

**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

05

18

2012

in the State of

CT

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

General (30G)

Runoff (30R)

Special (30S)

Election on

05

18

2012

in the State of

CT

5. Covering Period

04

01

2012

through

04

28

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

05

06

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
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	7820.00	545649.92
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	500.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	7820.00	545149.92
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	124268.74	569502.83
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	2150.66
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	124268.74	567352.17
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	487198.48	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	520000.00	

**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).....	6800.00	472702.79
(ii) Unitemized.....	1020.00	43687.61
(iii) TOTAL of contributions from individuals ▶	7820.00	516390.40
(b) Political Party Committees.....	0.00	50.00
(c) Other Political Committees (such as PACs).....	0.00	27000.00
(d) The Candidate.....	0.00	2209.52
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	7820.00	545649.92
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	10000.00	520000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	10000.00	520000.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	2150.66
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	618.70
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	17820.00	1068419.28

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	124268.74	569502.83
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 .....	0.00	450.00
(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)).....	0.00	500.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	124268.74	570002.83

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	593647.22
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	17820.00
25. SUBTOTAL (add Line 23 and Line 24).....	611467.22
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	124268.74
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	487198.48

**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 41
	<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)  
**JOHN CARMON**

Mailing Address 301 COUNTRY CLUB ROAD

City AVON State CT Zip Code 06001-2505

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

Name of Employer CARMON FUNERAL HOMES Occupation OWNER

Receipt For: 2012  
 Primary  General  
 Other (specify) CONVENTION

Election Cycle-to-Date **750.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 25 / 2012**

**Transaction ID : SA11.1131**

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

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

Mailing Address 200 BYRAM SHORE ROAD

City GREENWICH State CT Zip Code 06830

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

Name of Employer PATRIOT EXPLORATION Occupation CEO

Receipt For: 2012  
 Primary  General  
 Other (specify) CONVENTION

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 16 / 2012**

**Transaction ID : SA11.1124**

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

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

Mailing Address 1875 PERKINS STREET

City BRISTOL State CT Zip Code 06010

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

Name of Employer Barbara Franklin Enterprises Occupation President

Receipt For: 2012  
 Primary  General  
 Other (specify) CONVENTION

Election Cycle-to-Date **2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 17 / 2012**

**Transaction ID : SA11.1127**

Amount of Each Receipt this Period  
**2500.00**  
 CONTRIBUTION

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

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

**3250.00**

**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 41
	<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**

Full Name (Last, First, Middle Initial) <b>WILLIAM HARRISON</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 16 / 2012	
Mailing Address 23 OLD KINGS HIGHWAY SOUTH		<b>Transaction ID : SA11.1126</b>	
City State Zip Code DARIEN CT 06820	Amount of Each Receipt this Period _____ 500.00 CONTRIBUTION		
FEC ID number of contributing federal political committee. C _____	Name of Employer Occupation JP Morgan Chase Chairman		
Receipt For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) CONVENTION	Election Cycle-to-Date _____ 500.00		

Full Name (Last, First, Middle Initial) <b>PAUL JONES</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 10 / 2012	
Mailing Address 1275 KING STREET		<b>Transaction ID : SA11.1118</b>	
City State Zip Code GREENWICH CT 06831	Amount of Each Receipt this Period _____ 1000.00 CONTRIBUTION		
FEC ID number of contributing federal political committee. C _____	Name of Employer Occupation Tudor Investment Group Chairman		
Receipt For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) CONVENTION	Election Cycle-to-Date _____ 1000.00		

Full Name (Last, First, Middle Initial) <b>ERIC LINDQUIST</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 13 / 2012	
Mailing Address 4 QUEENS PEAK		<b>Transaction ID : SA11.1122</b>	
City State Zip Code CANTON CT 06019	Amount of Each Receipt this Period _____ 250.00 CONTRIBUTION		
FEC ID number of contributing federal political committee. C _____	Name of Employer Occupation Lindquist Insurance Assoc. Inc. President		
Receipt For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) CONVENTION	Election Cycle-to-Date _____ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 1750.00
<b>TOTAL</b> This Period (last page this line number only).....	_____

**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 41
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

Full Name (Last, First, Middle Initial) <b>PAUL MCLAUGHLIN</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 12 / 2012
Mailing Address 232 MILL ROAD		<b>Transaction ID : SA11.1120</b>
City STAMFORD	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer SELF EMPLOYED	Occupation CONSULTANT	CONTRIBUTION
Receipt For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) CONVENTION	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>MARIA MOZZICATO</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 23 / 2012
Mailing Address P.O BOX 939		<b>Transaction ID : SA11.1129</b>
City AVON	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer NE Moves Mortgage LLC	Occupation VP/SR Loan Officer	CONTRIBUTION
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5115.61	

Full Name (Last, First, Middle Initial) <b>MARIA MOZZICATO</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 28 / 2012
Mailing Address P.O BOX 939		<b>Transaction ID : SA11.1139</b>
City AVON	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer NE Moves Mortgage LLC	Occupation VP/SR Loan Officer	CONTRIBUTION
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5115.61	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1050.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 41
	<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

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

Name of Employer NE Moves Mortgage LLC Occupation VP/SR Loan Officer

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5115.61**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 28 / 2012**

**Transaction ID : SA11.1139B**

Amount of Each Receipt this Period  
**-115.61**

CONTRIBUTION

**[MEMO ITEM]  
REDESIGNATION TO GENERAL**

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

Mailing Address P.O BOX 939

City AVON State CT Zip Code 06001

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

Name of Employer NE Moves Mortgage LLC Occupation VP/SR Loan Officer

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5115.61**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 01 / 2012**

**Transaction ID : SA11.1139C**

Amount of Each Receipt this Period  
**500.00**

CONTRIBUTION

**[MEMO ITEM]  
REDESIGNATION FROM CONVENTION**

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

Mailing Address P.O BOX 939

City AVON State CT Zip Code 06001

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

Name of Employer NE Moves Mortgage LLC Occupation VP/SR Loan Officer

Receipt For: 2012  
 Primary  General  
 Other (specify) **CONVENTION**

Election Cycle-to-Date **5115.61**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 01 / 2012**

**Transaction ID : SA11.1139D**

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

CONTRIBUTION

**[MEMO ITEM]  
REDESIGNATION TO PRIMARY**

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

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

**0.00**



**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 41
	<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**

Full Name (Last, First, Middle Initial) <b>MARIA MOZZICATO</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 28 / 2012	
Mailing Address P.O BOX 939		<b>Transaction ID : SA11.1139E</b>	
City AVON	State CT	Zip Code 06001	Amount of Each Receipt this Period 115.61 CONTRIBUTION
FEC ID number of contributing federal political committee. C			
Name of Employer NE Moves Mortgage LLC	Occupation VP/SR Loan Officer		<b>[MEMO ITEM]</b> REDESIGNATION FROM PRIMARY
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5115.61		

Full Name (Last, First, Middle Initial) <b>MR. JOHN O'BRIEN</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 27 / 2012	
Mailing Address 83 LAKE AVE		<b>Transaction ID : SAIK.2</b>	
City DANBURY	State CT	Zip Code 06810	Amount of Each Receipt this Period 250.00 IN-KIND CONTRIBUTION
FEC ID number of contributing federal political committee. C			
Name of Employer O'BRIEN'S SPORTS PUB	Occupation OWNER		FOOD & BEVERAGE
Receipt For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) CONVENTION	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) <b>AUDREY VICINO</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 26 / 2012	
Mailing Address 111 WEST AVON ROAD		<b>Transaction ID : SA11.1132</b>	
City AVON	State CT	Zip Code 06001-3506	Amount of Each Receipt this Period 500.00 CONTRIBUTION
FEC ID number of contributing federal political committee. C			
Name of Employer AMERISAVE MORTGAGE	Occupation FVP		
Receipt For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) CONVENTION	Election Cycle-to-Date 2200.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	750.00
<b>TOTAL</b> This Period (last page this line number only).....	6800.00

**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 41
<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 C00494914**

Name of Employer **SELF** Occupation **CANDIDATE**

Receipt For: 2012  
 Primary  General  
 Other (specify) **Convention**

Election Cycle-to-Date  
**520000.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		28		2012

**Transaction ID : SA13A.822**

Amount of Each Receipt this Period  

10000.00
----------

**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  

M M	/	D D	/	Y Y Y Y

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  

M M	/	D D	/	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).....

10000.00
10000.00

**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 11 OF 41	
	<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 <b>04 / 14 / 2012</b>
Mailing Address <b>89 LOOMIS DRIVE; APT. B APARTMENT B</b>		Amount of Each Disbursement this Period <b>156.31</b>
City <b>WEST HARTFORD</b>	State <b>CT</b>	Zip Code <b>06107</b>
Purpose of Disbursement <b>MILEAGE</b>	Category/Type	
Candidate Name	Transaction ID : <b>SB17.I762</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2012</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>CONVENTION</b>	
State: District: <b>00</b>		

Full Name (Last, First, Middle Initial) <b>B. ANGELA DELUCIA</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 17 / 2012</b>
Mailing Address <b>40 1/2 PADANARAM ROAD</b>		Amount of Each Disbursement this Period <b>700.00</b>
City <b>DANBURY</b>	State <b>CT</b>	Zip Code <b>06811</b>
Purpose of Disbursement <b>RENT</b>	Category/Type	
Candidate Name	Transaction ID : <b>SB17.I757</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2012</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>CONVENTION</b>	
State: District: <b>00</b>		

Full Name (Last, First, Middle Initial) <b>C. CATHY DURDAN</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 22 / 2012</b>
Mailing Address <b>57 ROSEWOOD ROAD</b>		Amount of Each Disbursement this Period <b>65.88</b>
City <b>AVON</b>	State <b>CT</b>	Zip Code <b>06001</b>
Purpose of Disbursement <b>FLOWERS</b>	Category/Type	
Candidate Name	Transaction ID : <b>SB17.I817</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2012</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>CONVENTION</b>	
State: District: <b>00</b>		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>922.19</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 12 OF 41	
	<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 04 / 27 / 2012
Mailing Address 57 ROSEWOOD ROAD		Amount of Each Disbursement this Period 18.62
City AVON State CT Zip Code 06001	Purpose of Disbursement FOOD & BEVERAGE	
Candidate Name	Category/Type	<b>Transaction ID : SB17.I901</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) CONVENTION	State: District: 00	

Full Name (Last, First, Middle Initial) <b>B. CHRISTOPHER HEALY</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2012
Mailing Address 27 DORCHESTER ROAD		Amount of Each Disbursement this Period 516.80
City WETHERSFIELD State CT Zip Code 06109-2320	Purpose of Disbursement REIMBURSEMENT TRAVEL	
Candidate Name	Category/Type	<b>Transaction ID : SB17.I758</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) CONVENTION	State: District: 00	

Full Name (Last, First, Middle Initial) <b>C. NINA MANSON</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2012
Mailing Address 398 PARK STREET 3RD FLOOR		Amount of Each Disbursement this Period 100.00
City NEW BRITAIN State CT Zip Code 06051	Purpose of Disbursement CLEANING SERVICE	
Candidate Name	Category/Type	<b>Transaction ID : SB17.I763</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) CONVENTION	State: District: 00	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	635.42
<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 13 OF 41			
	<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 04 / 14 / 2012	
Mailing Address 41 PEMBROKE HILL			Amount of Each Disbursement this Period 79.00	
City FARMINGTON	State CT	Zip Code 06032	Transaction ID : SB.17.1928	
Purpose of Disbursement MILEAGE		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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) CONVENTION			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) <b>B. PATRICIA MCLAUGHLIN</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2012	
Mailing Address 41 PEMBROKE HILL			Amount of Each Disbursement this Period 13.98	
City FARMINGTON	State CT	Zip Code 06032	Transaction ID : SB17.I900	
Purpose of Disbursement PAPER		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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) CONVENTION			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) <b>C. JOHN O'BRIEN</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 27 / 2012	
Mailing Address 83 LAKE AVE.			Amount of Each Disbursement this Period 250.00	
City DANBURY	State CT	Zip Code 06810	Transaction ID : SBIK.2	
Purpose of Disbursement IN KIND: FOOD & BEVERAGE		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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) CONVENTION			
State: _____	District: _____			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	342.98
<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 14 OF 41			
	<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. JASON STARK</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2012
Mailing Address 25 VILLAGE LANE #906		Amount of Each Disbursement this Period 440.00 <b>Transaction ID : SB17.I761</b>
City WETHERSFIELD	State CT	
Zip Code 06109	Purpose of Disbursement STRATEGY CONSULTING	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 type="checkbox"/> General	
<input checked="" type="checkbox"/> Other (specify) CONVENTION	State: District: 00	

Full Name (Last, First, Middle Initial) <b>B. CHRISTOPHER SYREK</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2012
Mailing Address 44 AVONWOOD ROAD APT. 111		Amount of Each Disbursement this Period 357.00 <b>Transaction ID : SB17.I759</b>
City AVON	State CT	
Zip Code 06001	Purpose of Disbursement MILEAGE	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 type="checkbox"/> General	
<input checked="" type="checkbox"/> Other (specify) CONVENTION	State: District: 00	

Full Name (Last, First, Middle Initial) <b>C. CHRISTOPHER SYREK</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 27 / 2012
Mailing Address 44 AVONWOOD ROAD APT. 111		Amount of Each Disbursement this Period 180.00 <b>Transaction ID : SB17.I760</b>
City AVON	State CT	
Zip Code 06001	Purpose of Disbursement MILEAGE	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 type="checkbox"/> General	
<input checked="" type="checkbox"/> Other (specify) CONVENTION	State: District: 00	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	977.00
<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 15 OF 41			
	<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. APPLEWOODS, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2012		
Mailing Address 21 WATERVILLE ROAD			Amount of Each Disbursement this Period 2057.42		
City AVON	State CT	Zip Code 06001	Transaction ID : SB17.I764		
Purpose of Disbursement RENT		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) CONVENTION			
State:	District: 00				

Full Name (Last, First, Middle Initial) <b>B. ARISTOTLE</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2012		
Mailing Address 205 PENNSYLVANIA AVENUE, SE			Amount of Each Disbursement this Period 1875.00		
City WASHINGTON	State DC	Zip Code 20003	Transaction ID : SB17.I765		
Purpose of Disbursement SOFTWARE		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) CONVENTION			
State:	District: 00				

Full Name (Last, First, Middle Initial) <b>C. AVON POST OFFICE</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2012		
Mailing Address 15 ENFORD STREET			Amount of Each Disbursement this Period 45.00		
City AVON	State CT	Zip Code 06001	Transaction ID : SB17.I766		
Purpose of Disbursement POSTAGE		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) CONVENTION			
State:	District: 00				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3977.42
<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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input 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)

**A. AVON POST OFFICE**

Mailing Address 15 ENFORD STREET

City AVON State CT Zip Code 06001

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  
 Primary  General  
 Other (specify) CONVENTION

State: District: 00

Date of Disbursement

M M / D D / Y Y Y Y
04 / 12 / 2012

Amount of Each Disbursement this Period

15.78
-------

Transaction ID : SB17.I767

**B. AVON POST OFFICE**

Mailing Address 15 ENFORD STREET

City AVON State CT Zip Code 06001

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  
 Primary  General  
 Other (specify) CONVENTION

State: District: 00

Date of Disbursement

M M / D D / Y Y Y Y
04 / 13 / 2012

Amount of Each Disbursement this Period

45.00
-------

Transaction ID : SB17.I768

**C. AVON POST OFFICE**

Mailing Address 15 ENFORD STREET

City AVON State CT Zip Code 06001

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  
 Primary  General  
 Other (specify) CONVENTION

State: District: 00

Date of Disbursement

M M / D D / Y Y Y Y
04 / 16 / 2012

Amount of Each Disbursement this Period

5.30
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Transaction ID : SB17.I769

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

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

66.08
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**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 41	
	<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 04 / 20 / 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	Transaction ID : SB17.I770
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) CONVENTION	State: District: 00	

Full Name (Last, First, Middle Initial) <b>B. CAPITOL REPORT MEDIA GROUP LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 27 / 2012
Mailing Address 314 TOWN STREET		Amount of Each Disbursement this Period 2500.00
City EAST HADAAM State CT Zip Code 06423	Purpose of Disbursement ADVERTISING	
Candidate Name	Category/Type	Transaction ID : SB17.I772
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) CONVENTION	State: District: 00	

Full Name (Last, First, Middle Initial) <b>C. CMDI</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2012
Mailing Address 7704 LEESBURG PIKE		Amount of Each Disbursement this Period 800.00
City FALLS CHURCH State VA Zip Code 22043	Purpose of Disbursement COMPLIANCE SOFTWARE	
Candidate Name	Category/Type	Transaction ID : SB17.I773
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) CONVENTION	State: District: 00	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3390.00
<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 18 OF 41			
	<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. COMCAST</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 19 / 2012
Mailing Address P.O. BOX 1577		Amount of Each Disbursement this Period 332.13
City NEWARK	State NJ	
Zip Code 07101-0157	Purpose of Disbursement CABLE/INTERNET/PHONE	Transaction ID : SB17.I754
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) CONVENTION	
State: District: 00		

Full Name (Last, First, Middle Initial) <b>B. CONNECTICUT LIGHT &amp; POWER</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 19 / 2012
Mailing Address P.O. BOX 150493		Amount of Each Disbursement this Period 243.07
City HARTFORD	State CT	
Zip Code 06115-0049	Purpose of Disbursement UTILITIES	Transaction ID : SB17.I755
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) CONVENTION	
State: District: 00		

Full Name (Last, First, Middle Initial) <b>C. CONSTANT CONTACT, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2012
Mailing Address 1601 TRAPELO ROAD; SUITE 329 SUITE 329		Amount of Each Disbursement this Period 75.00
City WALTHAM	State MA	
Zip Code 02451	Purpose of Disbursement EMAIL SERVICE	Transaction ID : SB17.I756
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) CONVENTION	
State: District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	650.20
<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 41			
	<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 04 / 26 / 2012
Mailing Address 1601 TRAPELO ROAD; SUITE 329 SUITE 329		Amount of Each Disbursement this Period 2.00
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: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) CONVENTION	Transaction ID : SB17.I774
State: District: 00		

Full Name (Last, First, Middle Initial) <b>B. CT REPUBLICANS - FEDERAL</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2012
Mailing Address 1010 WETHERSFIELD AVE. 1ST FLOOR N		Amount of Each Disbursement this Period 1500.00
City HARTFORD State CT Zip Code 06114	Purpose of Disbursement EVENT SPACE RENTAL	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) CONVENTION	Transaction ID : SB17.I776
State: District: 00		

Full Name (Last, First, Middle Initial) <b>C. DILLON MAILING</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 19 / 2012
Mailing Address 114 SHIELD STREET		Amount of Each Disbursement this Period 862.51
City WEST HARTFORD State CT Zip Code 06110	Purpose of Disbursement PRINTING	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) CONVENTION	Transaction ID : SB17.I777
State: District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2364.51
<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 41	
	<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. DILLON MAILING</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 28 / 2012</b>
Mailing Address <b>114 SHIELD STREET</b>		Amount of Each Disbursement this Period <b>1268.85</b>
City <b>WEST HARTFORD</b> State <b>CT</b> Zip Code <b>06110</b>	Purpose of Disbursement <b>ADVERTISING</b>	
Candidate Name	Category/Type	<b>Transaction ID : SB17.I778</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>CONVENTION</b>	State: District: <b>00</b>	

Full Name (Last, First, Middle Initial) <b>B. DIRECT MAIL SYSTEMS, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 14 / 2012</b>
Mailing Address <b>12450 AUTOMOBILE BOULEVARD</b>		Amount of Each Disbursement this Period <b>1722.34</b>
City <b>CLEARWATER</b> State <b>FL</b> Zip Code <b>33762</b>	Purpose of Disbursement <b>PRINTING &amp; MAILING</b>	
Candidate Name	Category/Type	<b>Transaction ID : SB17.I779</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>CONVENTION</b>	State: District: <b>00</b>	

Full Name (Last, First, Middle Initial) <b>C. LAW OFFICES OF BENJAMIN PROTO</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 14 / 2012</b>
Mailing Address <b>2090 CUTSPRING ROAD</b>		Amount of Each Disbursement this Period <b>1856.25</b>
City <b>STRATFORD</b> State <b>CT</b> Zip Code <b>06614</b>	Purpose of Disbursement <b>LEGAL FEES</b>	
Candidate Name	Category/Type	<b>Transaction ID : SB17.I785</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>CONVENTION</b>	State: District: <b>00</b>	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>4847.44</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 21 OF 41			
	<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 04 / 05 / 2012
Mailing Address 55 CAPITAL BOULEVARD SUITE 302		Amount of Each Disbursement this Period 9808.15
City ROCKY HILL	State CT	
Zip Code 06067	Purpose of Disbursement PAYROLL/TAXES/FEES	Transaction ID : SB17.I736
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) CONVENTION	
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 04 / 05 / 2012
Mailing Address 89B LOOMIS ROAD		Amount of Each Disbursement this Period 3423.07
City WEST HARTFORD	State CT	
Zip Code 06107	Purpose of Disbursement PAYROLL	Transaction ID : SB17.I741
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) CONVENTION	[MEMO ITEM]
State: District: 00		

Full Name (Last, First, Middle Initial) <b>C. CATHY DURDAN</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 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	Transaction ID : SB17.I739
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) CONVENTION	[MEMO ITEM]
State: District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	9808.15
<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 41	
	<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. WILLIAM KOLO</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 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.I743
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. PATRICIA MCLAUGHLIN</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2012
Mailing Address 41 PEMBROKE HILL		Amount of Each Disbursement this Period 931.00
City FARMINGTON	State CT Zip Code 06032	
Purpose of Disbursement PAYROLL	Candidate Name	Transaction ID : SB17.I742
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. CHRISTOPHER SYREK</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 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.I740
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 23 OF 41	
	<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 04 / 05 / 2012
Mailing Address 5 PINEHURST ROAD		Amount of Each Disbursement this Period 276.92
City BRISTOL	State CT	
Zip Code 06010	Purpose of Disbursement PAYROLL	Transaction ID : SB17.I738
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) CONVENTION	[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 04 / 06 / 2012
Mailing Address 55 CAPITAL BOULEVARD SUITE 302		Amount of Each Disbursement this Period 895.68
City ROCKY HILL	State CT	
Zip Code 06067	Purpose of Disbursement TAXES	Transaction ID : SB17.I744
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) CONVENTION	[MEMO ITEM]
State: District: 00		

Full Name (Last, First, Middle Initial) <b>C. PAYCHEX</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2012
Mailing Address 55 CAPITAL BOULEVARD SUITE 302		Amount of Each Disbursement this Period 69.94
City ROCKY HILL	State CT	
Zip Code 06067	Purpose of Disbursement PAYROLL PROCESSING FEE	Transaction ID : SB17.I789
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) CONVENTION	[MEMO ITEM]
State: District: 00		

<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 24 OF 41	
	<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 04 / 19 / 2012
Mailing Address 55 CAPITAL BOULEVARD SUITE 302		Amount of Each Disbursement this Period 7328.66
City ROCKY HILL	State CT	
Zip Code 06067	Purpose of Disbursement PAYROLL/TAXES/FEES	Transaction ID : SB17.I737
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) CONVENTION	
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 04 / 19 / 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.I749 [MEMO ITEM]
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) CONVENTION	
State: District: 00		

Full Name (Last, First, Middle Initial) <b>C. CATHY DURDAN</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 19 / 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	Transaction ID : SB17.I747 [MEMO ITEM]
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) CONVENTION	
State: District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7328.66
<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 41	
	<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. WILLIAM KOLO</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 19 / 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.I751
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. PATRICIA MCLAUGHLIN</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 19 / 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.I750
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. CHRISTOPHER SYREK</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 19 / 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.I748
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 26 OF 41	
	<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 04 / 19 / 2012
Mailing Address 5 PINEHURST ROAD		Amount of Each Disbursement this Period 276.92
City BRISTOL	State CT	
Zip Code 06010	Purpose of Disbursement PAYROLL	Transaction ID : SB17.I746
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) CONVENTION	[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 04 / 20 / 2012
Mailing Address 55 CAPITAL BOULEVARD SUITE 302		Amount of Each Disbursement this Period 609.76
City ROCKY HILL	State CT	
Zip Code 06067	Purpose of Disbursement TAXES	Transaction ID : SB17.I752
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) CONVENTION	[MEMO ITEM]
State: District: 00		

Full Name (Last, First, Middle Initial) <b>C. PAYCHEX</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2012
Mailing Address 55 CAPITAL BOULEVARD SUITE 302		Amount of Each Disbursement this Period 57.37
City ROCKY HILL	State CT	
Zip Code 06067	Purpose of Disbursement PAYROLL PROCESSING FEE	Transaction ID : SB17.I753
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) CONVENTION	[MEMO ITEM]
State: District: 00		

<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 27 OF 41	
	<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 <b>04 / 01 / 2012</b>
Mailing Address <b>2211 NORTH FRIST STREET</b>		Amount of Each Disbursement this Period <b>30.00</b>
City <b>SAN JOSE</b> State <b>CA</b> Zip Code <b>95131</b>	Purpose of Disbursement <b>CREDIT CARD PROCESSING FEE</b>	
Candidate Name	Category/Type	<b>Transaction ID : SB17.I790</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>CONVENTION</b>	State: District: <b>00</b>	

Full Name (Last, First, Middle Initial) <b>B. PAYPAL</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 18 / 2012</b>
Mailing Address <b>2202 NORTH FIRST STREET</b>		Amount of Each Disbursement this Period <b>87.50</b>
City <b>SAN JOSE</b> State <b>CA</b> Zip Code <b>95122</b>	Purpose of Disbursement <b>CREDIT CARD PROCESSING FEE</b>	
Candidate Name	Category/Type	<b>Transaction ID : SB17.I812</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>CONVENTION</b>	State: District: <b>00</b>	

Full Name (Last, First, Middle Initial) <b>C. PAYPAL</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 24 / 2012</b>
Mailing Address <b>2202 NORTH FIRST STREET</b>		Amount of Each Disbursement this Period <b>24.50</b>
City <b>SAN JOSE</b> State <b>CA</b> Zip Code <b>95122</b>	Purpose of Disbursement <b>CREDIT CARD PROCESSING FEE</b>	
Candidate Name	Category/Type	<b>Transaction ID : SB17.I813</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>CONVENTION</b>	State: District: <b>00</b>	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>142.00</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 28 OF 41	
	<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 <b>04 / 28 / 2012</b>
Mailing Address <b>2202 NORTH FIRST STREET</b>		Amount of Each Disbursement this Period <b>9.62</b>
City <b>SAN JOSE</b> State <b>CA</b> Zip Code <b>95122</b>	Purpose of Disbursement <b>CREDIT CARD PROCESSING FEE</b>	
Candidate Name	Category/Type	<b>Transaction ID : SB17.I814</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>CONVENTION</b>	State: District: <b>00</b>	

Full Name (Last, First, Middle Initial) <b>B. PAYPAL</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 28 / 2012</b>
Mailing Address <b>2202 NORTH FIRST STREET</b>		Amount of Each Disbursement this Period <b>7.85</b>
City <b>SAN JOSE</b> State <b>CA</b> Zip Code <b>95122</b>	Purpose of Disbursement <b>CREDIT CARD PROCESSING FEE</b>	
Candidate Name	Category/Type	<b>Transaction ID : SB17.I815</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>CONVENTION</b>	State: District: <b>00</b>	

Full Name (Last, First, Middle Initial) <b>C. POLITICAL FINANCIAL CONSULTING</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 14 / 2012</b>
Mailing Address <b>228 SOUTH WASHINGTON STREET; SUITE SUITE 115</b>		Amount of Each Disbursement this Period <b>1933.80</b>
City <b>ALEXANDRIA</b> State <b>VA</b> Zip Code <b>22314</b>	Purpose of Disbursement <b>COMPLIANCE CONSULTING</b>	
Candidate Name	Category/Type	<b>Transaction ID : SB17.I791</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>CONVENTION</b>	State: District: <b>00</b>	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1951.27</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 29 OF 41	
	<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. PRECINCT 13, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 09 / 2012</b>
Mailing Address <b>27 DORCHESTER ROAD</b>		Amount of Each Disbursement this Period <b>7000.00</b>
City <b>WETHERSFIELD</b>	State <b>CT</b>	
Zip Code <b>06109</b>	Purpose of Disbursement <b>STRATEGY CONSULTING</b>	<b>Transaction ID : SB17.I792</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>CONVENTION</b>	
State: District: <b>00</b>		

Full Name (Last, First, Middle Initial) <b>B. STAPLES</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 16 / 2012</b>
Mailing Address <b>2550 ALBANY AVENUE</b>		Amount of Each Disbursement this Period <b>24.45</b>
City <b>WEST HARTFORD</b>	State <b>CT</b>	
Zip Code <b>06117</b>	Purpose of Disbursement <b>OFFICE SUPPLIES</b>	<b>Transaction ID : SB17.I795</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>CONVENTION</b>	
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>04 / 12 / 2012</b>
Mailing Address <b>15 ALBANY TURNPIKE</b>		Amount of Each Disbursement this Period <b>159.68</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.I796</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>CONVENTION</b>	
State: District: <b>00</b>		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>7184.13</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 30 OF 41			
	<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 04 / 13 / 2012	
Mailing Address 15 ALBANY TURNPIKE			Amount of Each Disbursement this Period 537.90	
City SIMSBURY	State CT	Zip Code 06092	Transaction ID : SB17.I797	
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: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) CONVENTION			
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 04 / 17 / 2012	
Mailing Address 15 ALBANY TURNPIKE			Amount of Each Disbursement this Period 287.62	
City SIMSBURY	State CT	Zip Code 06092	Transaction ID : SB17.I798	
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: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) CONVENTION			
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 04 / 24 / 2012	
Mailing Address 15 ALBANY TURNPIKE			Amount of Each Disbursement this Period 63.80	
City SIMSBURY	State CT	Zip Code 06092	Transaction ID : SB17.I799	
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: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) CONVENTION			
State: District: 00				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	889.32
<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 41			
	<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 04 / 25 / 2012		
Mailing Address 15 ALBANY TURNPIKE			Amount of Each Disbursement this Period 61608.00		
City SIMSBURY	State CT	Zip Code 06092	Transaction ID : SB17.I800		
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: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) CONVENTION				
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 04 / 19 / 2012		
Mailing Address 7669 STAGERS LOOP			Amount of Each Disbursement this Period 61401.60		
City DELEWARE	State OH	Zip Code 43015	Transaction ID : SB17.I801		
Purpose of Disbursement MEDIA PLACEMENT		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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) CONVENTION				
State: District: 00					

Full Name (Last, First, Middle Initial) <b>C. TERRA ECLIPSE, INC.</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2012		
Mailing Address 9043 SOQUEL DRIVE			Amount of Each Disbursement this Period 150.00		
City APTOS	State CA	Zip Code 95003	Transaction ID : SB17.I803		
Purpose of Disbursement WEB HOSTING		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 type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) CONVENTION				
State: District: 00					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	61608.00
<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 32 OF 41	
	<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. TERRA ECLIPSE, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 05 / 2012</b>
Mailing Address <b>9043 SOQUEL DRIVE</b>		Amount of Each Disbursement this Period <b>150.00</b>
City <b>APTOS</b> State <b>CA</b> Zip Code <b>95003</b>	Purpose of Disbursement <b>WEB HOSTING</b>	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>CONVENTION</b>	<b>Transaction ID : SB17.I804</b>
State: District: <b>00</b>		

Full Name (Last, First, Middle Initial) <b>B. THE STRATEGY GROUP FOR MEDIA, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 28 / 2012</b>
Mailing Address <b>7669 STAGERS LOOP</b>		Amount of Each Disbursement this Period <b>15000.00</b>
City <b>DELAWARE</b> State <b>OH</b> Zip Code <b>43015</b>	Purpose of Disbursement <b>ADVERTISING</b>	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>CONVENTION</b>	<b>Transaction ID : SB17.I806</b>
State: District: <b>00</b>		

Full Name (Last, First, Middle Initial) <b>C. VERIZON WIRELESS</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 26 / 2012</b>
Mailing Address <b>ONE VERIZON WAY</b>		Amount of Each Disbursement this Period <b>474.62</b>
City <b>BASKING RIDGE</b> State <b>NJ</b> Zip Code <b>07920</b>	Purpose of Disbursement <b>CELL PHONES</b>	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>CONVENTION</b>	<b>Transaction ID : SB17.I807</b>
State: District: <b>00</b>		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>15624.62</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 33 OF 41			
	<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. VIOLI'S RESTAURANT</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2012
Mailing Address 688 WESTFIELD ROAD		Amount of Each Disbursement this Period 316.85 <b>Transaction ID : SB17.I808</b>
City S MERIDEN State CT Zip Code 06450	Purpose of Disbursement MEETING EXPENSE - FOOD/BEVERAGE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) CONVENTION	
State: District: 00		

Full Name (Last, First, Middle Initial) <b>B. VIVO BAR AND GRILL</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2012
Mailing Address 42 LAKE AVE. EXT., MILL PLAIN RD.		Amount of Each Disbursement this Period 179.64 <b>Transaction ID : SB17.I809</b>
City DANBURY State CT Zip Code 06811	Purpose of Disbursement MEETING EXPENSE - FOOD/BEVERAGE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) CONVENTION	
State: District: 00		

Full Name (Last, First, Middle Initial) <b>C. VIVO BAR AND GRILL</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2012
Mailing Address 42 LAKE AVE. EXT., MILL PLAIN RD.		Amount of Each Disbursement this Period 57.35 <b>Transaction ID : SB17.I810</b>
City DANBURY State CT Zip Code 06811	Purpose of Disbursement MEETING EXPENSE - FOOD/BEVERAGE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) CONVENTION	
State: District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	553.84
<b>TOTAL</b> This Period (last page this line number only).....	123263.23

**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 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: M 04 / D 01 / Y 2011  
 Date Due: M 12 / D 31 / Y 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).....	▶	50000.00
<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/10.4974

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

75000.00

0.00

75000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M 06 /

D 29 /

Y 2011 Y

M 12 /

D 31 /

Y 2012 Y

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)..... ▶

75000.00

**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/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	Cumulative Payment To Date	Balance Outstanding at Close of This Period
50000.00	0.00	50000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 06 / D 29 / Y 2011	M 12 / D 31 / Y 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: [ ]

**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	Cumulative Payment To Date	Balance Outstanding at Close of This Period
25000.00	0.00	25000.00

**TERMS**  
 Date Incurred: M 06 / D 30 / Y 2011  
 Date Due: M 12 / D 31 / Y 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)..... ▶ 25000.00  
**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 : **s/10.4977**

**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
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**TERMS**

Date Incurred M 09 / D 30 / Y 2011	Date Due M 12 / D 31 / Y 2012	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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**

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/10.4978**

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

100000.00

0.00

100000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M 12 M /

D 31 D /

Y 2011 Y

M 12 M /

D 31 D /

Y 2012 Y

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**

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/10033012**

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

110000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

110000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M 03 /

D 30 /

Y 2012 Y

M 12 /

D 31 /

Y 2012 Y

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)..... ▶

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**

NAME OF COMMITTEE (In Full) **Lisa Wilson-Foley for Congress** Transaction ID : **SC\_12C1**

**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:
M 04 / D 28 / Y 2012	M 12 / D 31 / Y 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).....	▶	10000.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	520000.00

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