

FEC  
FORM 1

# STATEMENT OF ORGANIZATION

RECEIVED  
09 JUN 12 PH 4:09  
SECRETARY OF THE SENATE  
Office Use Only

1. NAME OF  
COMMITTEE (in full) (Check if name  
is changed) Example: If typing, type  
over the lines. 12FE4M5

Tom Foley For Senate, Inc.

ADDRESS (number and street) P.O. Box 110384

(Check if address  
is changed)

Stamford CT 06911

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address  
is changed)

Compliance@TomFoley2010.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address  
is changed)

www.tomfoley2010.com

2. DATE 06 11 2009

3. FEC IDENTIFICATION NUMBER C

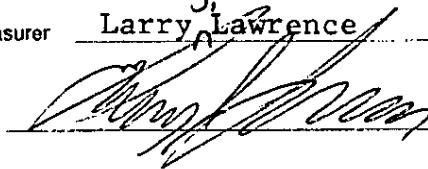
4. IS THIS STATEMENT  NEW (N)  OR  AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Larry Lawrence

Signature of Treasurer



Date 06 11 2009

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office  
Use  
Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 02/2009)

2962021136

## 5. TYPE OF COMMITTEE

**Candidate Committee:**

(a)  This committee is a principal campaign committee. (Complete the candidate information below.)

(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Thomas C. Foley

Candidate Party Affiliation	REP	Office Sought:	House	<input checked="" type="checkbox"/> Senate	President	State	CT
						District	

(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

**Party Committee:**

(d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

**Political Action Committee (PAC):**

(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

Corporation	Corporation w/o Capital Stock	Labor Organization
Membership Organization	Trade Association	Cooperative

In addition, this committee is a Lobbyist/Registrant PAC.

(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

**Joint Fundraising Representative:**

(g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.

(h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

**Committees Participating in Joint Fundraiser**

1.  FEC ID number C
2.  FEC ID number C
3.  FEC ID number C
4.  FEC ID number C

Write or Type Committee Name

Tom Foley For Senate, Inc.

## 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

[NONE]

Mailing Address

CITY

STATE

ZIP CODE

Relationship: Connected Organization      Affiliated Committee      Joint Fundraising Representative      Leadership PAC Sponsor

## 7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Larry Lawrence

Mailing Address

Tom Foley For Senate, Inc.

P.O. Box 100384

Stamford

CT

06911

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

203 - 661 - 6560

## 8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name  
of Treasurer

Larry Lawrence

Mailing Address

Tom Foley For Senate, Inc.

P.O. Box 100384

Stamford

CT

06911

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

203 - 661 - 6560

29020211

Full Name of  
Designated  
Agent

Mailing Address

CITY

STATE

ZIP CODE

Title or Position

Telephone number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Chase

Mailing Address

3A Pickwick Plaza

Greenwich

CT

06830

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

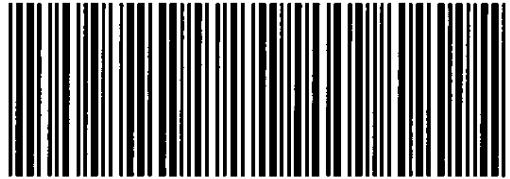
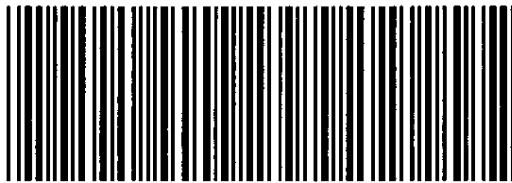
Mailing Address

CITY

STATE

ZIP CODE





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