

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Lisa Wilson-Foley for Congress

ADDRESS (number and street)

PO Box 1220

Check if different than previously reported. (ACC)

Avon

CT

06001

2. FEC IDENTIFICATION NUMBER ▼

C C00494914

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

CT

05

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)

Termination Report (TER)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the State of

5. Covering Period

M M /

D D /

Y Y Y Y 07 / 26 / 2012

through

M M /

D D /

Y Y Y Y 09 / 30 / 2012

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 William M. Kolo

Signature of Treasurer William M. Kolo

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y 10 / 15 / 2012

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 3 (Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**Lisa Wilson-Foley for Congress**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	20635.00	632678.58
(b) Total Contribution Refunds (from Line 20(d)) .....	52525.00	53025.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	-31890.00	579653.58
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	438061.38	1505375.75
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	2317.37
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	438061.38	1503058.38
8. Cash on Hand at Close of Reporting Period (from Line 27).....	26587.25	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	960000.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**Lisa Wilson-Foley for Congress**

Report Covering the Period: From:  /  /  To:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	12095.00	533758.30
(ii) Unitemized.....	540.00	50276.61
(iii) TOTAL of contributions from individuals ▶	12635.00	584034.91
(b) Political Party Committees.....	0.00	50.00
(c) Other Political Committees (such as PACs).....	8000.00	45500.00
(d) The Candidate.....	0.00	3093.67
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	20635.00	632678.58
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	375000.00	960000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	375000.00	960000.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	2317.37
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	130.12	1210.02
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	395765.12	1596205.97

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	438061.38	1505375.75
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	52525.00	52975.00
(b) Political Party Committees.....	0.00	50.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	52525.00	53025.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	490586.38	1558400.75

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	121408.51
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	395765.12
25. SUBTOTAL (add Line 23 and Line 24).....	517173.63
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	490586.38
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	26587.25

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 91
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)  
**Lisa Wilson-Foley for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**THOMAS BARNES SR.**

Mailing Address 1900 PERKINS STREET

City BRISTOL State CT Zip Code 06010-8924

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

Name of Employer BARNES GROUP, INC. Occupation CHAIR OF BOARD

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 27 / 2012

**Transaction ID : SA11.1302**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

Mailing Address 1875 PERKINS STREET

City BRISTOL State CT Zip Code 06010-8910

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 01 / 2012

**Transaction ID : SA11.1310**

Amount of Each Receipt this Period  
 2250.00  
 CONTRIBUTION

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

Mailing Address 80 SOBY DRIVE

City WEST HARTFORD State CT Zip Code 06107

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

Name of Employer SIMONIZ USA Occupation VICE PRESIDENT MARKETING

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 27 / 2012

**Transaction ID : SA11.101512**

Amount of Each Receipt this Period  
 750.00  
 CONTRIBUTION

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

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

3500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 91
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Lisa Wilson-Foley for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**JAMES CLEARY**

Mailing Address 203 NORTH FARMS ROAD

City MIDDLEBURY State CT Zip Code 06762-1418

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

Name of Employer WOLCOTT VIEW MANOR Occupation ADMINISTRATOR

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 06 / 2012

**Transaction ID : SA11.1319**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

Mailing Address 203 NORTH FARMS ROAD

City MIDDLEBURY State CT Zip Code 06762-1418

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

Name of Employer WOLCOTT VIEW MANOR Occupation ADMINISTRATOR

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 06 / 2012

**Transaction ID : SA11.1320**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

Mailing Address 80 SOBY DRIVE

City WEST HARTFORD State CT Zip Code 06107-1033

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

Name of Employer SIMONIZ USA Occupation PRESIDENT

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 27 / 2012

**Transaction ID : SA11.1301**

Amount of Each Receipt this Period  
 750.00  
 CONTRIBUTION

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

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

2750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 91
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Lisa Wilson-Foley for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**JEFFREY JAY MD.**

Mailing Address 50 FOX RUN LN.

City GREENWICH State CT Zip Code 06831-3737

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

Name of Employer INVESTOR Occupation GREAT POINT PARTNERS

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 02 / 2012

**Transaction ID : SA11.1314**

Amount of Each Receipt this Period  
 2000.00  
 CONTRIBUTION

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

Mailing Address 50 FOX RUN LN.

City GREENWICH State CT Zip Code 06831-3737

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

Name of Employer INVESTOR Occupation GREAT POINT PARTNERS

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 02 / 2012

**Transaction ID : SA11.1315**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

Mailing Address 1175 MERIDEN ROAD

City WATERBURY State CT Zip Code 06705-3630

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 06 / 2012

**Transaction ID : SA11.1318**

Amount of Each Receipt this Period  
 150.00  
 CONTRIBUTION

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

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

2650.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 91
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Lisa Wilson-Foley for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MARIA MOZZICATO**

Mailing Address P.O. BOX 939

City AVON State CT Zip Code 06001-0939

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

Name of Employer NORCOM MORTGAGE Occupation MORTGAGE CONSULTANT

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**6760.61**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 08 / 2012**

**Transaction ID : SA11.1322**

Amount of Each Receipt this Period  
**1000.00**  
 CONTRIBUTION

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

Mailing Address P.O. BOX 939

City AVON State CT Zip Code 06001-0939

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

Name of Employer NORCOM MORTGAGE Occupation MORTGAGE CONSULTANT

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**6760.61**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 04 / 2012**

**Transaction ID : SA11.1347**

Amount of Each Receipt this Period  
**170.00**  
 IN-KIND CONTRIBUTION FOR GOLF EVENT

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

Mailing Address 22 ANNETTE DR

City PORTSMOUTH State RI Zip Code 02871-3704

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

Name of Employer JOHNSON AND WALES UNIVERSITY Occupation EXECUTIVE DIRECTOR

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**650.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 04 / 2012**

**Transaction ID : SA11.1316**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

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

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

**1420.00**



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 91
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Lisa Wilson-Foley for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**DEBORAH SHENTON**

Mailing Address **24 WRIGHT ROAD**

City **CANTON** State **CT** Zip Code **06019-3744**

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

Name of Employer **VALLEY REHABILITATION CENTER** Occupation **PHYSICAL THERAPIST**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **375.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 01 / 2012**

**Transaction ID : SA11.1312**

Amount of Each Receipt this Period  
**25.00**  
 CONTRIBUTION

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

Mailing Address **88 WOOD POND ROAD**

City **WEST HARTFORD** State **CT** Zip Code **06107-3541**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 10 / 2012**

**Transaction ID : SA11.1324**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

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

Mailing Address **152 OLD FARMS RD.**

City **SIMSBURY** State **CT** Zip Code **06070-1520**

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

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 02 / 2012**

**Transaction ID : SA11.1313**

Amount of Each Receipt this Period  
**1000.00**  
 CONTRIBUTION

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

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

**1525.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 91
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Lisa Wilson-Foley for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**CHRISTOPHER WATSON**

Mailing Address **7 WEBSTER PL**

City **NEWTOWN** State **CT** Zip Code **06470-1837**

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

Name of Employer **DSSI - DIRECT SUPPLY** Occupation **VICE PRESIDENT & GENERAL MANAGER**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
**08 / 01 / 2012**

**Transaction ID : SA11.1311**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

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

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

**250.00**

**12095.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 91
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Lisa Wilson-Foley for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**AMERICAN PHYSICAL THERAPY ASSOCIATION**

Mailing Address 1111 N. FAIRFAX STREET

City State Zip Code  
ALEXANDRIA VA 22314-1484

FEC ID number of contributing federal political committee. **C** C00012880

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 30 2012

**Transaction ID : SA11.1308**

Amount of Each Receipt this Period  
 5000.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**VALUE IN ELECTING WOMEN PAC**

Mailing Address 701 8TH ST. NW STE. 500

City State Zip Code  
WASHINGTON DC 20001-3965

FEC ID number of contributing federal political committee. **C** C00327189

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 10 2012

**Transaction ID : SA11.1325**

Amount of Each Receipt this Period  
 3000.00  
 CONTRIBUTION

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

8000.00

8000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 91
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Lisa Wilson-Foley for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. LISA A. WILSON-FOLEY**

Mailing Address 21 WATERVILLE ROAD

City AVON State CT Zip Code 06001

FEC ID number of contributing federal political committee. **C H2CT05149**

Name of Employer Occupation

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
450000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 30 / 2012

**Transaction ID : SA13A.1385**

Amount of Each Receipt this Period  
 100000.00

CANDIDATE LOAN

**B.** Full Name (Last, First, Middle Initial)  
**MRS. LISA A. WILSON-FOLEY**

Mailing Address 21 WATERVILLE ROAD

City AVON State CT Zip Code 06001

FEC ID number of contributing federal political committee. **C H2CT05149**

Name of Employer Occupation

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
450000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 01 / 2012

**Transaction ID : SA13A.1386**

Amount of Each Receipt this Period  
 100000.00

CANDIDATE LOAN

**C.** Full Name (Last, First, Middle Initial)  
**MRS. LISA A. WILSON-FOLEY**

Mailing Address 21 WATERVILLE ROAD

City AVON State CT Zip Code 06001

FEC ID number of contributing federal political committee. **C H2CT05149**

Name of Employer Occupation

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
450000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 06 / 2012

**Transaction ID : SA13A.1387**

Amount of Each Receipt this Period  
 75000.00

CANDIDATE LOAN

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

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

275000.00

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

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

FOR LINE NUMBER: PAGE 13 OF 91  
(check only one)  
 11a 12  11b 13a  11c 13b  11d 14  15

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NAME OF COMMITTEE (In Full)  
**Lisa Wilson-Foley for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. LISA A. WILSON-FOLEY**

Mailing Address **21 WATERVILLE ROAD**

City **AVON** State **CT** Zip Code **06001**

FEC ID number of contributing federal political committee. **C H2CT05149**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**450000.00**

Date of Receipt  
 /  /   
**08 / 09 / 2012**

**Transaction ID : SA13A.1388**

Amount of Each Receipt this Period  
  
**100000.00**

**CANDIDATE LOAN**

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

Amount of Each Receipt this Period

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

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

**100000.00**

**375000.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 91
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Lisa Wilson-Foley for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**TD BANK**

Mailing Address **255 WEST MAIN STREET**

City **AVON** State **CT** Zip Code **06001**

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

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date **565.23**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 31 / 2012**

**Transaction ID : SA15.1332**

Amount of Each Receipt this Period  
**81.74**

**INTEREST INCOME**

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

Mailing Address **255 WEST MAIN STREET**

City **AVON** State **CT** Zip Code **06001**

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

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date **565.23**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 31 / 2012**

**Transaction ID : SA15.1333**

Amount of Each Receipt this Period  
**26.31**

**INTEREST INCOME**

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

Mailing Address **255 WEST MAIN STREET**

City **AVON** State **CT** Zip Code **06001**

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

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date **565.23**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 28 / 2012**

**Transaction ID : SA15.1334**

Amount of Each Receipt this Period  
**22.07**

**INTEREST INCOME**

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

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

**130.12**

**130.12**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 OF 91	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Lisa Wilson-Foley for Congress**

Full Name (Last, First, Middle Initial) <b>A. JAMES AKIN</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2012
Mailing Address 110 MOUNTAIN TERRACE RD		Amount of Each Disbursement this Period 1100.00 <b>Transaction ID : SB17.I1182</b>
City WEST HARTFORD	State CT Zip Code 06107-1534	
Purpose of Disbursement PAYROLL	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) <b>B. JAMES AKIN</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2012
Mailing Address 110 MOUNTAIN TERRACE RD		Amount of Each Disbursement this Period 281.30 <b>Transaction ID : SB17.I1189</b>
City WEST HARTFORD	State CT Zip Code 06107-1534	
Purpose of Disbursement MILEAGE REIMBURSEMENT	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) <b>C. JAMES AKIN</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 06 / 2012
Mailing Address 110 MOUNTAIN TERRACE RD		Amount of Each Disbursement this Period 1100.00 <b>Transaction ID : SB17.I1243</b>
City WEST HARTFORD	State CT Zip Code 06107-1534	
Purpose of Disbursement PAYROLL	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2481.30
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 91			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Lisa Wilson-Foley for Congress**

Full Name (Last, First, Middle Initial) <b>A. JAMES AKIN</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2012
Mailing Address 110 MOUNTAIN TERRACE RD		Amount of Each Disbursement this Period 473.60
City WEST HARTFORD	State CT	
Zip Code 06107-1534	Purpose of Disbursement MILEAGE REIMBURSEMENT	Transaction ID : SB17.I1286
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) <b>B. LAUREN CASPER</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 07 / 2012
Mailing Address 89 LOOMIS DRIVE; APT. B APARTMENT B		Amount of Each Disbursement this Period 257.54
City WEST HARTFORD	State CT	
Zip Code 06107	Purpose of Disbursement MILEAGE REIMBURSEMENT	Transaction ID : SB17.I1198
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) <b>C. LAUREN CASPER</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2012
Mailing Address 89 LOOMIS DRIVE; APT. B APARTMENT B		Amount of Each Disbursement this Period 96.24
City WEST HARTFORD	State CT	
Zip Code 06107	Purpose of Disbursement FOOD & BEVERAGE	Transaction ID : SB17.I1229
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	827.38
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 91			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Lisa Wilson-Foley for Congress**

Full Name (Last, First, Middle Initial) <b>A. LAUREN CASPER</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2012
Mailing Address 89 LOOMIS DRIVE; APT. B APARTMENT B		Amount of Each Disbursement this Period 225.28
City WEST HARTFORD	State CT Zip Code 06107	
Purpose of Disbursement MILEAGE REIMBURSEMENT	Category/Type	<b>Transaction ID : SB17.I1285</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District: 00		

Full Name (Last, First, Middle Initial) <b>B. GABY CHRISTMAN</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2012
Mailing Address 27 LUCY WAY		Amount of Each Disbursement this Period 800.00
City SIMSBURY	State CT Zip Code 06070-2534	
Purpose of Disbursement PAYROLL	Category/Type	<b>Transaction ID : SB17.I1187</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District: 00		

Full Name (Last, First, Middle Initial) <b>C. KYLE CLEARY</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 06 / 2012
Mailing Address 108 MAD RIVER ROAD		Amount of Each Disbursement this Period 480.00
City WOLCOTT	State CT Zip Code 06716	
Purpose of Disbursement PAYROLL	Category/Type	<b>Transaction ID : SB17.I1284</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1505.28
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 91			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Lisa Wilson-Foley for Congress**

Full Name (Last, First, Middle Initial) <b>A. ANGELA DELUCIA</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2012
Mailing Address 40 1/2 PADANARAM ROAD		Amount of Each Disbursement this Period 350.00
City DANBURY State CT Zip Code 06811	Transaction ID : SB17.I1181	
Purpose of Disbursement OFFICE SPACE RENTAL	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) <b>B. CATHY DURDAN</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2012
Mailing Address 57 ROSEWOOD ROAD		Amount of Each Disbursement this Period 31.55
City AVON State CT Zip Code 06001	Transaction ID : SB17.I1227	
Purpose of Disbursement FOOD	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) <b>C. WALMART</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2012
Mailing Address 255 WEST MAIN STREET		Amount of Each Disbursement this Period 31.55
City AVON State CT Zip Code 06001	Transaction ID : SB17.I1228	
Purpose of Disbursement FOOD	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	381.55
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 91			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Lisa Wilson-Foley for Congress**

Full Name (Last, First, Middle Initial) <b>A. LINDSEY GOODINE</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2012
Mailing Address 58 BALDWIN DR		Amount of Each Disbursement this Period 382.50 <b>Transaction ID : SB17.I1174</b>
City BRISTOL	State CT	
Zip Code 06010-3008	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District: 00	

Full Name (Last, First, Middle Initial) <b>B. LINDSEY GOODINE</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2012
Mailing Address 58 BALDWIN DR		Amount of Each Disbursement this Period 364.50 <b>Transaction ID : SB17.I1185</b>
City BRISTOL	State CT	
Zip Code 06010-3008	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District: 00	

Full Name (Last, First, Middle Initial) <b>C. LINDSEY GOODINE</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2012
Mailing Address 58 BALDWIN DR		Amount of Each Disbursement this Period 549.00 <b>Transaction ID : SB17.I1240</b>
City BRISTOL	State CT	
Zip Code 06010-3008	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District: 00	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1296.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 OF 91	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Lisa Wilson-Foley for Congress**

Full Name (Last, First, Middle Initial) <b>A. CHRISTOPHER HEALY</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2012
Mailing Address 27 DORCHESTER RD		Amount of Each Disbursement this Period 246.00
City WETHERSFIELD	State CT	
Zip Code 06109-2320	Purpose of Disbursement MILEAGE REIMBURSEMENT	Transaction ID : SB17.I1190
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) <b>B. KEN LEVESQUE</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 06 / 2012
Mailing Address 17A OLD FARMS ROAD		Amount of Each Disbursement this Period 425.00
City AVON	State CT	
Zip Code 06001	Purpose of Disbursement PAYROLL	Transaction ID : SB17.I1276
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) <b>C. ANDREW LUNENBERG</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2012
Mailing Address 5 BRIGHTON WAY		Amount of Each Disbursement this Period 500.00
City FARMINGTON	State CT	
Zip Code 06032	Purpose of Disbursement PAYROLL	Transaction ID : SB17.I1186
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1171.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 21 OF 91	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Lisa Wilson-Foley for Congress**

Full Name (Last, First, Middle Initial) <b>A. ANDREW LUNENBERG</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2012
Mailing Address 5 BRIGHTON WAY		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.I1241</b>
City FARMINGTON	State CT	
Zip Code 06032	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District: 00	

Full Name (Last, First, Middle Initial) <b>B. PATRICIA MCLAUGHLIN</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2012
Mailing Address 41 PEMBROKE HILL		Amount of Each Disbursement this Period 17.47 <b>Transaction ID : SB17.I1175</b>
City FARMINGTON	State CT	
Zip Code 06032	Purpose of Disbursement FOOD	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District: 00	

Full Name (Last, First, Middle Initial) <b>C. PATRICIA MCLAUGHLIN</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2012
Mailing Address 41 PEMBROKE HILL		Amount of Each Disbursement this Period 72.00 <b>Transaction ID : SB17.I1188</b>
City FARMINGTON	State CT	
Zip Code 06032	Purpose of Disbursement MILEAGE REIMBURSEMENT	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District: 00	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1089.47
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 OF 91	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Lisa Wilson-Foley for Congress**

Full Name (Last, First, Middle Initial) <b>A. PATRICIA MCLAUGHLIN</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2012
Mailing Address 41 PEMBROKE HILL		Amount of Each Disbursement this Period 35.86
City FARMINGTON State CT Zip Code 06032	Purpose of Disbursement FOOD	
Candidate Name	Category/Type	Transaction ID : SB17.I1231
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. PATRICIA MCLAUGHLIN</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2012
Mailing Address 41 PEMBROKE HILL		Amount of Each Disbursement this Period 151.28
City FARMINGTON State CT Zip Code 06032	Purpose of Disbursement EQUIPMENT RENTAL	
Candidate Name	Category/Type	Transaction ID : SB17.I1233
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. PATRICIA MCLAUGHLIN</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2012
Mailing Address 41 PEMBROKE HILL		Amount of Each Disbursement this Period 30.27
City FARMINGTON State CT Zip Code 06032	Purpose of Disbursement DECORATIONS	
Candidate Name	Category/Type	Transaction ID : SB17.I1235
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	217.41
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 23 OF 91	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Lisa Wilson-Foley for Congress**

Full Name (Last, First, Middle Initial) <b>A. PATRICIA MCLAUGHLIN</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2012
Mailing Address 41 PEMBROKE HILL		Amount of Each Disbursement this Period 138.24
City FARMINGTON State CT Zip Code 06032	Purpose of Disbursement EQUIPMENT PURCHASE	
Candidate Name		Transaction ID : SB17.I1237
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. VERIZON WIRELESS</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2012
Mailing Address ONE VERIZON WAY		Amount of Each Disbursement this Period 138.24
City BASKING RIDGE State NJ Zip Code 07920	Purpose of Disbursement JET PACK MOBILE HOTSPOT	
Candidate Name		Transaction ID : SB17.I1238
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>C. PATRICIA MCLAUGHLIN</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2012
Mailing Address 41 PEMBROKE HILL		Amount of Each Disbursement this Period 134.00
City FARMINGTON State CT Zip Code 06032	Purpose of Disbursement MILEAGE REIMBURSEMENT	
Candidate Name		Transaction ID : SB17.I1239
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	272.24
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 24 OF 91	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Lisa Wilson-Foley for Congress**

Full Name (Last, First, Middle Initial) <b>A. MARIA MOZZICATO</b>		Date of Disbursement MM / DD / YYYY 08 / 04 / 2012
Mailing Address P.O. BOX 939		Amount of Each Disbursement this Period 170.00 <b>Transaction ID : SB17.1347</b>
City AVON	State CT	
Zip Code 06001-0939	Purpose of Disbursement IN-KIND CONTRIBUTION	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District: 00	

Full Name (Last, First, Middle Initial) <b>B. CHRIS NELSON</b>		Date of Disbursement MM / DD / YYYY 09 / 06 / 2012
Mailing Address PO BOX 491		Amount of Each Disbursement this Period 201.75 <b>Transaction ID : SB17.I1278</b>
City SIMSBURY	State CT	
Zip Code 06070	Purpose of Disbursement PAYROLL	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District: 00	

Full Name (Last, First, Middle Initial) <b>C. COURTNEY SMITH</b>		Date of Disbursement MM / DD / YYYY 08 / 19 / 2012
Mailing Address 34 UNION ST 2ND FLOOR		Amount of Each Disbursement this Period 55.03 <b>Transaction ID : SB17.I1205</b>
City STAMFORD	State CT	
Zip Code 06906-1320	Purpose of Disbursement CELL PHONE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District: 00	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	426.78
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 25 OF 91	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Lisa Wilson-Foley for Congress**

Full Name (Last, First, Middle Initial) <b>A. VERIZON WIRELESS</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2012
Mailing Address ONE VERIZON WAY		Amount of Each Disbursement this Period 10.00 Transaction ID : SB17.I1206
City BASKING RIDGE	State NJ Zip Code 07920	
Purpose of Disbursement CELL PHONE	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District: 00		

[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>B. COURTNEY SMITH</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2012
Mailing Address 34 UNION ST 2ND FLOOR		Amount of Each Disbursement this Period 10.09 Transaction ID : SB17.I1207
City STAMFORD	State CT Zip Code 06906-1320	
Purpose of Disbursement LABELS	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District: 00		

Full Name (Last, First, Middle Initial) <b>C. CVS</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2012
Mailing Address 358 WEST MAIN STREET		Amount of Each Disbursement this Period 10.09 Transaction ID : SB17.I1208
City AVON	State CT Zip Code 06001	
Purpose of Disbursement LABELS	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District: 00		

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	10.09
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 91			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Lisa Wilson-Foley for Congress**

Full Name (Last, First, Middle Initial) <b>A. COURTNEY SMITH</b>		Date of Disbursement MM / DD / YYYY 08 / 19 / 2012
Mailing Address 34 UNION ST 2ND FLOOR		Amount of Each Disbursement this Period 36.56
City STAMFORD State CT Zip Code 06906-1320	Purpose of Disbursement ENVELOPES & PAPER	
Candidate Name	Category/Type	Transaction ID : SB17.I1209
Office Sought: House Senate President State: District: 00	Disbursement For: Primary General Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. STAPLES</b>		Date of Disbursement MM / DD / YYYY 08 / 19 / 2012
Mailing Address 67 NEWTOWN RD		Amount of Each Disbursement this Period 36.56
City DANBURY State CT Zip Code 06810-6272	Purpose of Disbursement ENVELOPES & PAPER	
Candidate Name	Category/Type	Transaction ID : SB17.I1210 [MEMO ITEM]
Office Sought: House Senate President State: District: 00	Disbursement For: 2012 Primary General Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. COURTNEY SMITH</b>		Date of Disbursement MM / DD / YYYY 08 / 19 / 2012
Mailing Address 34 UNION ST 2ND FLOOR		Amount of Each Disbursement this Period 8.50
City STAMFORD State CT Zip Code 06906-1320	Purpose of Disbursement KEYS	
Candidate Name	Category/Type	Transaction ID : SB17.I1211
Office Sought: House Senate President State: District: 00	Disbursement For: Primary General Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	45.06
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 27 OF 91	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Lisa Wilson-Foley for Congress**

Full Name (Last, First, Middle Initial) <b>A. COURTNEY SMITH</b>		Date of Disbursement MM / DD / YYYY 08 / 19 / 2012
Mailing Address 34 UNION ST 2ND FLOOR		Amount of Each Disbursement this Period 5.59
City STAMFORD State CT Zip Code 06906-1320	Category/Type	
Purpose of Disbursement BEVERAGE	Candidate Name	Transaction ID : SB17.I1213
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) <b>B. COURTNEY SMITH</b>		Date of Disbursement MM / DD / YYYY 08 / 19 / 2012
Mailing Address 34 UNION ST 2ND FLOOR		Amount of Each Disbursement this Period 27.30
City STAMFORD State CT Zip Code 06906-1320	Category/Type	
Purpose of Disbursement FOOD & BEVERAGE	Candidate Name	Transaction ID : SB17.I1215
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) <b>C. COURTNEY SMITH</b>		Date of Disbursement MM / DD / YYYY 08 / 19 / 2012
Mailing Address 34 UNION ST 2ND FLOOR		Amount of Each Disbursement this Period 31.48
City STAMFORD State CT Zip Code 06906-1320	Category/Type	
Purpose of Disbursement FOOD & BEVERAGE	Candidate Name	Transaction ID : SB17.I1217
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	64.37
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 91			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Lisa Wilson-Foley for Congress**

Full Name (Last, First, Middle Initial) <b>A. COURTNEY SMITH</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2012
Mailing Address 34 UNION ST 2ND FLOOR		Amount of Each Disbursement this Period 20.77
City STAMFORD State CT Zip Code 06906-1320	Purpose of Disbursement CLIPBOARDS, TISSUES & DRY ERASER	
Candidate Name	Category/Type	Transaction ID : SB17.I1219
Office Sought: House Senate President State: District: 00	Disbursement For: Primary General Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. CVS</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2012
Mailing Address 358 WEST MAIN STREET		Amount of Each Disbursement this Period 20.77
City AVON State CT Zip Code 06001	Purpose of Disbursement CLIPBOARDS, TISSUES & DRY ERASER	
Candidate Name	Category/Type	Transaction ID : SB17.I1220 [MEMO ITEM]
Office Sought: House Senate President State: District: 00	Disbursement For: 2012 Primary General Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. COURTNEY SMITH</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2012
Mailing Address 34 UNION ST 2ND FLOOR		Amount of Each Disbursement this Period 60.00
City STAMFORD State CT Zip Code 06906-1320	Purpose of Disbursement TICKETS	
Candidate Name	Category/Type	Transaction ID : SB17.I1221
Office Sought: House Senate President State: District: 00	Disbursement For: Primary General Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	80.77
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 29 OF 91	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Lisa Wilson-Foley for Congress**

Full Name (Last, First, Middle Initial) <b>A. CHRISTOPHER SYREK</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2012
Mailing Address 44 AVONWOOD ROAD APT. 111		Amount of Each Disbursement this Period 153.00
City AVON State CT Zip Code 06001	Purpose of Disbursement MILEAGE REIMBURSEMENT	
Candidate Name		Transaction ID : SB17.I1191
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. CHRISTOPHER SYREK</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2012
Mailing Address 44 AVONWOOD ROAD APT. 111		Amount of Each Disbursement this Period 41.48
City AVON State CT Zip Code 06001	Purpose of Disbursement FOOD & BEVERAGE	
Candidate Name		Transaction ID : SB17.I1192
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. HOT HEAVEN PIZZERIA</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2012
Mailing Address 33 E MAIN ST		Amount of Each Disbursement this Period 41.48
City AVON State CT Zip Code 06001-3837	Purpose of Disbursement FOOD & BEVERAGE	
Candidate Name		Transaction ID : SB17.I1193
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type	[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	194.48
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 30 OF 91	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Lisa Wilson-Foley for Congress**

Full Name (Last, First, Middle Initial) <b>A. CHRISTOPHER SYREK</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2012	
Mailing Address 44 AVONWOOD ROAD APT. 111			Amount of Each Disbursement this Period 504.99	
City AVON	State CT	Zip Code 06001	Transaction ID : SB17.I1203	
Purpose of Disbursement HEALTH INSURANCE		Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For:		
State:	District: 00	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>B. QUEST DIAGNOSTICS, INC.</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2012	
Mailing Address PO BOX 7247-0230			Amount of Each Disbursement this Period 504.99	
City PHILADELPHIA	State PA	Zip Code 19170	Transaction ID : SB17.I1204	
Purpose of Disbursement HEALTH INSURANCE		Category/ Type	[MEMO ITEM]	
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For:		
State:	District: 00	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>C. BROCK WEBER</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2012	
Mailing Address 5 PINEHURST ROAD			Amount of Each Disbursement this Period 41.37	
City BRISTOL	State CT	Zip Code 06010	Transaction ID : SB17.I1177	
Purpose of Disbursement FOOD		Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For:		
State:	District: 00	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	546.36
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 91			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Lisa Wilson-Foley for Congress**

Full Name (Last, First, Middle Initial) <b>A. FIRST &amp; LAST</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2012
Mailing Address 26 W MAIN ST		Amount of Each Disbursement this Period 41.37
City AVON State CT Zip Code 06001-3716	Purpose of Disbursement FOOD	
Candidate Name	Category/Type	Transaction ID : SB17.I1178 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District: 00	

Full Name (Last, First, Middle Initial) <b>B. BROCK WEBER</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2012
Mailing Address 5 PINEHURST ROAD		Amount of Each Disbursement this Period 35.63
City BRISTOL State CT Zip Code 06010	Purpose of Disbursement FOOD & BEVERAGE	
Candidate Name	Category/Type	Transaction ID : SB17.I1179
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District: 00	

Full Name (Last, First, Middle Initial) <b>C. HOT HEAVEN PIZZERIA</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2012
Mailing Address 33 E MAIN ST		Amount of Each Disbursement this Period 35.63
City AVON State CT Zip Code 06001-3837	Purpose of Disbursement FOOD & BEVERAGE	
Candidate Name	Category/Type	Transaction ID : SB17.I1180 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District: 00	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	35.63
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 91			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Lisa Wilson-Foley for Congress**

Full Name (Last, First, Middle Initial) <b>A. BROCK WEBER</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2012
Mailing Address 5 PINEHURST ROAD		Amount of Each Disbursement this Period 38.71
City BRISTOL	State CT	
Zip Code 06010	Purpose of Disbursement FOOD & BEVERAGE	Transaction ID : SB17.I1194
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) <b>B. FIRST &amp; LAST</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2012
Mailing Address 26 W MAIN ST		Amount of Each Disbursement this Period 38.71
City AVON	State CT	
Zip Code 06001-3716	Purpose of Disbursement FOOD & BEVERAGE	Transaction ID : SB17.I1195
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District: 00		

Full Name (Last, First, Middle Initial) <b>C. BROCK WEBER</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2012
Mailing Address 5 PINEHURST ROAD		Amount of Each Disbursement this Period 62.09
City BRISTOL	State CT	
Zip Code 06010	Purpose of Disbursement FOOD & BEVERAGE	Transaction ID : SB17.I1196
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	100.80
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 91			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Lisa Wilson-Foley for Congress**

Full Name (Last, First, Middle Initial) <b>A. AMERICAN COPY SERVICE CENTER, INC.</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2012		
Mailing Address 2095 SOUTH MAIN STREET			Amount of Each Disbursement this Period 557.97		
City WATERBURY	State CT	Zip Code 06706	Transaction ID : SB17.I1200		
Purpose of Disbursement COPIER		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District: 00				

Full Name (Last, First, Middle Initial) <b>B. AMERICAN COPY SERVICE CENTER, INC.</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2012		
Mailing Address 2095 SOUTH MAIN STREET			Amount of Each Disbursement this Period 1063.45		
City WATERBURY	State CT	Zip Code 06706	Transaction ID : SB17.I1292		
Purpose of Disbursement COPIER		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District: 00				

Full Name (Last, First, Middle Initial) <b>C. APPLEWOODS, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2012		
Mailing Address 21 WATERVILLE ROAD			Amount of Each Disbursement this Period 1959.45		
City AVON	State CT	Zip Code 06001	Transaction ID : SB17.I1173		
Purpose of Disbursement RENT		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District: 00				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3580.87
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 34 OF 91	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Lisa Wilson-Foley for Congress**

Full Name (Last, First, Middle Initial) <b>A. AVON POST OFFICE</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 26 / 2012
Mailing Address 15 ENFORD STREET		Amount of Each Disbursement this Period 90.00
City AVON State CT Zip Code 06001	Purpose of Disbursement POSTAGE	
Candidate Name	Category/Type	<b>Transaction ID : SB17.I1135</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. AVON POST OFFICE</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2012
Mailing Address 15 ENFORD STREET		Amount of Each Disbursement this Period 630.00
City AVON State CT Zip Code 06001	Purpose of Disbursement POSTAGE	
Candidate Name	Category/Type	<b>Transaction ID : SB17.I1137</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. AVON POST OFFICE</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2012
Mailing Address 15 ENFORD STREET		Amount of Each Disbursement this Period 8.00
City AVON State CT Zip Code 06001	Purpose of Disbursement POSTAGE	
Candidate Name	Category/Type	<b>Transaction ID : SB17.I1139</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	728.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 35 OF 91	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Lisa Wilson-Foley for Congress**

Full Name (Last, First, Middle Initial) <b>A. AVON POST OFFICE</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2012
Mailing Address 15 ENFORD STREET		Amount of Each Disbursement this Period 225.00 <b>Transaction ID : SB17.I1147</b>
City AVON State CT Zip Code 06001	Purpose of Disbursement POSTAGE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) <b>B. CAPITAL STRATEGIES D.C.</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2012
Mailing Address P.O. BOX 1605		Amount of Each Disbursement this Period 2300.00 <b>Transaction ID : SB17.I1290</b>
City ALEXANDRIA State VA Zip Code 22313	Purpose of Disbursement STRATEGIC CONSULTING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) <b>C. CMDI</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2012
Mailing Address 7704 LEESBURG PIKE		Amount of Each Disbursement this Period 800.00 <b>Transaction ID : SB17.I1163</b>
City FALLS CHURCH State VA Zip Code 22043	Purpose of Disbursement COMPLIANCE SOFTWARE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3325.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 36 OF 91	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Lisa Wilson-Foley for Congress**

Full Name (Last, First, Middle Initial) <b>A. CMDI</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2012
Mailing Address 7704 LEESBURG PIKE		Amount of Each Disbursement this Period 1200.00 <b>Transaction ID : SB17.I1287</b>
City FALLS CHURCH	State VA	
Zip Code 22043	Purpose of Disbursement COMPLIANCE SOFTWARE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District: 00	

Full Name (Last, First, Middle Initial) <b>B. COMCAST</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2012
Mailing Address P.O. BOX 1577		Amount of Each Disbursement this Period 363.59 <b>Transaction ID : SB17.I1201</b>
City NEWARK	State NJ	
Zip Code 07101-0157	Purpose of Disbursement CABLE/INTERNET/PHONE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District: 00	

Full Name (Last, First, Middle Initial) <b>C. CONNECTICUT LIGHT &amp; POWER</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2012
Mailing Address P.O. BOX 150493		Amount of Each Disbursement this Period 369.03 <b>Transaction ID : SB17.I1224</b>
City HARTFORD	State CT	
Zip Code 06115-0049	Purpose of Disbursement UTILITIES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District: 00	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1932.62
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 37 OF 91	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Lisa Wilson-Foley for Congress**

Full Name (Last, First, Middle Initial) <b>A. CONSTANT CONTACT, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2012
Mailing Address 1601 TRAPELO ROAD; SUITE 329 SUITE 329		Amount of Each Disbursement this Period 80.00 <b>Transaction ID : SB17.I1340</b>
City WALTHAM State MA Zip Code 02451	Purpose of Disbursement EMAIL SERVICE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) <b>B. DILLON MAILING</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2012
Mailing Address 114 SHIELD STREET		Amount of Each Disbursement this Period 983.61 <b>Transaction ID : SB17.I1183</b>
City WEST HARTFORD State CT Zip Code 06110	Purpose of Disbursement DIRECT MAIL	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) <b>C. FIRST &amp; LAST</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2012
Mailing Address 26 W MAIN ST		Amount of Each Disbursement this Period 38.07 <b>Transaction ID : SB17.I1146</b>
City AVON State CT Zip Code 06001-3716	Purpose of Disbursement FOOD & DRINK	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1101.68
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 91			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Lisa Wilson-Foley for Congress**

Full Name (Last, First, Middle Initial) <b>A. FIRST &amp; LAST</b>		Date of Disbursement MM / DD / YYYY 08 / 14 / 2012
Mailing Address 26 W MAIN ST		Amount of Each Disbursement this Period 66.79
City AVON State CT Zip Code 06001-3716	Purpose of Disbursement FOOD & DRINK	
Candidate Name	Category/Type	<b>Transaction ID : SB17.I1377</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. GOOD 2 GO</b>		Date of Disbursement MM / DD / YYYY 08 / 13 / 2012
Mailing Address 41 EAST MAIN STREET		Amount of Each Disbursement this Period 100.08
City AVON State CT Zip Code 06001	Purpose of Disbursement FOOD & BEVERAGE	
Candidate Name	Category/Type	<b>Transaction ID : SB17.I1160</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. HARLAND CLARK</b>		Date of Disbursement MM / DD / YYYY 09 / 14 / 2012
Mailing Address 10931 LAUREATE DRIVE		Amount of Each Disbursement this Period 100.87
City SAN ANTONIO State TX Zip Code 78249	Purpose of Disbursement CHECK RE-ORDER	
Candidate Name	Category/Type	<b>Transaction ID : SB17.I1172</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	267.74
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 91			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Lisa Wilson-Foley for Congress**

Full Name (Last, First, Middle Initial) <b>A. HOT HEAVEN PIZZERIA</b>		Date of Disbursement
Mailing Address 33 E MAIN ST		M M / D D / Y Y Y Y 08 / 01 / 2012
City AVON	State CT	Zip Code 06001-3837
Purpose of Disbursement FOOD & BEVERAGE	Amount of Each Disbursement this Period 20.74	
Candidate Name	Transaction ID : SB17.I1142	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. KING STRATEGIC COMMUNICATIONS, INC.</b>		Date of Disbursement
Mailing Address 4605 MORSE ROAD SUITE 101		M M / D D / Y Y Y Y 07 / 30 / 2012
City GAHANNA	State OH	Zip Code 43230
Purpose of Disbursement DIRECT MAIL	Amount of Each Disbursement this Period 11420.43	
Candidate Name	Transaction ID : SB17.I1140	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. KING STRATEGIC COMMUNICATIONS, INC.</b>		Date of Disbursement
Mailing Address 4605 MORSE ROAD SUITE 101		M M / D D / Y Y Y Y 08 / 02 / 2012
City GAHANNA	State OH	Zip Code 43230
Purpose of Disbursement DIRECT MAIL	Amount of Each Disbursement this Period 19689.88	
Candidate Name	Transaction ID : SB17.I1143	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	31131.05
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 91			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Lisa Wilson-Foley for Congress**

Full Name (Last, First, Middle Initial) <b>A. KING STRATEGIC COMMUNICATIONS, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 07 / 2012
Mailing Address 4605 MORSE ROAD SUITE 101		Amount of Each Disbursement this Period 13392.93
City GAHANNA State OH Zip Code 43230	Purpose of Disbursement DIRECT MAIL	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I1149
State: District: 00		

Full Name (Last, First, Middle Initial) <b>B. KING STRATEGIC COMMUNICATIONS, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 10 / 2012
Mailing Address 4605 MORSE ROAD SUITE 101		Amount of Each Disbursement this Period 14569.06
City GAHANNA State OH Zip Code 43230	Purpose of Disbursement DIRECT MAIL	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I1156
State: District: 00		

Full Name (Last, First, Middle Initial) <b>C. KING STRATEGIC COMMUNICATIONS, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2012
Mailing Address 4605 MORSE ROAD SUITE 101		Amount of Each Disbursement this Period 11420.43
City GAHANNA State OH Zip Code 43230	Purpose of Disbursement DIRECT MAIL	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.I1225
State: District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	39382.42
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 41 OF 91	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Lisa Wilson-Foley for Congress**

Full Name (Last, First, Middle Initial)  
**A. LAW OFFICES OF BENJAMIN PROTO**

Mailing Address 2090 CUTSPRING ROAD

City STRATFORD State CT Zip Code 06614

Purpose of Disbursement LEGAL FEES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District: 00

Date of Disbursement: 09 / 29 / 2012

Amount of Each Disbursement this Period: 3740.00

Transaction ID : SB17.I1289

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

Mailing Address 55 MILL STREET

City UNIONVILLE State CT Zip Code 06085

Purpose of Disbursement ROOM RENTAL & CATERING EXPENSE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District: 00

Date of Disbursement: 08 / 14 / 2012

Amount of Each Disbursement this Period: 2500.00

Transaction ID : SB17.I1164

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

Mailing Address 55 MILL STREET

City UNIONVILLE State CT Zip Code 06085

Purpose of Disbursement FOOD & BEVERAGE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District: 00

Date of Disbursement: 08 / 15 / 2012

Amount of Each Disbursement this Period: 2026.31

Transaction ID : SB17.I1165

**SUBTOTAL** of Disbursements This Page (optional) ..... 8266.31

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 42 OF 91	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Lisa Wilson-Foley for Congress**

Full Name (Last, First, Middle Initial) <b>A. PAISANO'S RESTAURANT AND BAR</b>		Date of Disbursement M M / D D / Y Y Y Y <b>08 / 07 / 2012</b>
Mailing Address <b>538 MERIDEN RD</b>		Amount of Each Disbursement this Period <b>1250.00</b>
City <b>WATERBURY</b>	State <b>CT</b>	
Zip Code <b>06705-2217</b>	Purpose of Disbursement <b>FOOD &amp; BEVERAGE</b>	<b>Transaction ID : SB17.I1151</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: <b>00</b>		

Full Name (Last, First, Middle Initial) <b>B. PAK MAIL</b>		Date of Disbursement M M / D D / Y Y Y Y <b>08 / 20 / 2012</b>
Mailing Address <b>304 WEST MAIN STREET</b>		Amount of Each Disbursement this Period <b>355.65</b>
City <b>AVON</b>	State <b>CT</b>	
Zip Code <b>06001</b>	Purpose of Disbursement <b>FEDEX SHIPPING</b>	<b>Transaction ID : SB17.I1166</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: <b>00</b>		

Full Name (Last, First, Middle Initial) <b>C. PAYCHEX</b>		Date of Disbursement M M / D D / Y Y Y Y <b>07 / 27 / 2012</b>
Mailing Address <b>55 CAPITAL BOULEVARD SUITE 302</b>		Amount of Each Disbursement this Period <b>62.21</b>
City <b>ROCKY HILL</b>	State <b>CT</b>	
Zip Code <b>06067</b>	Purpose of Disbursement <b>PAYROLL PROCESSING FEE</b>	<b>Transaction ID : SB17.I1335</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: <b>00</b>		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1667.86</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 91			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Lisa Wilson-Foley for Congress**

Full Name (Last, First, Middle Initial) <b>A. PAYCHEX</b>		Date of Disbursement M M / D D / Y Y Y Y <b>08 / 10 / 2012</b>
Mailing Address <b>55 CAPITAL BOULEVARD SUITE 302</b>		Amount of Each Disbursement this Period <b>62.21</b>
City <b>ROCKY HILL</b> State <b>CT</b> Zip Code <b>06067</b>	Purpose of Disbursement <b>PAYROLL PROCESSING FEE</b>	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.I1336</b>
State: District: <b>00</b>		

Full Name (Last, First, Middle Initial) <b>B. PAYCHEX</b>		Date of Disbursement M M / D D / Y Y Y Y <b>08 / 24 / 2012</b>
Mailing Address <b>55 CAPITAL BOULEVARD SUITE 302</b>		Amount of Each Disbursement this Period <b>59.49</b>
City <b>ROCKY HILL</b> State <b>CT</b> Zip Code <b>06067</b>	Purpose of Disbursement <b>PAYROLL PROCESSING FEE</b>	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.I1337</b>
State: District: <b>00</b>		

Full Name (Last, First, Middle Initial) <b>C. PAYCHEX</b>		Date of Disbursement M M / D D / Y Y Y Y <b>09 / 07 / 2012</b>
Mailing Address <b>55 CAPITAL BOULEVARD SUITE 302</b>		Amount of Each Disbursement this Period <b>56.56</b>
City <b>ROCKY HILL</b> State <b>CT</b> Zip Code <b>06067</b>	Purpose of Disbursement <b>PAYROLL PROCESSING FEE</b>	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.I1338</b>
State: District: <b>00</b>		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>178.26</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 91			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Lisa Wilson-Foley for Congress**

Full Name (Last, First, Middle Initial) <b>A. PAYCHEX</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2012
Mailing Address 55 CAPITAL BOULEVARD SUITE 302		Amount of Each Disbursement this Period 56.56
City ROCKY HILL	State CT	
Zip Code 06067	Purpose of Disbursement PAYROLL PROCESSING FEE	Transaction ID : SB17.I1339
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) <b>B. PAYCHEX</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 27 / 2012
Mailing Address 55 CAPITAL BOULEVARD SUITE 302		Amount of Each Disbursement this Period 10185.85
City ROCKY HILL	State CT	
Zip Code 06067	Purpose of Disbursement PAYROLL	Transaction ID : SB17.I1341
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) <b>C. LAUREN CASPER</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 27 / 2012
Mailing Address 89B LOOMIS ROAD		Amount of Each Disbursement this Period 1423.07
City WEST HARTFORD	State CT	
Zip Code 06107	Purpose of Disbursement PAYROLL	Transaction ID : SB17.I1350
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	10242.41
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 45 OF 91	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Lisa Wilson-Foley for Congress**

Full Name (Last, First, Middle Initial) <b>A. CATHY DURDAN</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 27 / 2012
Mailing Address 57 ROSEWOOD ROAD		Amount of Each Disbursement this Period 1153.85
City AVON State CT Zip Code 06001	Purpose of Disbursement PAYROLL	
Candidate Name		Transaction ID : SB17.I1351 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. WILLIAM KOLO</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 27 / 2012
Mailing Address 61 GRASSY HILL ROAD		Amount of Each Disbursement this Period 750.00
City WATERBURY State CT Zip Code 06704	Purpose of Disbursement PAYROLL	
Candidate Name		Transaction ID : SB17.I1352 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. PATRICIA MCLAUGHLIN</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 27 / 2012
Mailing Address 41 PEMBROKE HILL		Amount of Each Disbursement this Period 750.00
City FARMINGTON State CT Zip Code 06032	Purpose of Disbursement PAYROLL	
Candidate Name		Transaction ID : SB17.I1353 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 46 OF 91	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Lisa Wilson-Foley for Congress**

Full Name (Last, First, Middle Initial) <b>A. COURTNEY SMITH</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 27 / 2012
Mailing Address 34 UNION ST 2ND FLOOR		Amount of Each Disbursement this Period 1500.00
City STAMFORD	State CT Zip Code 06906-1320	
Purpose of Disbursement PAYROLL	Candidate Name	Transaction ID : SB17.I1354
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District: 00	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>B. CHRISTOPHER SYREK</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 27 / 2012
Mailing Address 44 AVONWOOD ROAD APT. 111		Amount of Each Disbursement this Period 2307.69
City AVON	State CT Zip Code 06001	
Purpose of Disbursement PAYROLL	Candidate Name	Transaction ID : SB17.I1355
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District: 00	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>C. BROCK WEBER</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 27 / 2012
Mailing Address 5 PINEHURST ROAD		Amount of Each Disbursement this Period 1476.92
City BRISTOL	State CT Zip Code 06010	
Purpose of Disbursement PAYROLL	Candidate Name	Transaction ID : SB17.I1356
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District: 00	Category/Type	[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 47 OF 91	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Lisa Wilson-Foley for Congress**

Full Name (Last, First, Middle Initial) <b>A. PAYCHEX</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 27 / 2012
Mailing Address 55 CAPITAL BOULEVARD SUITE 302		Amount of Each Disbursement this Period 824.32
City ROCKY HILL	State CT	
Zip Code 06067	Purpose of Disbursement PAYROLL TAXES	Transaction ID : SB17.I1342
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District: 00		

Full Name (Last, First, Middle Initial) <b>B. PAYCHEX</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 10 / 2012
Mailing Address 55 CAPITAL BOULEVARD SUITE 302		Amount of Each Disbursement this Period 9557.78
City ROCKY HILL	State CT	
Zip Code 06067	Purpose of Disbursement PAYROLL	Transaction ID : SB17.I1343
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) <b>C. LAUREN CASPER</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 10 / 2012
Mailing Address 89B LOOMIS ROAD		Amount of Each Disbursement this Period 1623.07
City WEST HARTFORD	State CT	
Zip Code 06107	Purpose of Disbursement PAYROLL	Transaction ID : SB17.I1357
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	9557.78
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 48 OF 91	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Lisa Wilson-Foley for Congress**

Full Name (Last, First, Middle Initial) <b>A. CATHY DURDAN</b>		Date of Disbursement MM / DD / YYYY 08 / 10 / 2012
Mailing Address 57 ROSEWOOD ROAD		Amount of Each Disbursement this Period 1153.85
City AVON State CT Zip Code 06001	Purpose of Disbursement PAYROLL	
Candidate Name	Category/Type	Transaction ID : SB17.I1358 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. WILLIAM KOLO</b>		Date of Disbursement MM / DD / YYYY 08 / 10 / 2012
Mailing Address 61 GRASSY HILL ROAD		Amount of Each Disbursement this Period 750.00
City WATERBURY State CT Zip Code 06704	Purpose of Disbursement PAYROLL	
Candidate Name	Category/Type	Transaction ID : SB17.I1359 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. PATRICIA MCLAUGHLIN</b>		Date of Disbursement MM / DD / YYYY 08 / 10 / 2012
Mailing Address 41 PEMBROKE HILL		Amount of Each Disbursement this Period 750.00
City FARMINGTON State CT Zip Code 06032	Purpose of Disbursement PAYROLL	
Candidate Name	Category/Type	Transaction ID : SB17.I1360 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 49 OF 91	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Lisa Wilson-Foley for Congress**

Full Name (Last, First, Middle Initial) <b>A. COURTNEY SMITH</b>		Date of Disbursement MM / DD / YYYY 08 / 10 / 2012
Mailing Address 34 UNION ST 2ND FLOOR		Amount of Each Disbursement this Period 750.00
City STAMFORD	State CT Zip Code 06906-1320	
Purpose of Disbursement PAYROLL	Candidate Name	Transaction ID : SB17.I1361
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District: 00	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>B. CHRISTOPHER SYREK</b>		Date of Disbursement MM / DD / YYYY 08 / 10 / 2012
Mailing Address 44 AVONWOOD ROAD APT. 111		Amount of Each Disbursement this Period 2307.69
City AVON	State CT Zip Code 06001	
Purpose of Disbursement PAYROLL	Candidate Name	Transaction ID : SB17.I1362
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District: 00	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>C. BROCK WEBER</b>		Date of Disbursement MM / DD / YYYY 08 / 10 / 2012
Mailing Address 5 PINEHURST ROAD		Amount of Each Disbursement this Period 1476.92
City BRISTOL	State CT Zip Code 06010	
Purpose of Disbursement PAYROLL	Candidate Name	Transaction ID : SB17.I1363
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District: 00	Category/Type	[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 91			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Lisa Wilson-Foley for Congress**

Full Name (Last, First, Middle Initial)  
**A. PAYCHEX**

Mailing Address 55 CAPITAL BOULEVARD  
SUITE 302

City ROCKY HILL State CT Zip Code 06067

Purpose of Disbursement PAYROLL TAXES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District: 00

Date of Disbursement: 08 / 10 / 2012

Amount of Each Disbursement this Period: 746.25

Transaction ID : SB17.I1344

[MEMO ITEM]

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

Mailing Address 55 CAPITAL BOULEVARD  
SUITE 302

City ROCKY HILL State CT Zip Code 06067

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District: 00

Date of Disbursement: 08 / 24 / 2012

Amount of Each Disbursement this Period: 8714.40

Transaction ID : SB17.I1345

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

Mailing Address 89B LOOMIS ROAD

City WEST HARTFORD State CT Zip Code 06107

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District: 00

Date of Disbursement: 08 / 24 / 2012

Amount of Each Disbursement this Period: 1623.07

Transaction ID : SB17.I1364

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) ..... 8714.40

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 51 OF 91	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Lisa Wilson-Foley for Congress**

Full Name (Last, First, Middle Initial) <b>A. CATHY DURDAN</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 24 / 2012
Mailing Address 57 ROSEWOOD ROAD		Amount of Each Disbursement this Period 1153.85
City AVON State CT Zip Code 06001	Purpose of Disbursement PAYROLL	
Candidate Name		Transaction ID : SB17.I1365 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. WILLIAM KOLO</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 24 / 2012
Mailing Address 61 GRASSY HILL ROAD		Amount of Each Disbursement this Period 750.00
City WATERBURY State CT Zip Code 06704	Purpose of Disbursement PAYROLL	
Candidate Name		Transaction ID : SB17.I1366 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. PATRICIA MCLAUGHLIN</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 24 / 2012
Mailing Address 41 PEMBROKE HILL		Amount of Each Disbursement this Period 750.00
City FARMINGTON State CT Zip Code 06032	Purpose of Disbursement PAYROLL	
Candidate Name		Transaction ID : SB17.I1367 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 52 OF 91	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Lisa Wilson-Foley for Congress**

Full Name (Last, First, Middle Initial) <b>A. CHRISTOPHER SYREK</b>		Date of Disbursement MM / DD / YYYY 08 / 24 / 2012
Mailing Address 44 AVONWOOD ROAD APT. 111		Amount of Each Disbursement this Period 2307.69
City AVON	State CT Zip Code 06001	
Purpose of Disbursement PAYROLL	Candidate Name	Transaction ID : SB17.I1368
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District: 00	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>B. BROCK WEBER</b>		Date of Disbursement MM / DD / YYYY 08 / 24 / 2012
Mailing Address 5 PINEHURST ROAD		Amount of Each Disbursement this Period 1476.92
City BRISTOL	State CT Zip Code 06010	
Purpose of Disbursement PAYROLL	Candidate Name	Transaction ID : SB17.I1369
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District: 00	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>C. PAYCHEX</b>		Date of Disbursement MM / DD / YYYY 08 / 24 / 2012
Mailing Address 55 CAPITAL BOULEVARD SUITE 302		Amount of Each Disbursement this Period 652.87
City ROCKY HILL	State CT Zip Code 06067	
Purpose of Disbursement PAYROLL TAXES	Candidate Name	Transaction ID : SB17.I1346
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District: 00	Category/Type	[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 53 OF 91	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Lisa Wilson-Foley for Congress**

**A. PAYCHEX**

Full Name (Last, First, Middle Initial)  
Mailing Address 55 CAPITAL BOULEVARD  
SUITE 302

City ROCKY HILL State CT Zip Code 06067

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)

State: District: 00

Date of Disbursement: 09 / 07 / 2012

Amount of Each Disbursement this Period: 5465.06

Transaction ID : SB17.I1347

**B. LAUREN CASPER**

Full Name (Last, First, Middle Initial)  
Mailing Address 89B LOOMIS ROAD

City WEST HARTFORD State CT Zip Code 06107

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)

State: District: 00

Date of Disbursement: 09 / 07 / 2012

Amount of Each Disbursement this Period: 711.54

Transaction ID : SB17.I1380

[MEMO ITEM]

**C. WILLIAM KOLO**

Full Name (Last, First, Middle Initial)  
Mailing Address 61 GRASSY HILL ROAD

City WATERBURY State CT Zip Code 06704

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)

State: District: 00

Date of Disbursement: 09 / 07 / 2012

Amount of Each Disbursement this Period: 750.00

Transaction ID : SB17.I1381

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) ..... 5465.06

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 91			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Lisa Wilson-Foley for Congress**

Full Name (Last, First, Middle Initial) <b>A. PATRICIA MCLAUGHLIN</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 07 / 2012
Mailing Address 41 PEMBROKE HILL		Amount of Each Disbursement this Period 550.00
City FARMINGTON State CT Zip Code 06032	Purpose of Disbursement PAYROLL	
Candidate Name	Category/Type	Transaction ID : SB17.I1382 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. CHRISTOPHER SYREK</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 07 / 2012
Mailing Address 44 AVONWOOD ROAD APT. 111		Amount of Each Disbursement this Period 2307.69
City AVON State CT Zip Code 06001	Purpose of Disbursement PAYROLL	
Candidate Name	Category/Type	Transaction ID : SB17.I1383 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. BROCK WEBER</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 07 / 2012
Mailing Address 5 PINEHURST ROAD		Amount of Each Disbursement this Period 738.46
City BRISTOL State CT Zip Code 06010	Purpose of Disbursement PAYROLL	
Candidate Name	Category/Type	Transaction ID : SB17.I1384 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 91			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Lisa Wilson-Foley for Congress**

Full Name (Last, First, Middle Initial) <b>A. PAYCHEX</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 07 / 2012
Mailing Address 55 CAPITAL BOULEVARD SUITE 302		Amount of Each Disbursement this Period 407.37
City ROCKY HILL	State CT	
Zip Code 06067	Purpose of Disbursement PAYROLL TAXES	Transaction ID : SB17.I1379
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District: 00		

Full Name (Last, First, Middle Initial) <b>B. PAYCHEX</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2012
Mailing Address 55 CAPITAL BOULEVARD SUITE 302		Amount of Each Disbursement this Period 3323.11
City ROCKY HILL	State CT	
Zip Code 06067	Purpose of Disbursement PAYROLL	Transaction ID : SB17.I1348
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) <b>C. WILLIAM KOLO</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2012
Mailing Address 61 GRASSY HILL ROAD		Amount of Each Disbursement this Period 750.00
City WATERBURY	State CT	
Zip Code 06704	Purpose of Disbursement PAYROLL	Transaction ID : SB17.I1371
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3323.11
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 56 OF 91	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Lisa Wilson-Foley for Congress**

Full Name (Last, First, Middle Initial) <b>A. CHRISTOPHER SYREK</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2012	
Mailing Address 44 AVONWOOD ROAD APT. 111			Amount of Each Disbursement this Period 2307.69	
City AVON	State CT	Zip Code 06001	Transaction ID : SB17.I1372	
Purpose of Disbursement PAYROLL		Category/ Type	[MEMO ITEM]	
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District: 00			

Full Name (Last, First, Middle Initial) <b>B. PAYCHEX</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2012	
Mailing Address 55 CAPITAL BOULEVARD SUITE 302			Amount of Each Disbursement this Period 265.42	
City ROCKY HILL	State CT	Zip Code 06067	Transaction ID : SB17.I1349	
Purpose of Disbursement PAYROLL TAXES		Category/ Type	[MEMO ITEM]	
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District: 00			

Full Name (Last, First, Middle Initial) <b>C. PAYPAL</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2012	
Mailing Address 2211 NORTH FRIST STREET			Amount of Each Disbursement this Period 30.00	
City SAN JOSE	State CA	Zip Code 95131	Transaction ID : SB17.I1169	
Purpose of Disbursement MONTHLY CREDIT CARD PROCESSING FEE		Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District: 00			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	30.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 91			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Lisa Wilson-Foley for Congress**

Full Name (Last, First, Middle Initial)  
**A. PAYPAL**

Mailing Address 2211 NORTH FRIST STREET

City SAN JOSE State CA Zip Code 95131

Purpose of Disbursement MONTHLY CREDIT CRD PROCESSING FEE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District: 00

Date of Disbursement: 09 / 03 / 2012

Amount of Each Disbursement this Period: 30.00

Transaction ID : SB17.I1170

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

Mailing Address 2202 NORTH FIRST STREET

City SAN JOSE State CA Zip Code 95122

Purpose of Disbursement CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District: 00

Date of Disbursement: 07 / 28 / 2012

Amount of Each Disbursement this Period: 0.85

Transaction ID : SB17.I1314

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

Mailing Address 2202 NORTH FIRST STREET

City SAN JOSE State CA Zip Code 95122

Purpose of Disbursement CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District: 00

Date of Disbursement: 08 / 01 / 2012

Amount of Each Disbursement this Period: 6.65

Transaction ID : SB17.I1315

**SUBTOTAL** of Disbursements This Page (optional) ..... 37.50

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 91			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Lisa Wilson-Foley for Congress**

Full Name (Last, First, Middle Initial) <b>A. PAYPAL</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 02 / 2012
Mailing Address 2202 NORTH FIRST STREET		Amount of Each Disbursement this Period 77.60
City SAN JOSE	State CA	
Zip Code 95122	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Transaction ID : SB17.I1316
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) <b>B. PAYPAL</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2012
Mailing Address 2202 NORTH FIRST STREET		Amount of Each Disbursement this Period 8.75
City SAN JOSE	State CA	
Zip Code 95122	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Transaction ID : SB17.I1317
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) <b>C. PAYPAL</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2012
Mailing Address 2202 NORTH FIRST STREET		Amount of Each Disbursement this Period 35.00
City SAN JOSE	State CA	
Zip Code 95122	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Transaction ID : SB17.I1318
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	121.35
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 59 OF 91	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Lisa Wilson-Foley for Congress**

Full Name (Last, First, Middle Initial)  
**A. POLITICAL FINANCIAL CONSULTING**

Mailing Address **228 SOUTH WASHINGTON STREET; SUITE SUITE 115**

City **ALEXANDRIA** State **VA** Zip Code **22314**

Purpose of Disbursement **COMPLIANCE CONSULTING**

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)

State: District: **00**

Date of Disbursement: **09 / 29 / 2012**

Amount of Each Disbursement this Period: **4521.10**

Transaction ID : **SB17.I1288**

Full Name (Last, First, Middle Initial)  
**B. SANFORD & HAWLEY, INC.**

Mailing Address **30 SANDSCREEN RD.**

City **AVON** State **CT** Zip Code **06001**

Purpose of Disbursement **MATERIAL FOR SIGNS**

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)

State: District: **00**

Date of Disbursement: **08 / 09 / 2012**

Amount of Each Disbursement this Period: **352.17**

Transaction ID : **SB17.I1155**

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

Mailing Address **95 EDDY RD SUITE 101**

City **MANCHESTER** State **NH** Zip Code **03102-3266**

Purpose of Disbursement **SIGNS & STICKERS**

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)

State: District: **00**

Date of Disbursement: **08 / 06 / 2012**

Amount of Each Disbursement this Period: **4008.50**

Transaction ID : **SB17.I1184**

**SUBTOTAL** of Disbursements This Page (optional)..... **8881.77**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 60 OF 91	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Lisa Wilson-Foley for Congress**

Full Name (Last, First, Middle Initial) <b>A. STAPLES (SIMSBURY)</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2012
Mailing Address 15 ALBANY TURNPIKE		Amount of Each Disbursement this Period 36.12 <b>Transaction ID : SB17.I1138</b>
City SIMSBURY	State CT	
Zip Code 06092	Purpose of Disbursement OFFICE SUPPLIES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District: 00	

Full Name (Last, First, Middle Initial) <b>B. STAPLES (SIMSBURY)</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2012
Mailing Address 15 ALBANY TURNPIKE		Amount of Each Disbursement this Period 70.17 <b>Transaction ID : SB17.I1141</b>
City SIMSBURY	State CT	
Zip Code 06092	Purpose of Disbursement OFFICE SUPPLIES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District: 00	

Full Name (Last, First, Middle Initial) <b>C. STAPLES (SIMSBURY)</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2012
Mailing Address 15 ALBANY TURNPIKE		Amount of Each Disbursement this Period 44.66 <b>Transaction ID : SB17.I1145</b>
City SIMSBURY	State CT	
Zip Code 06092	Purpose of Disbursement OFFICE SUPPLIES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District: 00	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	150.95
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 61 OF 91	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Lisa Wilson-Foley for Congress**

Full Name (Last, First, Middle Initial) <b>A. STAPLES (SIMSBURY)</b>		Date of Disbursement M M / D D / Y Y Y Y <b>08 / 11 / 2012</b>
Mailing Address <b>15 ALBANY TURNPIKE</b>		Amount of Each Disbursement this Period <b>49.59</b>
City <b>SIMSBURY</b>	State <b>CT</b>	
Zip Code <b>06092</b>	Purpose of Disbursement <b>OFFICE SUPPLIES</b>	<b>Transaction ID : SB17.I1158</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: <b>00</b>		

Full Name (Last, First, Middle Initial) <b>B. STAPLES (SIMSBURY)</b>		Date of Disbursement M M / D D / Y Y Y Y <b>08 / 13 / 2012</b>
Mailing Address <b>15 ALBANY TURNPIKE</b>		Amount of Each Disbursement this Period <b>37.21</b>
City <b>SIMSBURY</b>	State <b>CT</b>	
Zip Code <b>06092</b>	Purpose of Disbursement <b>OFFICE SUPPLIES</b>	<b>Transaction ID : SB17.I1159</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: <b>00</b>		

Full Name (Last, First, Middle Initial) <b>C. STAPLES (SIMSBURY)</b>		Date of Disbursement M M / D D / Y Y Y Y <b>08 / 14 / 2012</b>
Mailing Address <b>15 ALBANY TURNPIKE</b>		Amount of Each Disbursement this Period <b>22.30</b>
City <b>SIMSBURY</b>	State <b>CT</b>	
Zip Code <b>06092</b>	Purpose of Disbursement <b>OFFICE SUPPLIES</b>	<b>Transaction ID : SB17.I1161</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: <b>00</b>		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>109.10</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 91		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)  
**Lisa Wilson-Foley for Congress**

Full Name (Last, First, Middle Initial) <b>A. STAPLES (SIMSBURY)</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2012
Mailing Address 15 ALBANY TURNPIKE		Amount of Each Disbursement this Period 6.27
City SIMSBURY	State CT	
Zip Code 06092	Purpose of Disbursement OFFICE SUPPLIES	Transaction ID : SB17.I1167
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) <b>B. STRATEGIC MEDIA PLACEMENT INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2012
Mailing Address 7669 STAGERS LOOP		Amount of Each Disbursement this Period 129600.00
City DELEWARE	State OH	
Zip Code 43015	Purpose of Disbursement MEDIA BUY	Transaction ID : SB17.I1132
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) <b>C. STRATEGIC MEDIA PLACEMENT INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 07 / 2012
Mailing Address 7669 STAGERS LOOP		Amount of Each Disbursement this Period 48200.00
City DELEWARE	State OH	
Zip Code 43015	Purpose of Disbursement MEDIA BUY	Transaction ID : SB17.I1150
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	177806.27
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 91			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Lisa Wilson-Foley for Congress**

Full Name (Last, First, Middle Initial)  
**A. STRATEGIC MEDIA PLACEMENT INC.**

Mailing Address 7669 STAGERS LOOP

City DELEWARE State OH Zip Code 43015

Purpose of Disbursement MEDIA BUY

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District: 00

Date of Disbursement: 08 / 09 / 2012

Amount of Each Disbursement this Period: 48000.00

Transaction ID : SB17.I1152

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

Mailing Address 255 WEST MAIN STREET

City AVON State CT Zip Code 06001

Purpose of Disbursement BANK FEE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District: 00

Date of Disbursement: 07 / 30 / 2012

Amount of Each Disbursement this Period: 25.00

Transaction ID : SB17.I1319

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

Mailing Address 255 WEST MAIN STREET

City AVON State CT Zip Code 06001

Purpose of Disbursement BANK FEE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District: 00

Date of Disbursement: 07 / 31 / 2012

Amount of Each Disbursement this Period: 25.00

Transaction ID : SB17.I1320

**SUBTOTAL** of Disbursements This Page (optional)..... 48050.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 91			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Lisa Wilson-Foley for Congress**

Full Name (Last, First, Middle Initial)  
**A. TD BANK**

Mailing Address 255 WEST MAIN STREET

City AVON State CT Zip Code 06001

Purpose of Disbursement BANK FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify)

Date of Disbursement: 08 / 02 / 2012

Amount of Each Disbursement this Period: 25.00

Transaction ID : SB17.I1321

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

Mailing Address 255 WEST MAIN STREET

City AVON State CT Zip Code 06001

Purpose of Disbursement BANK FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify)

Date of Disbursement: 08 / 06 / 2012

Amount of Each Disbursement this Period: 25.00

Transaction ID : SB17.I1322

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

Mailing Address 255 WEST MAIN STREET

City AVON State CT Zip Code 06001

Purpose of Disbursement BANK FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify)

Date of Disbursement: 08 / 07 / 2012

Amount of Each Disbursement this Period: 25.00

Transaction ID : SB17.I1323

**SUBTOTAL** of Disbursements This Page (optional) ..... 75.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 65 OF 91	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Lisa Wilson-Foley for Congress**

Full Name (Last, First, Middle Initial)  
**A. TD BANK**

Mailing Address **255 WEST MAIN STREET**

City **AVON** State **CT** Zip Code **06001**

Purpose of Disbursement  
**BANK FEE**

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)

State: District: **00**

Date of Disbursement  
M M / D D / Y Y Y Y  
**08 / 07 / 2012**

Amount of Each Disbursement this Period  
**25.00**

Transaction ID : **SB17.I1324**

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

Mailing Address **255 WEST MAIN STREET**

City **AVON** State **CT** Zip Code **06001**

Purpose of Disbursement  
**BANK FEE**

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)

State: District: **00**

Date of Disbursement  
M M / D D / Y Y Y Y  
**08 / 09 / 2012**

Amount of Each Disbursement this Period  
**25.00**

Transaction ID : **SB17.I1325**

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

Mailing Address **255 WEST MAIN STREET**

City **AVON** State **CT** Zip Code **06001**

Purpose of Disbursement  
**BANK FEE**

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)

State: District: **00**

Date of Disbursement  
M M / D D / Y Y Y Y  
**08 / 10 / 2012**

Amount of Each Disbursement this Period  
**25.00**

Transaction ID : **SB17.I1326**

**SUBTOTAL** of Disbursements This Page (optional)..... **75.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 91			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Lisa Wilson-Foley for Congress**

Full Name (Last, First, Middle Initial) <b>A. TD BANK</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 07 / 2012
Mailing Address 255 WEST MAIN STREET		Amount of Each Disbursement this Period 25.00
City AVON State CT Zip Code 06001	Purpose of Disbursement BANK FEE	
Candidate Name		Transaction ID : SB17.I1327
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) <b>B. TD BANK</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 26 / 2012
Mailing Address 255 WEST MAIN STREET		Amount of Each Disbursement this Period 25.00
City AVON State CT Zip Code 06001	Purpose of Disbursement BANK FEE	
Candidate Name		Transaction ID : SB17.I1328
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) <b>C. TD BANK</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 27 / 2012
Mailing Address 255 WEST MAIN STREET		Amount of Each Disbursement this Period 15.00
City AVON State CT Zip Code 06001	Purpose of Disbursement BANK FEE	
Candidate Name		Transaction ID : SB17.I1331
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	65.00
<b>TOTAL</b> This Period (last page this line number only).....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 67 OF 91	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Lisa Wilson-Foley for Congress**

Full Name (Last, First, Middle Initial) <b>A. THE PROSPER GROUP CORPORATION</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2012
Mailing Address 435 E MAIN ST SUITE 250		Amount of Each Disbursement this Period 5943.20
City GREENWOOD State IN Zip Code 46143-1384	Purpose of Disbursement TELEPHONE EXPENSES	
Candidate Name	Category/Type	Transaction ID : SB17.I1148
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District: 00		

Full Name (Last, First, Middle Initial) <b>B. THE PROSPER GROUP CORPORATION</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2012
Mailing Address 435 E MAIN ST SUITE 250		Amount of Each Disbursement this Period 2279.54
City GREENWOOD State IN Zip Code 46143-1384	Purpose of Disbursement TELEPHONE EXPENSES	
Candidate Name	Category/Type	Transaction ID : SB17.I1226
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District: 00		

Full Name (Last, First, Middle Initial) <b>C. THE PROSPER GROUP CORPORATION</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2012
Mailing Address 435 E MAIN ST SUITE 250		Amount of Each Disbursement this Period 2760.00
City GREENWOOD State IN Zip Code 46143-1384	Purpose of Disbursement TELEPHONE EXPENSES	
Candidate Name	Category/Type	Transaction ID : SB17.I1375
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	10982.74
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 91		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)  
**Lisa Wilson-Foley for Congress**

Full Name (Last, First, Middle Initial) <b>A. THE SIMSBURY INN</b>		Date of Disbursement MM / DD / YYYY 08 / 19 / 2012
Mailing Address 397 HOPMEADOW STREET		Amount of Each Disbursement this Period 181.65
City SIMSBURY	State CT	
Zip Code 06070	Purpose of Disbursement FOOD & BEVERAGE	Transaction ID : SB17.I1202
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) <b>B. THE STRATEGY GROUP FOR MEDIA, INC.</b>		Date of Disbursement MM / DD / YYYY 09 / 06 / 2012
Mailing Address 7669 STAGERS LOOP		Amount of Each Disbursement this Period 25000.00
City DELAWARE	State OH	
Zip Code 43015	Purpose of Disbursement MEDIA	Transaction ID : SB17.I1171
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) <b>C. THE STRATEGY GROUP FOR MEDIA, INC.</b>		Date of Disbursement MM / DD / YYYY 09 / 29 / 2012
Mailing Address 7669 STAGERS LOOP		Amount of Each Disbursement this Period 13300.00
City DELAWARE	State OH	
Zip Code 43015	Purpose of Disbursement MEDIA	Transaction ID : SB17.I1291
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	38481.65
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 91		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)  
**Lisa Wilson-Foley for Congress**

Full Name (Last, First, Middle Initial) <b>A. THE TARRANCE GROUP, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2012
Mailing Address 201 N. STREET		Amount of Each Disbursement this Period 6655.00 <b>Transaction ID : SB17.I1244</b>
City ALEXANDRIA	State VA	
Zip Code 22314	Purpose of Disbursement RESEARCH/POLLING	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District: 00	

Full Name (Last, First, Middle Initial) <b>B. VERIZON WIRELESS</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2012
Mailing Address ONE VERIZON WAY		Amount of Each Disbursement this Period 487.33 <b>Transaction ID : SB17.101312B</b>
City BASKING RIDGE	State NJ	
Zip Code 07920	Purpose of Disbursement CELL PHONE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. VERIZON WIRELESS</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 26 / 2012
Mailing Address ONE VERIZON WAY		Amount of Each Disbursement this Period 473.69 <b>Transaction ID : SB17.I1136</b>
City BASKING RIDGE	State NJ	
Zip Code 07920	Purpose of Disbursement CELL PHONE	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District: 00	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7616.02
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 70 OF 91	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Lisa Wilson-Foley for Congress**

Full Name (Last, First, Middle Initial) <b>A. VERIZON WIRELESS</b>		Date of Disbursement M M / D D / Y Y Y Y <b>08 / 27 / 2012</b>
Mailing Address <b>ONE VERIZON WAY</b>		Amount of Each Disbursement this Period <b>475.88</b>
City <b>BASKING RIDGE</b>	State <b>NJ</b> Zip Code <b>07920</b>	
Purpose of Disbursement <b>CELL PHONE</b>	Candidate Name	<b>Transaction ID : SB17.I1168</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District: <b>00</b>	Category/Type	

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>475.88</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>432568.77</b>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 91			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**Lisa Wilson-Foley for Congress**

Full Name (Last, First, Middle Initial) <b>A. DR. JAY BERKOWITZ M.D.</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2012	
Mailing Address 89 BAYSHORE DR.			Amount of Each Disbursement this Period 250.00	
City MILFORD	State CT	Zip Code 06460	Transaction ID : SB20A.I1312	
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District: 00				

Full Name (Last, First, Middle Initial) <b>B. AILEEN LARKIN CARR</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2012	
Mailing Address 6 STONEHEDGE CT.			Amount of Each Disbursement this Period 2500.00	
City WARREN	State NJ	Zip Code 07059	Transaction ID : SB20A.I1294	
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District: 00				

Full Name (Last, First, Middle Initial) <b>C. GREGORY CARR</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2012	
Mailing Address 6 STONEHEDGE CT.			Amount of Each Disbursement this Period 2250.00	
City WARREN	State NJ	Zip Code 07059	Transaction ID : SB20A.I1311	
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District: 00				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 91			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**Lisa Wilson-Foley for Congress**

Full Name (Last, First, Middle Initial) <b>A. CORY CHEYNE</b>		Date of Disbursement MM / DD / YYYY 08 / 22 / 2012
Mailing Address 76 HARTFORD ROAD		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : SB20A.I1296</b>
City SIMSBURY	State CT	
Zip Code 06070	Purpose of Disbursement CONTRIBUTION REFUND	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District: 00	

Full Name (Last, First, Middle Initial) <b>B. BRENDAN FOLEY</b>		Date of Disbursement MM / DD / YYYY 08 / 22 / 2012
Mailing Address 76 HARTFORD ROAD		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : SB20A.I1306</b>
City SIMSBURY	State CT	
Zip Code 06070	Purpose of Disbursement CONTRIBUTION REFUND	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District: 00	

Full Name (Last, First, Middle Initial) <b>C. BRIANA FOLEY</b>		Date of Disbursement MM / DD / YYYY 08 / 22 / 2012
Mailing Address 76 HARTFORD ROAD		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : SB20A.I1303</b>
City SIMSBURY	State CT	
Zip Code 06070	Purpose of Disbursement CONTRIBUTION REFUND	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District: 00	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7500.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 91			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**Lisa Wilson-Foley for Congress**

Full Name (Last, First, Middle Initial) <b>A. BRIAN FOLEY</b>		Date of Disbursement MM / DD / YYYY 08 / 22 / 2012
Mailing Address 76 HARTFORD ROAD		Amount of Each Disbursement this Period 2500.00
City SIMSBURY	State CT	
Zip Code 06070	Purpose of Disbursement CONTRIBUTION REFUND	Transaction ID : SB20A.I1305
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) <b>B. CONOR FOLEY</b>		Date of Disbursement MM / DD / YYYY 08 / 22 / 2012
Mailing Address 76 HARTFORD ROAD		Amount of Each Disbursement this Period 2500.00
City SIMSBURY	State CT	
Zip Code 06070	Purpose of Disbursement CONTRIBUTION REFUND	Transaction ID : SB20A.I1297
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) <b>C. MEGHAN FOLEY</b>		Date of Disbursement MM / DD / YYYY 08 / 22 / 2012
Mailing Address 5 HUNLEY ROAD		Amount of Each Disbursement this Period 2500.00
City HANOVER	State NH	
Zip Code 03755	Purpose of Disbursement CONTRIBUTION REFUND	Transaction ID : SB20A101312A
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 74 OF 91	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Lisa Wilson-Foley for Congress**

Full Name (Last, First, Middle Initial) <b>A. JOHANNA HYPPIA</b>		Date of Disbursement MM / DD / YYYY 08 / 22 / 2012
Mailing Address 42 EAST WEATOGUE ST.		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : SB20A.I1309</b>
City SIMSBURY	State CT	
Zip Code 06070	Purpose of Disbursement CONTRIBUTION REFUND	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District: 00	

Full Name (Last, First, Middle Initial) <b>B. PATRICIA HYPPIA</b>		Date of Disbursement MM / DD / YYYY 08 / 22 / 2012
Mailing Address 42 EAST WEATOGUE ST.		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : SB20A.I1300</b>
City SIMSBURY	State CT	
Zip Code 06070	Purpose of Disbursement CONTRIBUTION REFUND	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District: 00	

Full Name (Last, First, Middle Initial) <b>C. DONALD KENDALL</b>		Date of Disbursement MM / DD / YYYY 08 / 22 / 2012
Mailing Address 700 ANDERSON HILL ROAD		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : SB20A.I1308</b>
City PURCHASE	State NY	
Zip Code 10577	Purpose of Disbursement CONTRIBUTION REFUND	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District: 00	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 75 OF 91	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Lisa Wilson-Foley for Congress**

Full Name (Last, First, Middle Initial) <b>A. KENNETH LEWIS</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2012
Mailing Address 727 PENDLETON HILL RD.		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : SB20A.I1302</b>
City NORTH STONINGTON	State CT Zip Code 06539	
Purpose of Disbursement CONTRIBUTION REFUND	Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. JENNIFER LYNCH</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2012
Mailing Address 20 BUTTERNUT RIDGE		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : SB20A.I1304</b>
City NEWTOWN	State CT Zip Code 06470	
Purpose of Disbursement CONTRIBUTION REFUND	Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. PAUL MATTEO</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2012
Mailing Address P.O. BOX 400		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : SB20A.I1295</b>
City PLAINVILLE	State CT Zip Code 06062	
Purpose of Disbursement CONTRIBUTION REFUND	Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 76 OF 91	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Lisa Wilson-Foley for Congress**

Full Name (Last, First, Middle Initial) <b>A. DANA MOYER</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2012
Mailing Address 450 WEST MAIN STREET		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : SB20A.I1301</b>
City MERIDEN State CT Zip Code 06451	Purpose of Disbursement CONTRIBUTION REFUND	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) <b>B. SEAN RABINOWITZ</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2012
Mailing Address 55 FOXBRIDGE VILLAGE ROAD		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : SB20A.I1199</b>
City BRANFORD State CT Zip Code 06405	Purpose of Disbursement CONTRIBUTION REFUND	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) <b>C. SEAN RABINOWITZ</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2012
Mailing Address 55 FOXBRIDGE VILLAGE ROAD		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : SB20A.I1307</b>
City BRANFORD State CT Zip Code 06405	Purpose of Disbursement CONTRIBUTION REFUND	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5250.00
<b>TOTAL</b> This Period (last page this line number only).....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 77 OF 91	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Lisa Wilson-Foley for Congress**

Full Name (Last, First, Middle Initial) <b>A. SANDY ST. PIERRE</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2012
Mailing Address 67 BERKSHIRE DRIVE		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : SB20A.I1242</b>
City FARMINGTON State CT Zip Code 06032	Purpose of Disbursement CONTRIBUTION REFUND	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) <b>B. LEONARD TANNENBAUM</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2012
Mailing Address 4 OLD ROUND HILL LN		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : SB20A.I1310</b>
City GREENWICH State CT Zip Code 06831	Purpose of Disbursement CONTRIBUTION REFUND	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) <b>C. MARTIN THURSTON</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2012
Mailing Address 3 SADDLE LANE		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : SB20A.I1299</b>
City WALLINGFORD State CT Zip Code 06492	Purpose of Disbursement CONTRIBUTION REFUND	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 78 OF 91	
	<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Lisa Wilson-Foley for Congress**

Full Name (Last, First, Middle Initial) <b>A. RACHEL WEISS</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2012
Mailing Address 115 SEVEN SPRINGS ROAD		Amount of Each Disbursement this Period 2500.00
City MONROE	State NY	
Zip Code 10950	Purpose of Disbursement CONTRIBUTION REFUND	Transaction ID : SB20A.I1298
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) <b>B. BARRY WILSON</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2012
Mailing Address 245 NOD ROAD		Amount of Each Disbursement this Period 2275.00
City AVON	State CT	
Zip Code 06001	Purpose of Disbursement CONTRIBUTION REFUND	Transaction ID : SB20A.I1313
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4775.00
<b>TOTAL</b> This Period (last page this line number only).....	52525.00

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

NAME OF COMMITTEE (In Full) **Lisa Wilson-Foley for Congress** Transaction ID : **SC/104103**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Mrs. Lisa A. Wilson-Foley Election: 2012  
 Primary  
 General  
 Other (specify) ▼

Mailing Address 21 WATERVILLE ROAD  
 City AVON State CT ZIP Code 06001

Original Amount of Loan 50000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 50000.00
-------------------------------------	------------------------------------	---

**TERMS**  
 Date Incurred: M 04 / D 01 / Y 2011 Date Due: M / D / Y 12/31/2012 Interest Rate: 0.00 % (apr) Secured:  Yes  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: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

**SUBTOTALS** This Period This Page (optional)..... ▶ 50000.00  
**TOTALS** This Period (last page in this line only)..... ▶ [ ]

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

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

NAME OF COMMITTEE (In Full) **Lisa Wilson-Foley for Congress** Transaction ID : **SC/10.4974**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>Mrs. Lisa A. Wilson-Foley</b>	<b>[PERSONAL FUNDS]</b>	Election: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
Mailing Address 21 WATERVILLE ROAD		
City Avon	State CT	ZIP Code 06001

Original Amount of Loan 75000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 75000.00
-------------------------------------	------------------------------------	---

**TERMS**

Date Incurred M 06 / D 29 / Y 2011	Date Due M / D / Y 12/31/2012	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" 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 style="width: 100%;" type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional).....	<input style="width: 100%;" type="text" value="75000.00"/>
<b>TOTALS</b> This Period (last page in this line only).....	<input style="width: 100%;" 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.	



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

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : **SC/10.4975**

Lisa Wilson-Foley for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2012

Mrs. Lisa A. Wilson-Foley

Primary

General

Other (specify) ▼

Mailing Address

21 WATERVILLE ROAD

City

State

ZIP Code

Avon

CT

06001

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

06

29

2011

12/31/2012

0.00

% (apr)

Yes

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:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

**SUBTOTALS** This Period This Page (optional)..... ▶

50000.00

**TOTALS** This Period (last page in this line only)..... ▶

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

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

NAME OF COMMITTEE (In Full) **Lisa Wilson-Foley for Congress** Transaction ID : **SC/10.4976**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Mrs. Lisa A. Wilson-Foley  
 Election: 2012  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
 21 WATERVILLE ROAD  
 City Avon State CT ZIP Code 06001

Original Amount of Loan 25000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 25000.00
-------------------------------------	------------------------------------	---

**TERMS**  
 Date Incurred: M 06 / D 30 / Y 2011  
 Date Due: M / D / Y 12/31/2012  
 Interest Rate: 0.00 % (apr)  
 Secured:  Yes  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: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	25000.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	[ ]

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

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

NAME OF COMMITTEE (In Full) **Lisa Wilson-Foley for Congress** Transaction ID : **s/10.4977**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2012  
**MRS. LISA A. WILSON-FOLEY**  
 Mailing Address: 21 WATERVILLE ROAD  
 Primary  
 General  
 Other (specify) ▼

City: AVON State: CT ZIP Code: 06001

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100000.00	0.00	100000.00

**TERMS**  
 Date Incurred: 09 / 30 / 2011 Date Due: 12/31/2012 Interest Rate: 0.00 % (apr) Secured:  Yes  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: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

**SUBTOTALS** This Period This Page (optional)..... ▶ 100000.00  
**TOTALS** This Period (last page in this line only)..... ▶ [ ]  
 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

NAME OF COMMITTEE (In Full) Transaction ID : **SC/10.4978**  
**Lisa Wilson-Foley for Congress**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>MRS. LISA A. WILSON-FOLEY</b>	<b>[PERSONAL FUNDS]</b>	Election: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
Mailing Address 21 WATERVILLE ROAD		

City	State	ZIP Code
AVON	CT	06001

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100000.00	0.00	100000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 12 / D 31 / Y 2011	M M / D D / Y 12/31/2012	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" 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:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....	100000.00
<b>TOTALS</b> This Period (last page in this line only).....	

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

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

NAME OF COMMITTEE (In Full) **Lisa Wilson-Foley for Congress** Transaction ID : **SC/10033012**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Mrs. Lisa A. Wilson-Foley  
 Election: 2012  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
 21 WATERVILLE ROAD  
 City State ZIP Code  
 AVON CT 06001

Original Amount of Loan 110000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 110000.00
--------------------------------------	------------------------------------	--

**TERMS**  
 Date Incurred: M 03 / D 30 / Y 2012  
 Date Due: M / D / Y 12/31/2012  
 Interest Rate: 0.00 % (apr)  
 Secured:  Yes  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: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

**SUBTOTALS** This Period This Page (optional)..... ▶ 110000.00  
**TOTALS** This Period (last page in this line only)..... ▶ [ ]

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

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

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC\_12C1

Lisa Wilson-Foley for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2012

MRS. LISA A. WILSON-FOLEY

Primary

General

Other (specify) ▼

Mailing Address

21 WATERVILLE ROAD

City

State

ZIP Code

AVON

CT

06001

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

10000.00

0.00

10000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

04

28

2012

12/31/2012

0.00

% (apr)

Yes

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:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

**SUBTOTALS** This Period This Page (optional)..... ▶

10000.00

**TOTALS** This Period (last page in this line only)..... ▶

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

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

NAME OF COMMITTEE (In Full) **Transaction ID : SC\_12C2**  
**Lisa Wilson-Foley for Congress**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>MRS. LISA A. WILSON-FOLEY</b>	<b>[PERSONAL FUNDS]</b>	Election: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 21 WATERVILLE ROAD		

City	State	ZIP Code
AVON	CT	06001

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
65000.00	0.00	65000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
06 / 30 / 2012	12/31/2012	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" 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: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	65000.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	[ ]

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

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

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC-12C2101112A

Lisa Wilson-Foley for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2012

MRS. LISA A. WILSON-FOLEY

Primary

General

Other (specify) ▼

Mailing Address

21 WATERVILLE ROAD

City

State

ZIP Code

AVON

CT

06001

Original Amount of Loan

100000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

100000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

07

30

2012

12/31/2012

0.00

% (apr)

Yes

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:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

**SUBTOTALS** This Period This Page (optional)..... ▶

100000.00

**TOTALS** This Period (last page in this line only)..... ▶

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



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

NAME OF COMMITTEE (In Full) **Lisa Wilson-Foley for Congress** Transaction ID : **SC-12C2101112B**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>MRS. LISA A. WILSON-FOLEY</b>	<b>[PERSONAL FUNDS]</b>	Election: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 21 WATERVILLE ROAD		

City	State	ZIP Code
AVON	CT	06001

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100000.00	0.00	100000.00

<b>TERMS</b>		Date Incurred	Date Due	Interest Rate	Secured:
M 08 / D 01 / Y 2012	M M / D D / Y 12/31/2012			0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" 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: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	100000.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	[ ]
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>		

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

NAME OF COMMITTEE (In Full) **Lisa Wilson-Foley for Congress** Transaction ID : **SC-12C2101112C**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>MRS. LISA A. WILSON-FOLEY</b>	<b>[PERSONAL FUNDS]</b>	Election: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 21 WATERVILLE ROAD		

City	State	ZIP Code
AVON	CT	06001

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
75000.00	0.00	75000.00

<b>TERMS</b>		Date Incurred	Date Due	Interest Rate	Secured:
M 08 / D 06 / Y 2012	M M / D D / Y 12/31/2012			0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" 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: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	75000.00
<b>TOTALS</b> This Period (last page in this line only).....	[ ]
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>	

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

NAME OF COMMITTEE (In Full) **Lisa Wilson-Foley for Congress** Transaction ID : **SC-12C2101112D**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>MRS. LISA A. WILSON-FOLEY</b>	<b>[PERSONAL FUNDS]</b>	Election: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 21 WATERVILLE ROAD		

City	State	ZIP Code
AVON	CT	06001

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100000.00	0.00	100000.00

<b>TERMS</b>		Date Incurred	Date Due	Interest Rate	Secured:
M 08	D 09	Y 2012	M 08 D 12 Y 1232	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" 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: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	100000.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	960000.00

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