

RECEIVED
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2016 JAN 14 AM 9:46

CONNELL FOLEY PAC

A New Jersey Non-Profit Corporation

85 Livingston Avenue
Roseland, New Jersey 07068-3702

(973) 535-0500

Facsimile: (973) 535-9217

January 13, 2016

VIA FEDERAL EXPRESS

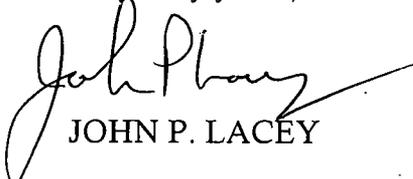
Federal Election Commission
999 E Street, NW
Washington, DC 20463

**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 October 1, 2015 through December 31, 2015.

Very truly yours,


JOHN P. LACEY

JPL:pb
Enclosure

2016-01-14 09:00:00 AM

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED
FEC MAIL CENTER

2016 JAN 14 AM 9:46
Office Use Only

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

C O N N E L L , F O L E Y , 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 ▲

C00388181

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

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

- (b) Monthly Report Due On:
- Feb 20 (M2) 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)

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

Election on MM / DD / YYYYYY in the State of

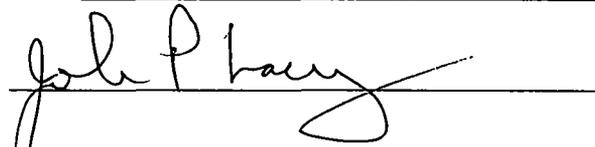
- (d) 30-Day POST-Election Report for the:
- General (30G) Runoff (30R) Special (30S)

Election on MM / DD / YYYYYY in the State of

5. Covering Period 10 / 01 / 2015 through 12 / 31 / 2015

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 01 / 13 / 2016

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

2016-01-14 09:46:11

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:

/ /

To:

/ /

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).....

(ii) Unitemized.....

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

(b) Political Party Committees.....

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

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

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

13. All Loans Received.....

14. Loan Repayments Received.....

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

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

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

18. Transfers from Non-Federal and Levin Funds

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

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

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

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

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

2015-01-14 09:00:41

DETAILED SUMMARY PAGE
of Disbursements

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	0 0 0	1 5 4 1 0 0
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0 0 0	1 5 4 1 0 0
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	2 0 0 0 0 0 0	4 2 7 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)) ..	2 0 0 0 0 0 0	4 4 2 4 1 0 0
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	2 0 0 0 0 0 0	4 4 2 4 1 0 0

NON-FEDERAL SHARE

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)	2 0 0 0 0 0 0	4 5 0 0 0 0 0
34. Total Contribution Refunds (from Line 28(d))	0 0 0	0 0 0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2 0 0 0 0 0 0	4 5 0 0 0 0 0
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0 0 0	1 5 4 1 0 0
37. Offsets to Operating Expenditures (from Line 15, page 3)	0 0 0	0 0 0
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0 0 0	1 5 4 1 0 0

2010-01-14 09:00:00

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

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

A. COALITION FOR PROGRESS

Full Name (Last, First, Middle Initial)

Mailing Address
231 TENTH AVENUE, APT. 7B

City: NEW YORK State: NY Zip Code: 10011

Purpose of Disbursement: POLITICAL CONTRIBUTION

Candidate Name: VARIOUS

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) DONATION

State: District:

Date of Disbursement: 11 / 18 / 2015

Amount of Each Disbursement this Period: 0 1 1

Category/Type: 0 1 1

Amount of Each Disbursement this Period: 1 0 0 0 0 0 0

B. CORY BOOKER FOR SENATE

Full Name (Last, First, Middle Initial)

Mailing Address
23 CHAPEL AVENUE

City: JERSEY CITY State: NJ Zip Code: 07305

Purpose of Disbursement: POLITICAL CONTRIBUTION

Candidate Name: CORY BOOKER

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) RECEPTION

State: District:

Date of Disbursement: 12 / 10 / 2015

Amount of Each Disbursement this Period: 0 1 1

Category/Type: 0 1 1

Amount of Each Disbursement this Period: 1 0 0 0 0 0 0

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2 0 0 0 0 0 0

TOTAL This Period (last page this line number only)..... ▶ 2 0 0 0 0 0 0

2016-01-14 AM 00:00:00

**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 13 <input type="checkbox"/> 11b 14 <input type="checkbox"/> 11c 15 <input type="checkbox"/> 12 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 MM / DD / YYYY 12 / 31 / 2015
Mailing Address 85 LIVINGSTON AVENUE		Amount of Each Receipt this Period 69380
City ROSELAND, NJ 07068-3702	State Zip Code	
FEC ID number of contributing federal political committee. C 00388181		Aggregate Year-to-Date ▼ 156105
Name of Employer CONNELL FOLEY, LLP	Occupation ATTORNEY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. GARDNER, KEVIN R		Date of Receipt MM / DD / YYYY 12 / 31 / 2015
Mailing Address 85 LIVINGSTON AVENUE		Amount of Each Receipt this Period 129741
City ROSELAND, NJ 07068-3702	State Zip Code	
FEC ID number of contributing federal political committee. C 00388181		Aggregate Year-to-Date ▼ 291917
Name of Employer CONNELL FOLEY, LLP	Occupation ATTORNEY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. LACEY, JOHN P		Date of Receipt MM / DD / YYYY 12 / 31 / 2015
Mailing Address 85 LIVINGSTON AVENUE		Amount of Each Receipt this Period 52035
City ROSELAND, NJ 07068-3702	State Zip Code	
FEC ID number of contributing federal political committee. C 00388181		Aggregate Year-to-Date ▼ 117079
Name of Employer CONNELL FOLEY, LLP	Occupation ATTORNEY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	251156
TOTAL This Period (last page this line number only).....▶	

2015-01-14 09:00AM

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

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NAME OF COMMITTEE (In Full)
CONNELL FOLEY PAC

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

Mailing Address
85 LIVINGSTON AVENUE

City State Zip Code
ROSELAND, NJ 07068-3702

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

Name of Employer Occupation
CONNELL FOLEY, LLP ATTORNEY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **2 0 6 8 4 0**

Date of Receipt **MM / DD / YYYY**
1 2 / 3 1 / 2 0 1 5

Amount of Each Receipt this Period
9 1 9 2 9

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

Mailing Address
85 LIVINGSTON AVENUE

City State Zip Code
ROSELAND, NJ 07068-3702

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

Name of Employer Occupation
CONNELL FOLEY, LLP ATTORNEY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1 6 2 6 1 0**

Date of Receipt **MM / DD / YYYY**
1 2 / 3 1 / 2 0 1 5

Amount of Each Receipt this Period
7 2 2 7 1

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

Mailing Address
85 LIVINGSTON AVENUE

City State Zip Code
ROSELAND, NJ 07068-3702

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

Name of Employer Occupation
CONNELL FOLEY, LLP ATTORNEY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **2 0 5 5 3 9**

Date of Receipt **MM / DD / YYYY**
1 2 / 3 1 / 2 0 1 5

Amount of Each Receipt this Period
9 1 3 5 1

SUBTOTAL of Receipts This Page (optional).....▶ **2 5 5 5 5 1**

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

2010-01-14 10:00AM

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 13	<input type="checkbox"/> 11b 14
	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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. MORYAN, JEFFREY W		Date of Receipt MM / DD / YYYY 12 / 31 / 2015
Mailing Address 85 LIVINGSTON AVENUE		Amount of Each Receipt this Period 57817
City ROSELAND, NJ	State Zip Code 07068-3702	
FEC ID number of contributing federal political committee. C 00388181		Aggregate Year-to-Date ▼ 130088
Name of Employer CONNELL FOLEY, LLP	Occupation ATTORNEY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. PIZZI, PETER J		Date of Receipt MM / DD / YYYY 12 / 31 / 2015
Mailing Address 85 LIVINGSTON AVENUE		Amount of Each Receipt this Period 69958
City ROSELAND, NJ	State Zip Code 07068-3702	
FEC ID number of contributing federal political committee. C 00388181		Aggregate Year-to-Date ▼ 157406
Name of Employer CONNELL FOLEY, LLP	Occupation ATTORNEY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. VITIELLO, ANTHONY F		Date of Receipt MM / DD / YYYY 12 / 31 / 2015
Mailing Address 85 LIVINGSTON AVENUE		Amount of Each Receipt this Period 111008
City ROSELAND, NJ	State Zip Code 07068-3702	
FEC ID number of contributing federal political committee. C 00388181		Aggregate Year-to-Date ▼ 249769
Name of Employer CONNELL FOLEY, LLP	Occupation ATTORNEY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	238783
TOTAL This Period (last page this line number only).....▶	

2015-01-14 11:00 AM

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 4 OF 13
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <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 MM / DD / YYYY 12 / 31 / 2015
Mailing Address 85 LIVINGSTON AVENUE		Amount of Each Receipt this Period 176341
City ROSELAND, NJ	State Zip Code 07068-3702	
FEC ID number of contributing federal political committee. C 00388181		
Name of Employer CONNELL FOLEY, LLP	Occupation ATTORNEY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 396768	

Full Name (Last, First, Middle Initial) B. HARRINGTON III, CHARLES J		Date of Receipt MM / DD / YYYY 12 / 31 / 2015
Mailing Address 85 LIVINGSTON AVENUE		Amount of Each Receipt this Period 50879
City ROSELAND, NJ	State Zip Code 07068-3702	
FEC ID number of contributing federal political committee. C 00388181		
Name of Employer CONNELL FOLEY, LLP	Occupation ATTORNEY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 114477	

Full Name (Last, First, Middle Initial) C. MCCANN, W. NEVINS		Date of Receipt MM / DD / YYYY 12 / 31 / 2015
Mailing Address 85 LIVINGSTON AVENUE		Amount of Each Receipt this Period 53191
City ROSELAND, NJ	State Zip Code 07068-3702	
FEC ID number of contributing federal political committee. C 00388181		
Name of Employer CONNELL FOLEY, LLP	Occupation ATTORNEY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 119681	

SUBTOTAL of Receipts This Page (optional).....▶	280411
TOTAL This Period (last page this line number only).....▶	

UNIVERSITY MICROFILMS

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

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NAME OF COMMITTEE (In Full)
CONNELL FOLEY PAC

Full Name (Last, First, Middle Initial) A. COSMA, THOMAS S		Date of Receipt MM / DD / YYYY 12 / 31 / 2015
Mailing Address 85 LIVINGSTON AVENUE		Amount of Each Receipt this Period 4 1 6 2 8
City ROSELAND, NJ	State Zip Code 07068-3702	
FEC ID number of contributing federal political committee. C 0 0 3 8 8 1 8 1		
Name of Employer CONNELL FOLEY, LLP	Occupation ATTORNEY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 9 3 6 6 3	

Full Name (Last, First, Middle Initial) B. MURPHY, KATHLEEN		Date of Receipt MM / DD / YYYY 12 / 31 / 2015
Mailing Address 85 LIVINGSTON AVENUE		Amount of Each Receipt this Period 2 3 1 2 7
City ROSELAND, NJ	State Zip Code 07068-3702	
FEC ID number of contributing federal political committee. C 0 0 3 8 8 1 8 1		
Name of Employer CONNELL FOLEY, LLP	Occupation ATTORNEY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5 2 0 3 5	

Full Name (Last, First, Middle Initial) C. MCAULEY, PATRICK J		Date of Receipt MM / DD / YYYY 12 / 31 / 2015
Mailing Address 85 LIVINGSTON AVENUE		Amount of Each Receipt this Period 4 0 7 0 3
City ROSELAND, NJ	State Zip Code 07068-3702	
FEC ID number of contributing federal political committee. C 0 0 3 8 8 1 8 1		
Name of Employer CONNELL FOLEY, LLP	Occupation ATTORNEY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 9 1 5 8 2	

SUBTOTAL of Receipts This Page (optional).....▶	1 0 5 4 5 8
TOTAL This Period (last page this line number only).....▶	

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

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NAME OF COMMITTEE (In Full)
CONNELL FOLEY PAC

Full Name (Last, First, Middle Initial) A. SMITH, PETER J		Date of Receipt MM / DD / YYYY 12 / 31 / 2015
Mailing Address 85 LIVINGSTON AVENUE		Amount of Each Receipt this Period 40703
City ROSELAND, NJ 07068-3702	State Zip Code	
FEC ID number of contributing federal political committee. C 00388181		Aggregate Year-to-Date 91582
Name of Employer CONNELL FOLEY, LLP	Occupation ATTORNEY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. STELLER, BRIAN G		Date of Receipt MM / DD / YYYY 12 / 31 / 2015
Mailing Address 85 LIVINGSTON AVENUE		Amount of Each Receipt this Period 35846
City ROSELAND, NJ 07068-3702	State Zip Code	
FEC ID number of contributing federal political committee. C 00388181		Aggregate Year-to-Date 80654
Name of Employer CONNELL FOLEY, LLP	Occupation ATTORNEY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. RANDALL, KAREN L		Date of Receipt MM / DD / YYYY 12 / 31 / 2015
Mailing Address 85 LIVINGSTON AVENUE		Amount of Each Receipt this Period 46253
City ROSELAND, NJ 07068-3702	State Zip Code	
FEC ID number of contributing federal political committee. C 00388181		Aggregate Year-to-Date 104070
Name of Employer CONNELL FOLEY, LLP	Occupation ATTORNEY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	122802
TOTAL This Period (last page this line number only).....▶	

2015-01-14 10:00:00

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)

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. CORRISTON, TIMOTHY M

Mailing Address
85 LIVINGSTON AVENUE

City State Zip Code
ROSELAND, NJ 07068-3702

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

Name of Employer Occupation
CONNELL FOLEY, LLP ATTORNEY

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
9 8 8 6 7

Date of Receipt

1 2 / 3 1 / 2 0 1 5

Amount of Each Receipt this Period

4 3 9 4 1

Full Name (Last, First, Middle Initial)

B. HUGHES, PATRICK

Mailing Address
85 LIVINGSTON AVENUE

City State Zip Code
ROSELAND, NJ 07068-3702

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

Name of Employer Occupation
CONNELL FOLEY, LLP ATTORNEY

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
9 7 5 6 6

Date of Receipt

1 2 / 3 1 / 2 0 1 5

Amount of Each Receipt this Period

4 3 3 6 3

Full Name (Last, First, Middle Initial)

C. IUSO, ANGELA A

Mailing Address
85 LIVINGSTON AVENUE

City State Zip Code
ROSELAND, NJ 07068-3702

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

Name of Employer Occupation
CONNELL FOLEY, LLP ATTORNEY

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
8 3 2 5 6

Date of Receipt

1 2 / 3 1 / 2 0 1 5

Amount of Each Receipt this Period

3 7 0 0 3

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

1 2 4 3 0 7

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

**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 13
	<input checked="" type="checkbox"/> 11a 13 <input type="checkbox"/> 11b 14 <input type="checkbox"/> 11c 15 <input type="checkbox"/> 12 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		Date of Receipt MM / DD / YYYY 12 / 31 / 2015
Mailing Address 85 LIVINGSTON AVENUE		Amount of Each Receipt this Period 3 1 7 9 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		Aggregate Year-to-Date ▼ 7 1 5 4 8
Name of Employer CONNELL FOLEY, LLP	Occupation ATTORNEY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. JUDGE, BRENDAN		Date of Receipt MM / DD / YYYY 12 / 31 / 2015
Mailing Address 85 LIVINGSTON AVENUE		Amount of Each Receipt this Period 4 3 3 6 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		Aggregate Year-to-Date ▼ 9 7 5 6 6
Name of Employer CONNELL FOLEY, LLP	Occupation ATTORNEY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. FALANGA, STEVEN V		Date of Receipt MM / DD / YYYY 12 / 31 / 2015
Mailing Address 85 LIVINGSTON AVENUE		Amount of Each Receipt this Period 4 2 2 0 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		Aggregate Year-to-Date ▼ 9 4 9 6 4
Name of Employer CONNELL FOLEY, LLP	Occupation ATTORNEY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	1 1 7 3 6 8
TOTAL This Period (last page this line number only).....▶	

2015-01-14 10:00AM

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

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NAME OF COMMITTEE (In Full)
CONNELL FOLEY PAC

Full Name (Last, First, Middle Initial)
A. O'REILLY, TRICIA

Mailing Address
85 LIVINGSTON AVENUE

City State Zip Code
ROSELAND, NJ 07068-3702

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

Name of Employer Occupation
CONNELL FOLEY, LLP ATTORNEY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1 0 9 2 7 4**

Date of Receipt **MM / DD / YYYY**
1 2 / 3 1 / 2 0 1 5

Amount of Each Receipt this Period
4 8 5 6 6

Full Name (Last, First, Middle Initial)
B. HAEFNER, MARC

Mailing Address
85 LIVINGSTON AVENUE

City State Zip Code
ROSELAND, NJ 07068-3702

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

Name of Employer Occupation
CONNELL FOLEY, LLP ATTORNEY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **6 1 1 4 2**

Date of Receipt **MM / DD / YYYY**
1 2 / 3 1 / 2 0 1 5

Amount of Each Receipt this Period
2 7 1 7 4

Full Name (Last, First, Middle Initial)
C. SHALIT, BRAD D

Mailing Address
85 LIVINGSTON AVENUE

City State Zip Code
ROSELAND, NJ 07068-3702

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

Name of Employer Occupation
CONNELL FOLEY, LLP ATTORNEY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1 1 1 8 7 5**

Date of Receipt **MM / DD / YYYY**
1 2 / 3 1 / 2 0 1 5

Amount of Each Receipt this Period
4 9 7 2 2

SUBTOTAL of Receipts This Page (optional).....▶ **1 2 5 4 6 2**

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

2019-01-14 09:00:34

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 **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

Full Name (Last, First, Middle Initial)

A. SCUDERI, THOMAS M

Mailing Address

85 LIVINGSTON AVENUE

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 5 4 0

Date of Receipt

MM / DD / YYYY
1 2 / 3 1 / 2 0 1 5

Amount of Each Receipt this Period

2 6 0 1 8

Full Name (Last, First, Middle Initial)

B. O'LEARY, THOMAS

Mailing Address

85 LIVINGSTON AVENUE

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 5 4 0

Date of Receipt

MM / DD / YYYY
1 2 / 3 1 / 2 0 1 5

Amount of Each Receipt this Period

2 6 0 1 8

Full Name (Last, First, Middle Initial)

C. TARASCHI, MITCHELL

Mailing Address

85 LIVINGSTON AVENUE

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 2 3 9

Date of Receipt

MM / DD / YYYY
1 2 / 3 1 / 2 0 1 5

Amount of Each Receipt this Period

2 5 4 3 9

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

7 7 4 7 5

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

2010-01-14 10:00AM

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

Full Name (Last, First, Middle Initial)
A. ANTHONIAN, AGNIESKA

Mailing Address
85 LIVINGSTON AVENUE

City State Zip Code
ROSELAND, NJ 07068-3702

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

Name of Employer Occupation
CONNELL FOLEY, LLP ATTORNEY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **6 5 0 4 4**

Date of Receipt **1 2 / 3 1 / 2 0 1 5**

Amount of Each Receipt this Period **2 8 9 0 8**

Full Name (Last, First, Middle Initial)
B. LEE, PATRICIA

Mailing Address
85 LIVINGSTON AVENUE

City State Zip Code
ROSELAND, NJ 07068-3702

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

Name of Employer Occupation
CONNELL FOLEY, LLP ATTORNEY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **6 5 0 4 4**

Date of Receipt **1 2 / 3 1 / 2 0 1 5**

Amount of Each Receipt this Period **2 8 9 0 8**

Full Name (Last, First, Middle Initial)
C. SHADIACK, MICHAEL

Mailing Address
85 LIVINGSTON AVENUE

City State Zip Code
ROSELAND, NJ 07068-3702

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

Name of Employer Occupation
CONNELL FOLEY, LLP ATTORNEY

Receipt For: Primary General Other (specify) ▼

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

Date of Receipt **1 2 / 3 1 / 2 0 1 5**

Amount of Each Receipt this Period **2 8 3 3 0**

SUBTOTAL of Receipts This Page (optional)..... **8 6 1 4 6**

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

2010-01-14 10:00AM

**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
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NAME OF COMMITTEE (In Full)

CONNELL FOLEY PAC

Full Name (Last, First, Middle Initial)

A. DEVEAU, WILLIAM

Mailing Address

85 LIVINGSTON AVENUE

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 ▼

6 7 6 4 6

Date of Receipt

MM / DD / YYYY
1 2 / 3 1 / 2 0 1 5

Amount of Each Receipt this Period

3 0 0 6 7

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

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

3 0 0 6 7

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

2 0 0 0 0 0 0

UNDELIVERED TO ADDRESSEE RETURN TO SENDER

X-RAYED BY FEC SECURITY

2016 JAN 14 AM 9:46

®

Express

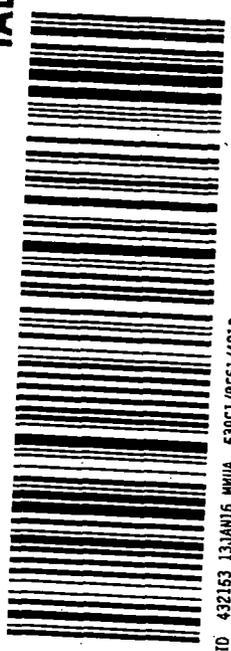
FedEx

TRK# 0215 8071 5634 7580

THU - 14 JAN 10:30A
PRIORITY OVERNIGHT

EP RDVA

20463
DC-US
IAD



FID 432163 13JAN16 MWUA 539C1/8E61/4818

FedEx® Package Express
US Airbill

FedEx Tracking Number 8071 5634 7

677

6 10:30 7580 01.14

1 From Date 1/13/2016

Sender's Name JOHN P LAGEY Phone 513 535-0500

Company CONNELL FOLEY LLP

Address 55 LIVINGSTON AVE STE 4

City ROSELAND State NJ ZIP 07068-3702

2 Your Internal Billing Reference CF PAC

3 To Recipient's Name

Company FEDERAL ELECTION COMMISSION

Address 999 E STREET, NW

City WASHINGTON, DC State ZIP 20463

Insert shipping document here

NOTE: Service order has changed. Please select carefully.

Next Business Day

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

2 or 3 Business Days

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

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

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

5 Packaging *declared value limit \$500.

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.

Does this shipment contain dangerous goods?
One box must be checked.

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

Dry Ice Dry Ice

Dangerous goods (including dry ice) cannot be shipped in FedEx packaging or palletized in FedEx Express Drop Box.

7 Payment Bill to:

Sender's Account No. Recipient Third Party Credit Card Cash/Check

Enter FedEx Acct. No. or Credit Card No. below.

Total Packages Total Weight lbs.



0118044981

05347030

fedex.com 1800.GoFedEx 1800.463.3339

