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OPERATIONS CENTER

2006 JAN 20 A 9 15

CONNELL FOLEY PAC  
A New Jersey Non Profit Corporation

85 Livingston Avenue  
Roseland, New Jersey 07068-1765

(973) 535-0500  
Facsimile: (973) 535-9217

January 11, 2006

**Via Certified Mail R/R/R**

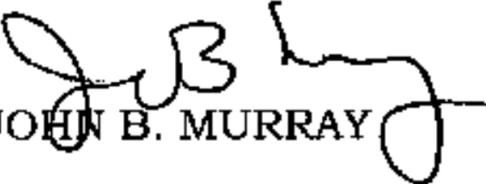
Federal Election Commission  
999 E. Street, NW  
Washington, DC 20463

**Re: Connell Foley PAC, a New Jersey  
Non Profit Corporation  
FED ID #C00388181**

Dear Sir/Madam:

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 1/1/05 - 12/31/05.

Very truly yours,

  
JOHN B. MURRAY

JBM/das  
Enclosure



**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:

01 / 01 / 2005

To:

12 / 31 / 2005

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2005		4,680.94
(b) Cash on Hand at Beginning of Reporting Period.....	10,070.00	
(c) Total Receipts (from Line 19).....	17,500.00	17,500.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	22,180.94	22,180.94
7. Total Disbursements (from Line 31).....	10,070.00	10,070.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	12,110.94	12,110.94
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

26038952148

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

Connell Foley PAC

Report Covering the Period: From: 01 / 01 / 2005 To: 12 / 31 / 2005

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).....	17,500.00	17,500.00
(ii) Unitemized.....		
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	17,500.00	17,500.00
(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).....▶	17,500.00	17,500.00
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)).....▶	17,500.00	17,500.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	17,500.00	17,500.00

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**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 .....	920.00	920.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	920.00	920.00
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	9,150.00	9,150.00
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)).....	0.00	0.00
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)).....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	10,070.00	10,070.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10,070.00	10,070.00

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**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

**III. Net Contributions/Operating Expenditures**

**COLUMN A**  
Total This Period

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

33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	17,500.00	17,500.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	17,500.00	17,500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	920.00	920.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....		
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	920.00	920.00

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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 1 OF 13	
	<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. Badolato, Richard**

Mailing Address  
**85 Livingston Avenue**

City State Zip Code  
**Roseland, New Jersey 07068**

FEC ID number of contributing federal political committee. **C**

Name of Employer  
**Connell Foley, LLP**

Occupation  
**Attorney**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**444.65**

Date of Receipt  
**VARIOUS**

Amount of Each Receipt this Period  
**444.65**

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

Mailing Address  
**85 Livingston Avenue**

City State Zip Code  
**Roseland, New Jersey 07068**

FEC ID number of contributing federal political committee. **C**

Name of Employer  
**Connell Foley, LLP**

Occupation  
**Attorney**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**640.90**

Date of Receipt  
**VARIOUS**

Amount of Each Receipt this Period  
**640.90**

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

Mailing Address  
**85 Livingston Avenue**

City State Zip Code  
**Roseland, New Jersey 07068**

FEC ID number of contributing federal political committee. **C**

Name of Employer  
**Connell Foley, LLP**

Occupation  
**Attorney**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**770.84**

Date of Receipt  
**VARIOUS**

Amount of Each Receipt this Period  
**770.84**

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

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

**1,856.39**

26039952152



**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 3 OF 13

<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) <b>A. Cromie, John D.</b>		Date of Receipt <b>VARIOUS</b>	
Mailing Address <b>85 Livingston Avenue</b>		Amount of Each Receipt this Period <b>444.62</b>	
City <b>Roseland, New Jersey 07068</b>	State Zip Code	Amount of Each Receipt this Period <b>444.62</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>444.62</b>	
Name of Employer <b>Connell Foley, LLP</b>		Occupation <b>Attorney</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <b>444.62</b>	
Full Name (Last, First, Middle Initial) <b>B. Dyer, Glenn T.</b>		Date of Receipt <b>VARIOUS</b>	
Mailing Address <b>85 Livingston Avenue</b>		Amount of Each Receipt this Period <b>230.51</b>	
City <b>Roseland, New Jersey 07068</b>	State Zip Code	Amount of Each Receipt this Period <b>230.51</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>230.51</b>	
Name of Employer <b>Connell Foley, LLP</b>		Occupation <b>Attorney</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <b>230.51</b>	
Full Name (Last, First, Middle Initial) <b>C. Falanga, Stephen V.</b>		Date of Receipt <b>VARIOUS</b>	
Mailing Address <b>85 Livingston Avenue</b>		Amount of Each Receipt this Period <b>275.81</b>	
City <b>Roseland, New Jersey 07068</b>	State Zip Code	Amount of Each Receipt this Period <b>275.81</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>275.81</b>	
Name of Employer <b>Connell Foley, LLP</b>		Occupation <b>Attorney</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <b>275.81</b>	
SUBTOTAL of Receipts This Page (optional).....		<b>950.94</b>	
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:		PAGE 4 OF 13	
(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) <b>A. Fleder, Mark</b>		Date of Receipt <b>VARIOUS</b>
Mailing Address <b>85 Livingston Avenue</b>		Amount of Each Receipt this Period <b>687.49</b>
City <b>Roseland, New Jersey 07068</b>	State Zip Code	
FEC ID number of contributing federal political committee. <b>C</b>	Occupation <b>Attorney</b>	Amount of Each Receipt this Period <b>687.49</b>
Name of Employer <b>Connell Foley, LLP</b>	Aggregate Year-to-Date <b>687.49</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Full Name (Last, First, Middle Initial) <b>B. Gardner, Kevin R.</b>		Date of Receipt <b>VARIOUS</b>
Mailing Address <b>85 Livingston Avenue</b>		Amount of Each Receipt this Period <b>678.30</b>
City <b>Roseland, New Jersey 07068</b>	State Zip Code	
FEC ID number of contributing federal political committee. <b>C</b>	Occupation <b>Attorney</b>	Amount of Each Receipt this Period <b>678.30</b>
Name of Employer <b>Connell Foley, LLP</b>	Aggregate Year-to-Date <b>678.30</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Full Name (Last, First, Middle Initial) <b>C. Graham, William H.</b>		Date of Receipt <b>VARIOUS</b>
Mailing Address <b>85 Livingston Avenue</b>		Amount of Each Receipt this Period <b>376.30</b>
City <b>Roseland, New Jersey 07068</b>	State Zip Code	
FEC ID number of contributing federal political committee. <b>C</b>	Occupation <b>Attorney</b>	Amount of Each Receipt this Period <b>376.30</b>
Name of Employer <b>Connell Foley, LLP</b>	Aggregate Year-to-Date <b>376.30</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
<b>SUBTOTAL</b> of Receipts This Page (optional).....		<b>1,742.09</b>
<b>TOTAL</b> This Period (last page this line number only).....		

26038952155

**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 13  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Connell Foley PAC**

**A. Haefner, Marc D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address: **85 Livingston Avenue**  
 City: **Roseland, New Jersey 07068**    State:    Zip Code:  
 FEC ID number of contributing federal political committee: **C**  
 Name of Employer: **Connell Foley, LLP**    Occupation: **Attorney**  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼: **216.47**  
 Date of Receipt: **VARIOUS**  
 Amount of Each Receipt this Period: **216.47**

**B. Hughes, Patrick J.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address: **85 Livingston Avenue**  
 City: **Roseland, New Jersey 07068**    State:    Zip Code:  
 FEC ID number of contributing federal political committee: **C**  
 Name of Employer: **Connell Foley, LLP**    Occupation: **Attorney**  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼: **312.87**  
 Date of Receipt: **VARIOUS**  
 Amount of Each Receipt this Period: **312.87**

**C. Iuso, Angela A.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address: **85 Livingston Avenue**  
 City: **Roseland, New Jersey 07068**    State:    Zip Code:  
 FEC ID number of contributing federal political committee: **C**  
 Name of Employer: **Connell Foley, LLP**    Occupation: **Attorney**  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼: **293.97**  
 Date of Receipt: **VARIOUS**  
 Amount of Each Receipt this Period: **293.97**

**SUBTOTAL** of Receipts This Page (optional)..... ➤ **823.31**  
**TOTAL** This Period (last page this line number only)..... ➤

26038952156

**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 13  
(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. Judge, Brendan**

Full Name (Last, First, Middle Initial)  
Date of Receipt: **VARIOUS**

Mailing Address: **85 Livingston Avenue**

City: **Roseland, New Jersey 07068**

FEC ID number of contributing federal political committee: **C**

Name of Employer: **Connell Foley, LLP** Occupation: **Attorney**

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date: **286.12**

Amount of Each Receipt this Period: **286.12**

**B. Lacey, John F.**

Full Name (Last, First, Middle Initial)  
Date of Receipt: **VARIOUS**

Mailing Address: **85 Livingston Avenue**

City: **Roseland, New Jersey 07068**

FEC ID number of contributing federal political committee: **C**

Name of Employer: **Connell Foley, LLP** Occupation: **Attorney**

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date: **419.82**

Amount of Each Receipt this Period: **419.82**

**C. Lord, Samuel**

Full Name (Last, First, Middle Initial)  
Date of Receipt: **VARIOUS**

Mailing Address: **85 Livingston Avenue**

City: **Roseland, New Jersey 07068**

FEC ID number of contributing federal political committee: **C**

Name of Employer: **Connell Foley, LLP** Occupation: **Attorney**

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date: **331.39**

Amount of Each Receipt this Period: **331.39**

**SUBTOTAL** of Receipts This Page (optional)..... **1,037.33**

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

26038952157

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

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

FOR LINE NUMBER: PAGE 7 OF 13

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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) <b>A. Manahan, Peter D.</b>		Date of Receipt <b>VARIOUS</b>	
Mailing Address <b>85 Livingston Avenue</b>		Amount of Each Receipt this Period <b>441.18</b>	
City <b>Roseland, New Jersey 07068</b>	State 	Zip Code 	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>Connell Foley, LLP</b>		Occupation <b>Attorney</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <b>441.18</b>	
Full Name (Last, First, Middle Initial) <b>B. McAuley, Patrick J.</b>		Date of Receipt <b>VARIOUS</b>	
Mailing Address <b>85 Livingston Avenue</b>		Amount of Each Receipt this Period <b>491.84</b>	
City <b>Roseland, New Jersey 07068</b>	State 	Zip Code 	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>Connell Foley, LLP</b>		Occupation <b>Attorney</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <b>491.84</b>	
Full Name (Last, First, Middle Initial) <b>C. McBride, Michael X.</b>		Date of Receipt <b>VARIOUS</b>	
Mailing Address <b>85 Livingston Avenue</b>		Amount of Each Receipt this Period <b>750.28</b>	
City <b>Roseland, New Jersey 07068</b>	State 	Zip Code 	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>Connell Foley, LLP</b>		Occupation <b>Attorney</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <b>750.28</b>	
SUBTOTAL of Receipts This Page (optional).....		<b>1,683.30</b>	
TOTAL This Period (last page this line number only).....			

26038932158

**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 13  
(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. McGloin, William T.**

Mailing Address  
**85 Livingston Avenue**

City **Roseland, New Jersey 07068** State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer **Connell Foley, LLP** Occupation **Attorney**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **239.49**

Date of Receipt  
**VARIOUS**

Amount of Each Receipt this Period  
**239.49**

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

Mailing Address  
**85 Livingston Avenue**

City **Roseland, New Jersey 07068** State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer **Connell Foley, LLP** Occupation **Attorney**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **671.85**

Date of Receipt  
**VARIOUS**

Amount of Each Receipt this Period  
**671.85**

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

Mailing Address  
**85 Livingston Avenue**

City **Roseland, New Jersey 07068** State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer **Connell Foley, LLP** Occupation **Attorney**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **206.62**

Date of Receipt  
**VARIOUS**

Amount of Each Receipt this Period  
**206.62**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **1,117.96**

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

26038952158

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

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

FOR LINE NUMBER: PAGE 9 OF 13

(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Connell Foley PAC**

**A. McNally, Daren S.**  
Full Name (Last, First, Middle Initial)

Mailing Address  
**85 Livingston Avenue**

City State Zip Code  
**Roseland, New Jersey 07068**

FEC ID number of contributing federal political committee. **C**

Name of Employer  
**Connell Foley, LLP**

Occupation  
**Attorney**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**508.46**

Date of Receipt  
**VARIOUS**

Amount of Each Receipt this Period  
**508.46**

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

Mailing Address  
**85 Livingston Avenue**

City State Zip Code  
**Roseland, New Jersey 07068**

FEC ID number of contributing federal political committee. **C**

Name of Employer  
**Connell Foley, LLP**

Occupation  
**Attorney**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**673.83**

Date of Receipt  
**VARIOUS**

Amount of Each Receipt this Period  
**673.83**

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

Mailing Address  
**85 Livingston Avenue**

City State Zip Code  
**Roseland, New Jersey 07068**

FEC ID number of contributing federal political committee. **C**

Name of Employer  
**Connell Foley, LLP**

Occupation  
**Attorney**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**255.19**

Date of Receipt  
**VARIOUS**

Amount of Each Receipt this Period  
**255.19**

**SUBTOTAL** of Receipts This Page (optional).....▶ **1,437.48**

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

26038952160

**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 13  
(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**

**A. Murray, John**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address: **85 Livingston Avenue**  
 City: **Roseland, New Jersey 07068**    State    Zip Code  
 Date of Receipt: **VARIOUS**  
 Amount of Each Receipt this Period: **687.49**  
 FEC ID number of contributing federal political committee: **C**  
 Name of Employer: **Connell Foley, LLP**    Occupation: **Attorney**  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date: **687.49**

**B. O'Hara, Jeffrey L.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address: **85 Livingston Avenue**  
 City: **Roseland, New Jersey 07068**    State    Zip Code  
 Date of Receipt: **VARIOUS**  
 Amount of Each Receipt this Period: **439.43**  
 FEC ID number of contributing federal political committee: **C**  
 Name of Employer: **Connell Foley, LLP**    Occupation: **Attorney**  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date: **439.43**

**C. O'Reilly, Tricia**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address: **85 Livingston Avenue**  
 City: **Roseland, New Jersey 07068**    State    Zip Code  
 Date of Receipt: **VARIOUS**  
 Amount of Each Receipt this Period: **295.57**  
 FEC ID number of contributing federal political committee: **C**  
 Name of Employer: **Connell Foley, LLP**    Occupation: **Attorney**  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date: **295.57**

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1,422.49**  
**TOTAL** This Period (last page this line number only) ..... ▶

26038952161

**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 11 OF 13

<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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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) <b>A. Pizzi, Peter J.</b>		Date of Receipt <b>VARIOUS</b>
Mailing Address <b>85 Livingston Avenue</b>		Amount of Each Receipt this Period <b>594.37</b>
City <b>Roseland, New Jersey</b>	State Zip Code <b>07068</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date <b>594.37</b>
Name of Employer <b>Connell Foley, LLP</b>	Occupation <b>Attorney</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Randall, Karen Painter</b>		Date of Receipt <b>VARIOUS</b>
Mailing Address <b>85 Livingston Avenue</b>		Amount of Each Receipt this Period <b>350.75</b>
City <b>Roseland, New Jersey</b>	State Zip Code <b>07068</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date <b>350.75</b>
Name of Employer <b>Connell Foley, LLP</b>	Occupation <b>Attorney</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Rhatican, James P.</b>		Date of Receipt <b>VARIOUS</b>
Mailing Address <b>85 Livingston Avenue</b>		Amount of Each Receipt this Period <b>206.62</b>
City <b>Roseland, New Jersey</b>	State Zip Code <b>07068</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date <b>206.62</b>
Name of Employer <b>Connell Foley, LLP</b>	Occupation <b>Attorney</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1,151.74</b>
<b>TOTAL</b> This Period (last page this line number only).....	

26038952182

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

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

FOR LINE NUMBER: PAGE 12 OF 13

(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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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) <b>A. Ryan, Robert E.</b>		Date of Receipt <b>VARIOUS</b>
Mailing Address <b>85 Livingston Avenue</b>		Amount of Each Receipt this Period <b>665.59</b>
City <b>Roseland, New Jersey 07068</b>	State Zip Code	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date <b>665.59</b>
Name of Employer <b>Connell Foley, LLP</b>	Occupation <b>Attorney</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Schoellkopf, Ernest W.</b>		Date of Receipt <b>VARIOUS</b>
Mailing Address <b>85 Livingston Avenue</b>		Amount of Each Receipt this Period <b>202.63</b>
City <b>Roseland, New Jersey 07068</b>	State Zip Code	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date <b>202.63</b>
Name of Employer <b>Connell Foley, LLP</b>	Occupation <b>Attorney</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Smith, Peter J.</b>		Date of Receipt <b>VARIOUS</b>
Mailing Address <b>85 Livingston Avenue</b>		Amount of Each Receipt this Period <b>394.17</b>
City <b>Roseland, New Jersey 07068</b>	State Zip Code	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date <b>394.17</b>
Name of Employer <b>Connell Foley, LLP</b>	Occupation <b>Attorney</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<b>1,262.39</b>
TOTAL This Period (last page this line number only).....▶	

26038952163

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

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

FOR LINE NUMBER: PAGE 13 OF 13  
(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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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. Steller, Brian G.**

Mailing Address  
**85 Livingston Avenue**

City State Zip Code  
**Roseland, New Jersey 07068**

FEC ID number of contributing federal political committee. **C**

Name of Employer  
**Connell Foley, LLP**

Occupation  
**Attorney**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**358.12**

Date of Receipt  
**VARIOUS**

Amount of Each Receipt this Period  
**358.12**

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

Mailing Address  
**85 Livingston Avenue**

City State Zip Code  
**Roseland, New Jersey 07068**

FEC ID number of contributing federal political committee. **C**

Name of Employer  
**Connell Foley, LLP**

Occupation  
**Attorney**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**432.18**

Date of Receipt  
**VARIOUS**

Amount of Each Receipt this Period  
**432.18**

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

Mailing Address  
**85 Livingston Avenue**

City State Zip Code  
**Roseland, New Jersey 07068**

FEC ID number of contributing federal political committee. **C**

Name of Employer  
**Connell Foley, LLP**

Occupation  
**Attorney**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**627.94**

Date of Receipt  
**VARIOUS**

Amount of Each Receipt this Period  
**627.94**

**SUBTOTAL** of Receipts This Page (optional).....▶ **1,418.24**

**TOTAL** This Period (last page this line number only).....▶ **17,500.00**

26038952164

**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)

<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	<input type="checkbox"/> 30b

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. Menendez for Congress, Inc.**

Date of Disbursement

02 / 24 / 2005

Mailing Address  
**1000 Valley Brook Avenue, Suite 205**

City **Lyndhurst, New Jersey** 07071

Purpose of Disbursement  
**Fundraiser**

Candidate Name  
**Bob Menendez**

Category/  
Type

Amount of Each Disbursement this Period  
**3,000.00**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) **Annual Fundraiser**

Full Name (Last, First, Middle Initial)

**B. Lautenberg 20 Year Committee**

Date of Disbursement

03 / 16 / 2005

Mailing Address  
**P.O. Box 200597**

City **Newark, New Jersey** 07102

Purpose of Disbursement  
**Fundraising**

Candidate Name  
**Frank Lautenberg**

Category/  
Type

Amount of Each Disbursement this Period  
**2,000.00**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) **Cocktail Hour/Fundraiser**

Full Name (Last, First, Middle Initial)

**C. Menendez for Congress, Inc.**

Date of Disbursement

04 / 06 / 2005

Mailing Address  
**1000 Valley Brook Avenue, Suite 205**

City **Lyndhurst, New Jersey** 07071

Purpose of Disbursement  
**Fundraiser**

Candidate Name  
**Bob Menendez**

Category/  
Type

Amount of Each Disbursement this Period  
**3,000.00**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) **Annual Fundraiser**

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

**8,000.00**

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

26038952165

**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)

<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	<input type="checkbox"/> 30b

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. Alaskans for Don Young**

Date of Disbursement

05 / 17 / 2005

Mailing Address  
1680 Route 23, Suite 150

City State Zip Code  
Wayne, New Jersey 07470

Purpose of Disbursement  
Fundraiser

Amount of Each Disbursement this Period

1,000.00

Candidate Name  
Don Young

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) **Annual Fundraiser**

Full Name (Last, First, Middle Initial)

**B. Tom Kean for U.S. Senate**

Date of Disbursement

09 / 22 / 2005

Mailing Address  
P.O. Box 225

City State Zip Code  
Colonia, New Jersey 07067

Purpose of Disbursement  
Fundraiser

Amount of Each Disbursement this Period

150.00

Candidate Name  
Tom Kean

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) **Honorary Breakfast**

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

Mailing Address

City State Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

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

1,150.00

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

9,150.00

26038952166

**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	<input type="checkbox"/> 30b

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. Moore Stephens, P.C.**

Mailing Address  
**340 North Avenue**

City **Cranford, New Jersey** State Zip Code **07016**

Purpose of Disbursement  
**Accounting Fee**

Candidate Name

Category/  
Type

Date of Disbursement

**01 / 12 / 2005**

Amount of Each Disbursement this Period

**210.00**

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

**B. Moore Stephens, P.C.**

Mailing Address  
**340 North Avenue**

City **Cranford, New Jersey** State Zip Code **07016**

Purpose of Disbursement  
**Accounting Fee**

Candidate Name

Category/  
Type

Date of Disbursement

**02 / 21 / 2005**

Amount of Each Disbursement this Period

**310.00**

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

**C. Moore Stephens, P.C.**

Mailing Address  
**340 North Avenue**

City **Cranford, New Jersey** State Zip Code **07016**

Purpose of Disbursement  
**Accounting Fee**

Candidate Name

Category/  
Type

Date of Disbursement

**10 / 15 / 2005**

Amount of Each Disbursement this Period

**400.00**

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

**920.00**

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

**920.00**

26038952167

**SCHEDULE C (FEC Form 3X)**

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	FOR LINE 13 OF FORM 3X	

NAME OF COMMITTEE (In Full)  
**Connell Foley PAC**

LOAN SOURCE Full Name (Last, First, Middle Initial)	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address	
City State ZIP Code	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
<input type="text"/>	<input type="text"/>	<input type="text"/> % (apr)	<input type="checkbox"/> Yes <input type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional).....▶	<input type="text"/>
TOTALS This Period (last page in this line only).....▶	<input type="text"/>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

26038952168

**SCHEDULE C-1 (FEC Form 3X)**  
**LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS**

Federal Election Commission, Washington, D.C. 20463

Supplementary for  
 Information found on  
 Page \_\_\_\_ of Schedule C

NAME OF COMMITTEE (In Full) <b>Connell Foley PAC</b>	FEC IDENTIFICATION NUMBER <b>C</b>
---	---------------------------------------

LENDING INSTITUTION (LENDER) Full Name	Amount of Loan	Interest Rate (APR)

Mailing Address	Date Incurred or Established	/	/	/
City State Zip Code	Date Due			

A. Has loan been restructured?  No  Yes      If yes, date originally incurred

B. If line of credit, Amount of this Draw:      Total Outstanding Balance:

C. Are other parties secondarily liable for the debt incurred?  
 No  Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?  
 No  Yes If yes, specify: \_\_\_\_\_

What is the value of this collateral?  
 \_\_\_\_\_

Does the lender have a perfected security interest in it?  No  Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan?  No  Yes If yes, specify: \_\_\_\_\_

What is the estimated value?  
 \_\_\_\_\_

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).      Location of account:

Date account established:      Address:

City, State, Zip: \_\_\_\_\_

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER Typed Name Signature	DATE

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:

- i. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
- ii. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
- iii. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE Typed Name Signature	DATE
Title	

26038952169

**SCHEDULE D (FEC Form 3X)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)  
**Connell Foley PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional).....▶	
2) TOTALS This Period (last page this line number only).....▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)▶	

26038952170

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE \_\_\_\_\_ OF \_\_\_\_\_  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <p style="text-align: center; font-size: 1.2em;"><b>Connell Foley PAC</b></p>	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">                     C                 </div>
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee _____ Mailing Address _____ City _____ State _____ Zip Code _____	Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 20px;">MM</div> <div style="border: 1px solid black; padding: 2px; width: 20px;">DD</div> <div style="border: 1px solid black; padding: 2px; width: 20px;">YYYY</div> </div> Amount <div style="border: 1px solid black; padding: 2px; width: 100%;">                     _____                 </div>
Purpose of Expenditure _____ Category/Type <div style="border: 1px solid black; padding: 2px; width: 40px;"> </div>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: _____	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 100%;">                     _____                 </div>	

Full Name (Last, First, Middle Initial) of Payee _____ Mailing Address _____ City _____ State _____ Zip Code _____	Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 20px;">MM</div> <div style="border: 1px solid black; padding: 2px; width: 20px;">DD</div> <div style="border: 1px solid black; padding: 2px; width: 20px;">YYYY</div> </div> Amount <div style="border: 1px solid black; padding: 2px; width: 100%;">                     _____                 </div>
Purpose of Expenditure _____ Category/Type <div style="border: 1px solid black; padding: 2px; width: 40px;"> </div>	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: _____	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 100%;">                     _____                 </div>	

(a) SUBTOTAL of Itemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; width: 100%;">                     _____                 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; width: 100%;">                     _____                 </div>
(c) TOTAL Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; width: 100%;">                     _____                 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date 

MM

DD

YYYY

Signature \_\_\_\_\_

26038952171

**SCHEDULE F (FEC Form 3X)**  
**ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY**  
**POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)**  
**ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE**  
**(2 U.S.C. §441a(d))**

(To be used only by Political Committees in the General Election)

PAGE OF  
 FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Connell Foley PAC</b>	<input type="checkbox"/> Check if 24-hour notice
---	---

Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, name the designating committee:	Full Name of Subordinate Committee  Mailing Address  City State ZIP Code
--	--

Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	<input type="checkbox"/> Category/ Type						
Mailing Address	Date	<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)						
City State Zip Code	<input type="checkbox"/> Amount							
Name of Federal Candidate Supported Office Sought: <table style="display:inline-table; vertical-align:top; margin-left:10px"> <tr><td>House</td><td>State: _____</td></tr> <tr><td>Senate</td><td>District: _____</td></tr> <tr><td>Presidential</td><td></td></tr> </table>	House	State: _____	Senate	District: _____	Presidential			
House	State: _____							
Senate	District: _____							
Presidential								
Aggregate General Election Expenditure for this Candidate ▶								

Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	<input type="checkbox"/> Category/ Type						
Mailing Address	Date	<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)						
City State Zip Code	<input type="checkbox"/> Amount							
Name of Federal Candidate Supported Office Sought: <table style="display:inline-table; vertical-align:top; margin-left:10px"> <tr><td>House</td><td>State: _____</td></tr> <tr><td>Senate</td><td>District: _____</td></tr> <tr><td>Presidential</td><td></td></tr> </table>	House	State: _____	Senate	District: _____	Presidential			
House	State: _____							
Senate	District: _____							
Presidential								
Aggregate General Election Expenditure for this Candidate ▶								

Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	<input type="checkbox"/> Category/ Type						
Mailing Address	Date	<input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)						
City State Zip Code	<input type="checkbox"/> Amount							
Name of Federal Candidate Supported Office Sought: <table style="display:inline-table; vertical-align:top; margin-left:10px"> <tr><td>House</td><td>State: _____</td></tr> <tr><td>Senate</td><td>District: _____</td></tr> <tr><td>Presidential</td><td></td></tr> </table>	House	State: _____	Senate	District: _____	Presidential			
House	State: _____							
Senate	District: _____							
Presidential								
Aggregate General Election Expenditure for this Candidate ▶								

SUBTOTAL of Expenditures This Page (optional).....▶	<input type="checkbox"/>
TOTAL This Period (last page this line number only).....▶	<input type="checkbox"/>

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Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) <i>1-13-06</i>
<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 type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input 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

*Jm 10*  
 PREPARER  
 (3/2005)

*1-20-06*  
 DATE PREPARED

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