

CONNELL FOLEY PAC

RECEIVED

A New Jersey Non-Profit Corporation 2014 OCT 14 AM 10:39

85 Livingston Avenue
Roseland, New Jersey 07068-3702
FEC MAIL CENTER

(973) 535-0500

Facsimile: (973) 535-9217

October 10, 2014

VIA FEDERAL EXPRESS

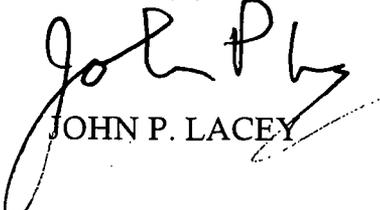
Federal Election Commission
999 E Street, NW
Washington, DC 20463

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

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 July 1, 2014 through September 30, 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 OCT 14 AM 10:39
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, P.A.C.

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

(a) Quarterly Reports:

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

(c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R)
Convention (12C) Special (12S)

Election on _____ in the State of _____

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

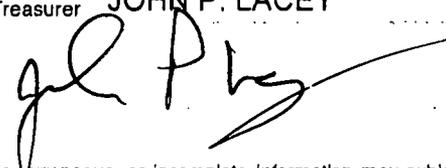
Election on _____ In the State of _____

5. Covering Period 0 7 0 1 2 0 1 4 through 0 9 3 0 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 10 10 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							
-----------------	--	--	--	--	--	--	--

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: 0 7 0 1 2 0 1 4 To: 0 9 3 0 2 0 1 4

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2 0 1 4		9 6 4 9 4
(b) Cash on Hand at Beginning of Reporting Period.....	1, 2 5 7 9 4	
(c) Total Receipts (from Line 19).....	0 0 0	1 3 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, 2 5 7 9 4	1 3 9 6 4 9 4
7. Total Disbursements (from Line 31).....	5 4 0 0	1 2 7 6 1 0 0
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	1, 2 0 3 9 4	1, 2 0 3 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 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	5 4 0 0	1 6 1 0 0
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	5 4 0 0	1 6 1 0 0
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		1 2 6 0 0 0 0
24. Independent Expenditures (use Schedule E).....		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....		
26. Loan Repayments Made.....		
27. Loans Made.....		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs).....		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....		
29. Other Disbursements		
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))..	5 4 0 0	1 2 7 6 1 0 0
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5 4 0 0	1 2 7 6 1 0 0

DEPOSITORY SUMMARY - PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

Committee Name:
CONNELL FOLEY PAC, A NEW JERSEY NON-PROFIT CORPORATION

BANK ACCOUNT INFORMATION

1. Name of Bank
BANK OF AMERICA (Area Code) Telephone Number

Mailing Address
165 EAGLE ROCK AVENUE

City, State, Zip Code
ROSELAND, NJ 07068

Account Name
CONNELL FOLEY PAC - A NJ NON-PROFIT CORPORATION

Opening Balance this Period 1083.25	Deposits this Period 3000.00	Disbursements this Period 2700.00	Closing Balance this Period 1383.25
--	---------------------------------	--------------------------------------	--

If the committee has more than one bank account within the same bank, the name(s) of the additional account(s) must be provided.

Account Name
CONNELL FOLEY PAC - A NJ NON-PROFIT CORPORATION - FEDERAL

Opening Balance this Period 1257.94	Deposits this Period 0.00	Disbursements this Period 54.00	Closing Balance this Period 1203.94
--	------------------------------	------------------------------------	--

2. Name of Bank (Area Code) Telephone Number

Mailing Address

City, State, Zip Code

Account Name

Opening Balance this Period	Deposits this Period	Disbursements this Period	Closing Balance this Period
-----------------------------	----------------------	---------------------------	-----------------------------

If the committee has more than one bank account within the same bank, the name(s) of the additional account(s) must be provided.

Account Name

Opening Balance this Period	Deposits this Period	Disbursements this Period	Closing Balance this Period
-----------------------------	----------------------	---------------------------	-----------------------------

OTHER ASSETS

Other than the bank account(s) listed above, does this committee hold any of the following (please X):

Investment Institution Money Market Account Bonds
 Certificate of Deposit (C.D.) Stocks
 Mutual Fund Account Real Property
 Other (please specify) _____

For each item checked ("X") above (other than real property), please complete the following information. If real property is held, a Real Property Schedule must be filed as part of the Form R-3. Contact the Commission for a Real Property Schedule and Instructions.

1. Name of Depository or Issuer (Area Code) Telephone Number

Mailing Address

City, State, Zip Code

Account Name

Type of Asset
 Money Market C.D. Mutual Fund Bonds Stocks Other (specify) _____

Value of Asset at Purchase if Applicable Date of Maturity, if Applicable

Opening Balance this Period	Deposits this Period	Disbursements this Period	Closing Balance this Period
-----------------------------	----------------------	---------------------------	-----------------------------

1430N 1110 111000

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

Receipt Type (Use a separate "Schedule A" for each type and for each separate account.)
 Currency All other Monetary Contributions In-Kind Contributions-Expenditures Made by Others
 Reimbursements/Refunds of Disbursements Dividends/Interest

Committee Name
 CONNELL FOLEY PAC, A NEW JERSEY NON-PROFIT CORPORATION

Account Name
 BANK OF AMERICA

Contributor Name State Use Only Contributor Address (Number and Street)
 KEVIN R. GARDNER 85 LIVINGSTON AVE

Occupation State Use Only City, State, Zip Code
 ATTORNEY ROSELAND, NJ 07068

Employer Name CONNEL FOLEY, LLP	Date(s) Received this Period 9/25/14	Amount(s) Received this Period 197.69
Employer Address 85 LIVINGSTON AVE		
City, State, Zip Code ROSELAND, NJ 07068		
Receipt Description (If In-Kind)	Aggregate Year-to-Date 724.88	

Contributor Name State Use Only Contributor Address (Number and Street)
 PHILIP F. MCGOVERN 85 LIVINGSTON AVE

Occupation State Use Only City, State, Zip Code
 ATTORNEY ROSELAND, NJ 07068

Employer Name CONNELL FOLEY, LLP	Date(s) Received this Period 9/25/14	Amount(s) Received this Period 134.79
Employer Address 85 LIVINGSTON AVE		
City, State, Zip Code ROSELAND, NJ 07068		
Receipt Description (If In-Kind)	Aggregate Year-to-Date 494.24	

Contributor Name State Use Only Contributor Address (Number and Street)
 MICHAEL X. MCBRIDE 85 LIVINGSTON AVE

Occupation State Use Only City, State, Zip Code
 ATTORNEY ROSELAND, NJ 07068

Employer Name CONNELL FOLEY, LLP	Date(s) Received this Period 9/25/14	Amount(s) Received this Period 139.30
Employer Address 85 LIVINGSTON AVE		
City, State, Zip Code ROSELAND, NJ 07068		
Receipt Description (If In-Kind)	Aggregate Year-to-Date 510.76	

Contributor Name State Use Only Contributor Address (Number and Street)
 LIZA M. WALSH 85 LIVINGSTON AVE

Occupation State Use Only City, State, Zip Code
 ATTORNEY ROSELAND, NJ 07068

Employer Name CONNELL FOLEY, LLP	Date(s) Received this Period 9/25/14	Amount(s) Received this Period 265.07
Employer Address 85 LIVINGSTON AVE		
City, State, Zip Code ROSELAND, NJ 07068		
Receipt Description (If In-Kind)	Aggregate Year-to-Date 971.94	

1. SUBTOTAL (Add all receipts listed on this page.) 736.85

2. TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for each receipt type. Carry forward to applicable line on Page 2, Column A.)

11001141011000

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

Receipt Type (Use a separate "Schedule A" for each type and for each separate account.)
 Currency All other Monetary Contributions In-Kind Contributions-Expenditures Made by Others
 Reimbursements/Refunds of Disbursements Dividends/Interest

Committee Name
 CONNELL FOLEY PAC, A NEW JERSEY NON-PROFIT CORPORATION

Account Name
 BANK OF AMERICA

Contributor Name JAMES C. MCCANN	State Use Only	Contributor Address (Number and Street) 85 LIVINGSTON AVE
-------------------------------------	----------------	--

Occupation ATTORNEY	State Use Only	City, State, Zip Code ROSELAND, NJ 07068
------------------------	----------------	---

Employer Name CONNELL FOLEY, LLP	Date(s) Received this Period	Amount(s) Received this Period
Employer Address 85 LIVINGSTON AVE	9/25/14	114.13
City, State, Zip Code ROSELAND, NJ 07068		
Receipt Description (If In-Kind)		
Aggregate Year-to-Date 418.46		

Contributor Name ANTHONY F. VITIELLO	State Use Only	Contributor Address (Number and Street) 85 LIVINGSTON AVE
---	----------------	--

Occupation ATTORNEY	State Use Only	City, State, Zip Code ROSELAND, NJ 07068
------------------------	----------------	---

Employer Name CONNELL FOLEY, LLP	Date(s) Received	Amount(s) Received
Employer Address 85 LIVINGSTON AVE	9/25/14	168.04
City, State, Zip Code ROSELAND, NJ 07068		
Receipt Description (If In-Kind)		
Aggregate Year-to-Date 616.14		

Contributor Name PETER J. PIZZI	State Use Only	Contributor Address (Number and Street) 85 LIVINGSTON AVE
------------------------------------	----------------	--

Occupation ATTORNEY	State Use Only	City, State, Zip Code ROSELAND, NJ 07068
------------------------	----------------	---

Employer Name CONNELL FOLEY, LLP	Date(s) Received	Amount(s) Received
Employer Address 85 LIVINGSTON AVE	9/25/14	111.42
City, State, Zip Code ROSELAND, NJ 07068		
Receipt Description (If In-Kind)		
Aggregate Year-to-Date 408.54		

Contributor Name ROBERT E. RYAN	State Use Only	Contributor Address (Number and Street) 85 LIVINGSTON AVE
------------------------------------	----------------	--

Occupation ATTORNEY	State Use Only	City, State, Zip Code ROSELAND, NJ 07068
------------------------	----------------	---

Employer Name CONNELL FOLEY, LLP	Date(s) Received	Amount(s) Received
Employer Address 85 LIVINGSTON AVE	9/25/14	109.64
City, State, Zip Code ROSELAND, NJ 07068		
Receipt Description (If In-Kind)		
Aggregate Year-to-Date 402.00		

1. SUBTOTAL (Add all receipts listed on this page.)	503.23
---	---------------

2. TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for each receipt type. Carry forward to applicable line on Page 2, Column A.)	
--	--

CONNELL FOLEY PAC

ITEMIZED RECEIPTS (Other than Loans)		SCHEDULE A	Page No. 3 of 3
PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.			
Receipt Type (Use a separate "Schedule A" for each type and for each separate account.)			
<input type="checkbox"/> Currency <input checked="" type="checkbox"/> All other Monetary Contributions <input type="checkbox"/> In-Kind Contributions-Expenditures Made by Others <input type="checkbox"/> Reimbursements/Refunds of Disbursements <input type="checkbox"/> Dividends/Interest			
Committee Name CONNELL FOLEY PAC, A NEW JERSEY NON-PROFIT CORPORATION			
Account Name BANK OF AMERICA			
Contributor Name JEFFREY W. MORYAN		State Use Only	Contributor Address (Number and Street) 85 LIVINGSTON AVE
Occupation ATTORNEY		State Use Only	City, State, Zip Code ROSELAND, NJ 07068
Employer Name CONNEL FOLEY, LLP		Date(s) Received this Period	Amount(s) Received this Period
Employer Address		9/25/14	96.17
City, State, Zip Code			
Receipt Description (If In-Kind)		Aggregate Year-to-Date 352.63	
Contributor Name JOHN P. LACEY		State Use Only	Contributor Address (Number and Street)
Occupation ATTORNEY		State Use Only	City, State, Zip Code ROSELAND, NJ 07068
Employer Name CONNELL FOLEY, LLP		Date(s) Received	Amount(s) Received
Employer Address		9/25/14	96.16
City, State, Zip Code			
Receipt Description (If In-Kind)		Aggregate Year-to-Date 352.58	
Contributor Name JOHN D. CROMIE		State Use Only	Contributor Address (Number and Street)
Occupation ATTORNEY		State Use Only	City, State, Zip Code ROSELAND, NJ 07068
Employer Name CONNELL FOLEY, LLP		Date(s) Received	Amount(s) Received
Employer Address		9/25/14	109.63
City, State, Zip Code			
Receipt Description (If In-Kind)		Aggregate Year-to-Date 401.98	
Contributor Name		State Use Only	Contributor Address (Number and Street)
Occupation		State Use Only	City, State, Zip Code
Employer Name		Date(s) Received	Amount(s) Received
Employer Address			
City, State, Zip Code			
Receipt Description (If In-Kind)		Aggregate Year-to-Date	
1. SUBTOTAL (Add all receipts listed on this page.)			301.96
2. TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page used for each receipt type. Carry forward to applicable line on Page 2, Column A.)			1542.04

LWNNN: CUP: UNN

RT 677 1
FZ

7485
10.13

Express

FedEx Package
Express US Airbill

8020 4305 7

1 From
Date 10/10/2014

Sender's Name
JOHN P. LACEY Phone

Company
CONNELL FOLEY LLP

Address
85 LIVINGSTON AVE STE 4

City ROSELAND State NJ ZIP 07068-3702

2 Your Internal Billing Reference
CF PAC

3 To
Recipient's Name
Address
FEDERAL ELECTION COMMISSION
999 E STREET, NW
WASHINGTON, DC

Company
FEDERAL ELECTION COMMISSION

Address
999 E STREET, NW

Address
WASHINGTON, DC

City
WASHINGTON, DC State ZIP 20463

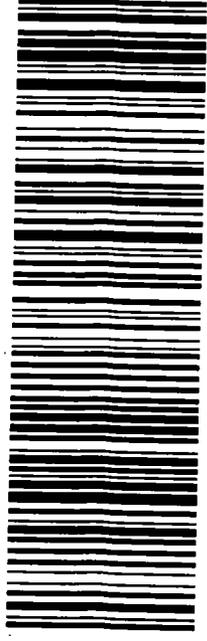
0101097653



8020 4305 7485

FedEx
TRK# 8020 4305 7485
0215

SA RDVA



FID 432153 100CT14 MHUA 522C1/0F64/65DD

MON - 13 OCT 10:30A
PRIORITY OVERNIGHT

20463
DC-US
IAD

Next Business Day

FedEx First Overnight
Earliest next business morning delivery to select locations. FedEx 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.

2013 BUSINESS DAYS

FedEx 2Day A.M.
Second business morning. Saturday Delivery NOT available.

FedEx 2Day
Second business afternoon. Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected.

FedEx Express Saver
Third business day. Saturday Delivery NOT available.

5 Packaging *Declared value limit \$200.
 FedEx Envelope* FedEx Pak* FedEx Box FedEx Tube Other

6 Special Handling and Delivery Signature Options

SATURDAY Delivery
NOT available for FedEx Standard Overnight, FedEx 2Day A.M., or FedEx Express Saver.

No Signature Required
Package may be left without obtaining a signature for delivery.

Direct Signature
Someone at recipient's address may sign for delivery. Fee applies.

Indirect Signature
Someone at recipient's address may sign for delivery. Fee applies. Residential deliveries only. Fee applies.

Does this shipment contain dangerous goods?

No Yes
As per attached Shipper's Declaration, not required.

Yes
Shipper's Declaration not required. Dangerous goods (including dry ice) cannot be shipped in FedEx packaging or placed in a FedEx Express Drop Box.

7 Payment Bill to:

Sender
Account No. in Section 1 will be billed.

Recipient

Third Party

Cash/Check

Credit Card

Obtain recip. Acct. No.

Total Packages

Total Weight

lbs.

Credit Card Auth.

6311

Your liability is limited to US\$100 unless you declare a higher value. See the current FedEx Services Guide for details.

Rev. Date 2/17 • Part #18134 • ©1994-2017 FedEx • PRINTED IN U.S.A. SPS

fedex.com 1800.GoFedEx 1800.463.3339

RECEIVED

fedex.com 1800.GoFedEx 1800.463.3339

FEDERAL MAIL CENTER

Insert shipping document here

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 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): FEDEX	Shipping Date 10/10/14
	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

APD
 PREPARER

10/10/14
 DATE PREPARED

FEDERAL ELECTION COMMISSION