUMBER: PAGE 17 OF 18

(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. RYAN, ROBERT E		Date of Receipt 1 1 1 8 2 0 1 4
Mailing Address 85 LIVINGSTON AVENUE		Amount of Each Receipt this Period 2 1 9 2 7
City ROSELAND, NJ 07068-3702	State Zip Code	
FEC ID number of contributing federal political committee. C 0 0 3 8 8 1 8 1		Amount of Each Receipt this Period 9 1 3 6 3
Name of Employer CONNELL FOLEY, LLP	Occupation ATTORNEY	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. SHALIT, BRAD D		Date of Receipt 1 1 1 8 2 0 1 4
Mailing Address 85 LIVINGSTON AVENUE		Amount of Each Receipt this Period 1 4 0 1 8
City ROSELAND, NJ 07068-3702	State Zip Code	
FEC ID number of contributing federal political committee. C 0 0 3 8 8 1 8 1		Amount of Each Receipt this Period 5 8 4 0 8
Name of Employer CONNELL FOLEY, LLP	Occupation ATTORNEY	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. SMITH, PETER J		Date of Receipt 1 1 1 8 2 0 1 4
Mailing Address 85 LIVINGSTON AVENUE		Amount of Each Receipt this Period 1 2 5 8 2
City ROSELAND, NJ 07068-3702	State Zip Code	
FEC ID number of contributing federal political committee. C 0 0 3 8 8 1 8 1		Amount of Each Receipt this Period 5 2 4 2 3
Name of Employer CONNELL FOLEY, LLP	Occupation ATTORNEY	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional)..... ▶ 4 8 5 2 7

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

ACTION: INFO: SIGNATURE

**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 2				
	<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

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NAME OF COMMITTEE (In Full)
CONNELL FOLEY PAC

Full Name (Last, First, Middle Initial) A. O'CONNOR DAVIES, LLP		Date of Disbursement 1 1 1 8 2 0 1 4
Mailing Address 15 ESSEX ROAD		
City PARAMUS	State NJ	Zip Code 07652
Purpose of Disbursement ACCOUNTING SERVICE	Category/ Type 0 0 1	Amount of Each Disbursement this Period 2 1 7 5 0 0
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General <input checked="" type="checkbox"/> Other (specify) ▼ ACCOUNTING CHARGE	
State: District:		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement
Mailing Address		
City	State	Zip Code
Purpose of Disbursement	Category/ Type	Amount of Each Disbursement this Period
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement
Mailing Address		
City	State	Zip Code
Purpose of Disbursement	Category/ Type	Amount of Each Disbursement this Period
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	2 1 7 5 0 0
TOTAL This Period (last page this line number only).....▶	2 1 7 5 0 0

UNFINISHED WORK

**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 2 OF 2				
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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

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NAME OF COMMITTEE (In Full)
CONNELL FOLEY PAC

Full Name (Last, First, Middle Initial) A. BOOKER SENATE VICTORY			Date of Disbursement 1 0 / 2 8 / 2 0 1 4
Mailing Address HARBORSIDE FINANCIAL CENTER, 2510 PLAZA FIVE			Amount of Each Disbursement this Period 5 0 0 0 0 0
City JERSEY CITY	State NJ	Zip Code 07311	
Purpose of Disbursement POLITICAL CONTRIBUTION		Category/ Type 0 1 1	Amount of Each Disbursement this Period 5 0 0 0 0 0
Candidate Name CORY BOOKER			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Other (specify) RECEPTION <input type="checkbox"/> General		
State:	District:		

Full Name (Last, First, Middle Initial) B. SIRES FOR CONGRESS, INC			Date of Disbursement 1 1 / 1 8 / 2 0 1 4
Mailing Address 45 ESSEX STREET, SUITE 204, 2ND FLOOR			Amount of Each Disbursement this Period 5 0 0 0 0 0
City HACKENSACK	State NJ	Zip Code 07601	
Purpose of Disbursement POLITICAL CONTRIBUTION		Category/ Type 0 1 1	Amount of Each Disbursement this Period 5 0 0 0 0 0
Candidate Name ALBIO SIRES			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Other (specify) DONATION <input type="checkbox"/> Primary <input type="checkbox"/> General		
State:	District:		

Full Name (Last, First, Middle Initial) C.			Date of Disbursement
Mailing Address			Amount of Each Disbursement this Period
City	State	Zip Code	
Purpose of Disbursement		Category/ Type	Amount of Each Disbursement this Period
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"/> Other (specify) RECEPTION <input type="checkbox"/> General		
State:	District:		

SUBTOTAL of Disbursements This Page (optional)▶	1 0 0 0 0 0 0
TOTAL This Period (last page this line number only)▶	1 0 0 0 0 0 0

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Pull to open

FedEx

FedEx Package
Express **US Airbill**

FedEx Tracking Number
8057 7922

1 From
Date 12/24/14
Sender's Name Doug Mof Eachus Phone 973 535

Company CONNELL FOLEY LLP
Address 85 LIVINGSTON AVE STE 4
City ROSELAND State NJ ZIP 07068-3702

2 Your Internal Billing Reference
000104

3 To Recipient's Name
Federal Electric Comm
Company
999 E. Street NW
Address
We cannot deliver to P.O. boxes or R.F. ZIP codes.
City Washington State DC ZIP 20463

0114294685
8057 7922 7627

FRI - 26 DEC AA
STANDARD OVERNIGHT

FedEx
TRK# 8057 7922 7627

20463
DC-US
IAD

XC RDVA



FID 432163 240EC14 MWUA 522CZ/DC75/6500

FedEx 2Day
Second business afternoon. * Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
 FedEx Priority Overnight
Next business morning. * Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
 FedEx Standard Overnight
Next business afternoon. * Saturday Delivery NOT available.

FedEx 2Day A.M.
 FedEx 2Day P.M.
 FedEx Pak*
 FedEx Box
 FedEx Tube
 Other

6 15:00 7627 12:26
677 RT
FZ

5 Packages
plus inside box

6 Delivery Signature Options
FedEx 2Day A.M. or FedEx Express Saver.
 Direct Signature
Someone at recipient's address may sign for delivery. Fee applies.
 Indirect Signature
No one is available at recipient's address. Someone at shipping address may sign for delivery. Fee applies.
residential deliveries only. Fee applies.

7 Payment Bill to:
 Sender
 Recipient
 Third Party
 Cash/Check
Enter FedEx Acct. No. or Credit Card No. below.
 Obtain recip. Acct. No.
 Credit Card
 Cash/Check

Total Packages
Total Weight
lbs.
Credit Card Auth.
Your liability is limited to USD 100 unless you declare a higher value. See the current FedEx Service Guide for details.

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Federal Election Commission
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 The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>FEDEX</i>	Shipping Date <i>12/29/14</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

ASD
 PREPARER

12/29/14
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