

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

Brickley For Congress

ADDRESS (number and street) 1137 Silas Deane Highway

Check if different than previously reported. (ACC)

Wethersfield CT 06109

2. **FEC IDENTIFICATION NUMBER** C00481671

**CITY** **STATE** **ZIP CODE** **STATE** **DISTRICT**

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

CT 01

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 [ ] [ ] [ ] in the State of [ ]

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

General (30G)  Runoff (30R)  Special (30S)

Election on [ ] [ ] [ ] in the State of [ ]

5. Covering Period 07 22 2010 through 09 30 2010

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

Type or Print Name of Treasurer John F Woolley, Jr.

Signature of Treasurer Electronically Filed by John F Woolley, Jr. Date 05 03 2011

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

**SUMMARY PAGE**

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Brickley For Congress

Report Covering the Period:

From: 

M	M
0	7

D	D
2	2

Y	Y	Y	Y
2	0	1	0

To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	37963.00	57688.00
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	37963.00	57688.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	162791.41	197346.11
(b) Total Offsets to Operating Expenditures (from Line 14).....	341.00	341.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	162450.41	197005.11
8. Cash on Hand at Close of Reporting Period (from Line 27).....	56934.78	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	196251.89	

**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  
Brickley For Congress

Report Covering the Period: From: 

M	M
0	7

D	D
2	2

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees	19700.00	32400.00
(i) Itemized (use Schedule A).....	15063.00	22088.00
(ii) Unitemized.....	34763.00	54488.00
(iii) TOTAL of contributions from individuals..... ▶	0.00	0.00
(b) Political Party Committees.....	3200.00	3200.00
(c) Other Political Committees (such as PACS).....	0.00	0.00
(d) The Candidate.....	37963.00	57688.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	0.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....</b>	0.00	0.00
<b>13. LOANS</b>		
(a) Made or Guaranteed by the Candidate.....	125015.00	196251.89
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	125015.00	196251.89
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....</b>		
	341.00	341.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>		
	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	163319.00	254280.89

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	162791.41	197346.11
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	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	162791.41	197346.11

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	56407.19
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	163319.00
25. SUBTOTAL (add Line 23 and Line 24).....	219726.19
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	162791.41
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	56934.78

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 / 56  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
Brickley For Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Wallace Barnes</p> <p>Mailing Address 1875 Perkins Street</p> <p>City State Zip Code Bristol CT 06010</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation None Retired</p> <p>Receipt For: 2010 Election Cycle-to-Date ▼  <input type="checkbox"/> Primary   <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;"><span style="border: 1px solid black; padding: 2px;">1000.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 9 / 2 9 / 2 0 1 0</span></p> <p><b>Transaction ID:</b> SA11AI.5141</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">1000.00</span></p> <p>Contribution</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Brian Callahan</p> <p>Mailing Address 352 Belleview Avenue</p> <p>City State Zip Code Southington CT 06489</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation None Retired</p> <p>Receipt For: 2010 Election Cycle-to-Date ▼  <input type="checkbox"/> Primary   <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;"><span style="border: 1px solid black; padding: 2px;">225.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 9 / 3 0 / 2 0 1 0</span></p> <p><b>Transaction ID:</b> SA11AI.5166</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">100.00</span></p> <p>Contribution</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Kathryn M Carter</p> <p>Mailing Address 17850 Vicino Way</p> <p>City State Zip Code Pacific Palisades CA 90272</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Self-employed Financial Advisor</p> <p>Receipt For: 2010 Election Cycle-to-Date ▼  <input type="checkbox"/> Primary   <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;"><span style="border: 1px solid black; padding: 2px;">750.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 9 / 1 4 / 2 0 1 0</span></p> <p><b>Transaction ID:</b> SA11AI.4743</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">500.00</span></p> <p>contribution</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">1600.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# 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 / 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Brickley For Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Victor Colagiovanni	Date of Receipt MM / DD / YYYY 09 / 24 / 2010
	Mailing Address 34 Collier Road	<b>Transaction ID:</b> SA11AI.4995
	City State Zip Code Wethersfield CT 06109	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	Name of Employer None Occupation Retired Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Susan G Fisher	Date of Receipt MM / DD / YYYY 09 / 03 / 2010
	Mailing Address 500 Highland Street	<b>Transaction ID:</b> SA11AI.4734
	City State Zip Code Wethersfield CT 06109	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. <b>C</b>	contribution
	Name of Employer None Occupation Retired Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Barbara Hackman Franklin	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 1875 Perkins St	<b>Transaction ID:</b> SA11AI.5142
	City State Zip Code Bristol CT 06010	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	Name of Employer Barbara Franklin Enterprises Occupation President Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1450.00
<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: PAGE 7 / 56  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Brickley For Congress

**A.** Full Name (Last, First, Middle Initial)  
Gregory K Gartner

Mailing Address 2650 Lakeshore Dr #1505

City State Zip Code  
Riviera Beach FL 33404

FEC ID number of contributing federal political committee. C

Name of Employer Self Employed Occupation  
Self Employed Engineer

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt M M / D D / Y Y Y Y  
09 / 15 / 2010

Transaction ID: SA11AI.4744

Amount of Each Receipt this Period  
500.00

contribution

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

Mailing Address 2103 Shell Ring Circle

City State Zip Code  
Mt Pleasant SC 29466

FEC ID number of contributing federal political committee. C

Name of Employer Ingersoll Rand Occupation  
Ingersoll Rand Sr VP

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt M M / D D / Y Y Y Y  
08 / 25 / 2010

Transaction ID: SA11AI.4655

Amount of Each Receipt this Period  
500.00

contribution

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

Mailing Address 3357 Oak Glen Drive

City State Zip Code  
Los Angeles CA 90068

FEC ID number of contributing federal political committee. C

Name of Employer Self Employed Occupation  
Self Employed Attorney

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt M M / D D / Y Y Y Y  
09 / 30 / 2010

Transaction ID: SA11AI.5167

Amount of Each Receipt this Period  
250.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... 1250.00

**TOTAL** 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: PAGE 8 / 56  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Brickley For Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Joseph A Gitlin</p> <p>Mailing Address 50 Old Meadow Road</p> <p>City State Zip Code W Hartford CT 06117</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation None Retired</p> <p>Receipt For: 2010 Election Cycle-to-Date ▼  <input type="checkbox"/> Primary   <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right; margin-right: 50px;">500.00</p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 9 / 2 2 / 2 0 1 0</span></p> <p><b>Transaction ID:</b> SA11AI.4881</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">500.00</span></p> <p>Contribution</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) GITLINCAMPISE, LLC</p> <p>Mailing Address 836 FARMINGTON AVE</p> <p>City State Zip Code WEST HARTFORD CT 06119</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation</p> <p>Receipt For: 2010 Election Cycle-to-Date ▼  <input type="checkbox"/> Primary   <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 7 / 2 9 / 2 0 1 0</span></p> <p><b>Transaction ID:</b> SA11AI.5191</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">1775.00</span></p> <p>Exempt accounting services</p> <p><b>[MEMO ITEM]</b></p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) John Gorman</p> <p>Mailing Address 102 Ashleigh Drive</p> <p>City State Zip Code Chagrin Fall OH 44022</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Requested Engineer</p> <p>Receipt For: 2010 Election Cycle-to-Date ▼  <input type="checkbox"/> Primary   <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right; margin-right: 50px;">500.00</p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 9 / 1 0 / 2 0 1 0</span></p> <p><b>Transaction ID:</b> SA11AI.4971</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">500.00</span></p> <p>Contribution</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">1000.00</span>
<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: PAGE 9 / 56  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Brickley For Congress

**A.** Full Name (Last, First, Middle Initial)  
Adelbert L Hallisey

Mailing Address 358 Pine Lane

City State Zip Code  
Wethersfield CT 06109

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Hallisey & D'Agostino CPA

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt M M / D D / Y Y Y Y  
09 / 15 / 2010

**Transaction ID:** SA11AI.4825

Amount of Each Receipt this Period  
1000.00

Contribution

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

Mailing Address 27 Dorchester Road

City State Zip Code  
Wethersfield CT 06109

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Self Employed Political Consultant

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt M M / D D / Y Y Y Y  
08 / 17 / 2010

**Transaction ID:** SA11AI.4646

Amount of Each Receipt this Period  
500.00

contribution

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

Mailing Address 27 Dorchester Road

City State Zip Code  
Wethersfield CT 06109

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Self Employed Political Consultant

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt M M / D D / Y Y Y Y  
09 / 14 / 2010

**Transaction ID:** SA11AI.4749

Amount of Each Receipt this Period  
100.00

contribution

**SUBTOTAL** of Receipts This Page (optional) ..... 1600.00

**TOTAL** 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 10 / 56
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Brickley For Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Patrick C Henney		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 175 Riverside Drive		Transaction ID: SA11AI.5163
	City New York	State NY	Zip Code 10024
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer Self Employed		Occupation Real Estate Developer
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	Contribution

<b>B.</b>	Full Name (Last, First, Middle Initial) Elizabeth F Howard		Date of Receipt MM / DD / YYYY 09 / 27 / 2010
	Mailing Address 11552 Las Luces		Transaction ID: SA11AI.5117
	City Santa Ana	State CA	Zip Code 92705
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer None		Occupation Retired
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1300.00	Contribution

<b>C.</b>	Full Name (Last, First, Middle Initial) William Hunter		Date of Receipt MM / DD / YYYY 09 / 24 / 2010
	Mailing Address 574 H Mountain Road		Transaction ID: SA11AI.5033
	City West Hartford	State CT	Zip Code 06067
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer Requested		Occupation Requested
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00	Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1250.00
<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 11 / 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Brickley For Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Jill W Lampe	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 40 E. 80th Street	<b>Transaction ID:</b> SA11AI.5145
	City State Zip Code New York NY 10128	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer None Occupation Retired Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) William Longstreet III	Date of Receipt MM / DD / YYYY 09 / 22 / 2010
	Mailing Address 50 North Farms Road	<b>Transaction ID:</b> SA11AI.4863
	City State Zip Code Avon CT 06001	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer None Occupation Retired Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) John J McAuliffe	Date of Receipt MM / DD / YYYY 09 / 21 / 2010
	Mailing Address 149 Boulter Road	<b>Transaction ID:</b> SA11AI.4841
	City State Zip Code Wethersfield CT 06109	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer None Occupation Retired Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 275.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1400.00
<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: PAGE 12 / 56  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Brickley For Congress

**A.** Full Name (Last, First, Middle Initial)  
Donna J Micklus

Mailing Address 42 Collier Road

City Wethersfield State CT Zip Code 06109

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

Name of Employer: Dept of Admin Serv St of CT Occupation: Dir Communications

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt: 08 / 04 / 2010  
**Transaction ID:** SA11AI.4632  
 Amount of Each Receipt this Period: 100.00  
 contribution

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

Mailing Address 42 Collier Road

City Wethersfield State CT Zip Code 06109

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

Name of Employer: Dept of Admin Serv St of CT Occupation: Dir Communications

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 375.00

Date of Receipt: 09 / 14 / 2010  
**Transaction ID:** SA11AI.4747  
 Amount of Each Receipt this Period: 25.00  
 contribution

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

Mailing Address 45 Highland Street

City Wethersfield State CT Zip Code 06109

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

Name of Employer: None Occupation: Homemaker

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1550.00

Date of Receipt: 09 / 14 / 2010  
**Transaction ID:** SA11AI.4755  
 Amount of Each Receipt this Period: 50.00  
 contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **175.00**

**TOTAL** 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: PAGE 13 / 56  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
Brickley For Congress

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

Mailing Address 45 Highland Street

City State Zip Code  
Wethersfield CT 06109

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

Name of Employer Occupation  
None Homemaker

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 24 / 2010

**Transaction ID:** SA11AI.5094

Amount of Each Receipt this Period  
250.00

Contribution

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

Mailing Address 45 Highland Street

City State Zip Code  
Wethersfield CT 06109

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

Name of Employer Occupation  
Close, Jensen and Miller, P.C. President

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 29 / 2010

**Transaction ID:** SA11AI.5140

Amount of Each Receipt this Period  
2400.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
John H Miller II

Mailing Address 509 Highland Street

City State Zip Code  
Wethersfield CT 06109

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

Name of Employer Occupation  
Close, Jensen and Miller, P.C. Engineer

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 14 / 2010

**Transaction ID:** SA11AI.4763

Amount of Each Receipt this Period  
25.00

contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2675.00**

**TOTAL** 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: PAGE 14 / 56  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Brickley For Congress

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

Mailing Address 12 Comstock Lane

City State Zip Code  
Topsfield MA 01983

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

Name of Employer Occupation  
None Homemaker

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
08 / 19 / 2010

Transaction ID: SA11AI.4644

Amount of Each Receipt this Period  
500.00

contribution

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

Mailing Address 181 East 65 Street

City State Zip Code  
New York NY 10065

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

Name of Employer Occupation  
None Retired

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
09 / 20 / 2010

Transaction ID: SA11AI.4827

Amount of Each Receipt this Period  
1000.00

Contribution

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

Mailing Address 1State Street, 13th Floor

City State Zip Code  
Hartford CT 06103

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

Name of Employer Occupation  
Rome McGuigan, PC Attorney

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
09 / 14 / 2010

Transaction ID: SA11AI.4765

Amount of Each Receipt this Period  
50.00

contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1550.00**

**TOTAL** 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: PAGE 15 / 56  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Brickley For Congress

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

Mailing Address 168-3 Elm St

City Windsor Locks State CT Zip Code 06096

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

Name of Employer Roncari Development Co Occupation Manager

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 07 / 30 / 2010  
**Transaction ID:** SA11AI.4615  
 Amount of Each Receipt this Period: 300.00  
 contribution

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

Mailing Address 7 Woodland Hollow St

City Windsor Locks State CT Zip Code 06096

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

Name of Employer Sales Corporation Occupation Owner

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 08 / 06 / 2010  
**Transaction ID:** SA11AI.4633  
 Amount of Each Receipt this Period: 500.00  
 contribution

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

Mailing Address 103 Seiter Hill Rd

City Wallingford State CT Zip Code 06492

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

Name of Employer Cametoid Technologies Occupation VP & GMgr

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 09 / 09 / 2010  
**Transaction ID:** SA11AI.4737  
 Amount of Each Receipt this Period: 300.00  
 contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1100.00**

**TOTAL** 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 16 / 56
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Brickley For Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Thomas S Sargis	Date of Receipt MM / DD / YYYY 09 / 24 / 2010
	Mailing Address 60 Springbrook Road	<b>Transaction ID:</b> SA11AI.5093
	City State Zip Code Rocky Hill CT 06067	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	Name of Employer: Self Employed    Occupation Requested Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼    Election Cycle-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dorothy W Stapleton	Date of Receipt MM / DD / YYYY 09 / 17 / 2010
	Mailing Address 135 E Putnam Ave	<b>Transaction ID:</b> SA11AI.4828
	City State Zip Code Greenwich CT 06830	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	Name of Employer: Lonseenje    Occupation Author Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼    Election Cycle-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) William C Stremper	Date of Receipt MM / DD / YYYY 09 / 27 / 2010
	Mailing Address 42 Roberts Lane	<b>Transaction ID:</b> SA11AI.5115
	City State Zip Code W. Hartford CT 06107	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	Name of Employer: City of Meriden    Occupation Firefighter Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼    Election Cycle-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<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: PAGE 17 / 56  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Brickley For Congress

**A.** Full Name (Last, First, Middle Initial)  
Patrick J Sullivan

Mailing Address 86 Bloomfield Avenue

City State Zip Code  
Hartford CT 06105

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

Name of Employer Occupation  
None Retired

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 01 / 2010

**Transaction ID:** SA11AI.4733

Amount of Each Receipt this Period  
500.00

contribution

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

Mailing Address 86 Bloomfield Avenue

City State Zip Code  
Hartford CT 06105

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

Name of Employer Occupation  
None Retired

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 22 / 2010

**Transaction ID:** SA11AI.4861

Amount of Each Receipt this Period  
100.00

Contribution

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

Mailing Address 21 Robinswood Drive

City State Zip Code  
Wethersfield CT 06109

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

Name of Employer Occupation  
Simoniz USA Builder

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 13 / 2010

**Transaction ID:** SA11AI.4641

Amount of Each Receipt this Period  
500.00

contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1100.00**

**TOTAL** 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: PAGE 18 / 56  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Brickley For Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Larry G Tribble</p> <p>Mailing Address 793 Hill St</p> <p>City State Zip Code Suffield CT 06078</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Southern Auto Auction Owner</p> <p>Receipt For: 2010 Election Cycle-to-Date ▼  <input type="checkbox"/> Primary   <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;"><span style="border: 1px solid black; padding: 2px;">1000.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">09 / 16 / 2010</span></p> <p><b>Transaction ID:</b> SA11AI.4829</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">1000.00</span></p> <p>Contribution</p>
---	--

<p><b>B.</b> Full Name (Last, First, Middle Initial) Timothy Tuell</p> <p>Mailing Address 886 Ridge Rd</p> <p>City State Zip Code Wethersfield CT 06109</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Self Employed Accountant</p> <p>Receipt For: 2010 Election Cycle-to-Date ▼  <input type="checkbox"/> Primary   <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;"><span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">09 / 02 / 2010</span></p> <p><b>Transaction ID:</b> SA11AI.4729</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">250.00</span></p> <p>contribution</p>
--	---

<p><b>C.</b> Full Name (Last, First, Middle Initial) Roy W Welland</p> <p>Mailing Address 21 Madison Plaza #345</p> <p>City State Zip Code Madison NJ 07940</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation None Retired</p> <p>Receipt For: 2010 Election Cycle-to-Date ▼  <input type="checkbox"/> Primary   <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;"><span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">08 / 17 / 2010</span></p> <p><b>Transaction ID:</b> SA11AI.4642</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">250.00</span></p> <p>contribution</p>
--	---

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">1500.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 56  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Brickley For Congress

**A.** Full Name (Last, First, Middle Initial)  
Steven K Wilson

Mailing Address 111 Metacomet Dr

City State Zip Code  
Kensington CT 06037

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

Name of Employer Occupation  
Vertex, Inc CEO

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 2 3 / 2 0 1 0

**Transaction ID:** SA11AI.4653

Amount of Each Receipt this Period  
250.00

contribution

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

Mailing Address 111 Metacomet Dr

City State Zip Code  
Kensington CT 06037

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

Name of Employer Occupation  
Vertex, Inc CEO

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 9 / 2 4 / 2 0 1 0

**Transaction ID:** SA11AI.5020

Amount of Each Receipt this Period  
50.00

Contribution

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

Mailing Address 111 Metacomet Dr

City State Zip Code  
Kensington CT 06037

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

Name of Employer Occupation  
Vertex, Inc CEO

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 9 / 2 7 / 2 0 1 0

**Transaction ID:** SA11AI.5121

Amount of Each Receipt this Period  
250.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **550.00**

**TOTAL** 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:		PAGE 20 / 56	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Brickley For Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Lisa Wilson Foley		Date of Receipt																					
	Mailing Address 76 Hartford Road		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	2		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	9		2	2		2	0	1	0														
	City	State	Zip Code		<b>Transaction ID:</b> SA11AI.4875																			
	Simsbury	CT	06070																					
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>		Amount of Each Receipt this Period																				
Name of Employer Allstar Therapy		Occupation Owner		<input type="text" value="500.00"/>																				
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼		Contribution																				
		<input type="text" value="500.00"/>																						

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<input type="text" value="500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<input type="text" value="19700.00"/>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 56  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Brickley For Congress

**A.** Full Name (Last, First, Middle Initial)  
Berlin Republican Town Committee  
Mailing Address PO Box 333  
City Berlin State CT Zip Code 06037  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 900.00  
Date of Receipt 09 / 21 / 2010  
Transaction ID: SA11C.4968  
Amount of Each Receipt this Period 900.00  
Contribution

**B.** Full Name (Last, First, Middle Initial)  
E Hartford Republican Town Committee  
Mailing Address 56 Farnham Drive  
City East Hartford State CT Zip Code 06118  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 300.00  
Date of Receipt 09 / 17 / 2010  
Transaction ID: SA11C.4966  
Amount of Each Receipt this Period 300.00  
Contribution

**C.** Full Name (Last, First, Middle Initial)  
NATIONAL SOCIETY OF PROFESSIONAL ENGINEERS POLITICAL ACTION COMMITTEE (NSPE-PAC)  
Mailing Address 1420 King Street  
City Alexandria State VA Zip Code 22314  
FEC ID number of contributing federal political committee. **C** C00090415  
Name of Employer Occupation  
Receipt For: 2010  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00  
Date of Receipt 09 / 17 / 2010  
Transaction ID: SA11C.4965  
Amount of Each Receipt this Period 1000.00  
Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2200.00  
**TOTAL** 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:	PAGE 22 / 56
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Brickley For Congress

**A.**

Full Name (Last, First, Middle Initial) New Hartford Republican Town Committee		Date of Receipt MM / DD / YYYY 09 / 21 / 2010
Mailing Address PO Box 512		<b>Transaction ID:</b> SA11C.4967
City New Hartford	State CT	Zip Code 06057
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	Contribution
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

**B.**

Full Name (Last, First, Middle Initial) West Hartford Republican Town Committee		Date of Receipt MM / DD / YYYY 08 / 26 / 2010
Mailing Address 45 Blue Ridge Lane		<b>Transaction ID:</b> SA11C.4824
City West Hartford	State CT	Zip Code 06117
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	Contribution
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	3200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 23 / 56
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 13a	<input type="checkbox"/> 13b
		<input type="checkbox"/> 11d
		<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Brickley For Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Ann Brickley	Date of Receipt MM / DD / YYYY 08 / 03 / 2010
	Mailing Address 1137 Silas Deane Highway	<b>Transaction ID:</b> SA13A.4420
	City State Zip Code Wethersfield CT 06109	Amount of Each Receipt this Period 15000.00
	FEC ID number of contributing federal political committee. <b>C</b> H0CT01076	Loan
	Name of Employer Self-employed Occupation Self-employed Business Consultant	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 86236.89	

<b>B.</b>	Full Name (Last, First, Middle Initial) Ann Brickley	Date of Receipt MM / DD / YYYY 08 / 11 / 2010
	Mailing Address 1137 Silas Deane Highway	<b>Transaction ID:</b> SA13A.4788
	City State Zip Code Wethersfield CT 06109	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. <b>C</b> H0CT01076	Loan
	Name of Employer Self-employed Occupation Self-employed Business Consultant	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 86246.89	

<b>C.</b>	Full Name (Last, First, Middle Initial) Ann Brickley	Date of Receipt MM / DD / YYYY 08 / 23 / 2010
	Mailing Address 1137 Silas Deane Highway	<b>Transaction ID:</b> SA13A.5178
	City State Zip Code Wethersfield CT 06109	Amount of Each Receipt this Period 20000.00
	FEC ID number of contributing federal political committee. <b>C</b> H0CT01076	Loan
	Name of Employer Self-employed Occupation Self-employed Business Consultant	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 106246.89	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>35010.00</b>
<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: PAGE 24 / 56  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Brickley For Congress

**A.** Full Name (Last, First, Middle Initial)  
Ann Brickley  
 Mailing Address 1137 Silas Deane Highway  
 City State Zip Code  
 Wethersfield CT 06109  
 FEC ID number of contributing federal political committee. **C** H0CT01076  
 Name of Employer Self-employed Occupation  
 Self-employed Business Consultant  
 Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 116246.89  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 01 / 2010  
**Transaction ID:** SA13A.4789  
 Amount of Each Receipt this Period  
 10000.00  
 Loan

**B.** Full Name (Last, First, Middle Initial)  
Ann Brickley  
 Mailing Address 1137 Silas Deane Highway  
 City State Zip Code  
 Wethersfield CT 06109  
 FEC ID number of contributing federal political committee. **C** H0CT01076  
 Name of Employer Self-employed Occupation  
 Self-employed Business Consultant  
 Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 131246.89  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 02 / 2010  
**Transaction ID:** SA13A.5179  
 Amount of Each Receipt this Period  
 15000.00  
 Loan

**C.** Full Name (Last, First, Middle Initial)  
Ann Brickley  
 Mailing Address 1137 Silas Deane Highway  
 City State Zip Code  
 Wethersfield CT 06109  
 FEC ID number of contributing federal political committee. **C** H0CT01076  
 Name of Employer Self-employed Occupation  
 Self-employed Business Consultant  
 Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 151246.89  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 15 / 2010  
**Transaction ID:** SA13A.5180  
 Amount of Each Receipt this Period  
 20000.00  
 Loan

**SUBTOTAL** of Receipts This Page (optional) ..... ► 45000.00  
**TOTAL** 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: PAGE 25 / 56  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Brickley For Congress

**A.** Full Name (Last, First, Middle Initial)  
Ann Brickley  
 Mailing Address 1137 Silas Deane Highway  
 City State Zip Code  
 Wethersfield CT 06109  
 FEC ID number of contributing federal political committee. **C** H0CT01076  
 Name of Employer Self-employed Occupation  
 Self-employed Business Consultant  
 Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 171246.89  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 16 / 2010  
**Transaction ID:** SA13A.5181  
 Amount of Each Receipt this Period  
 20000.00  
 Loan

**B.** Full Name (Last, First, Middle Initial)  
Ann Brickley  
 Mailing Address 1137 Silas Deane Highway  
 City State Zip Code  
 Wethersfield CT 06109  
 FEC ID number of contributing federal political committee. **C** H0CT01076  
 Name of Employer Self-employed Occupation  
 Self-employed Business Consultant  
 Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 171251.89  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 23 / 2010  
**Transaction ID:** SA13A.5184  
 Amount of Each Receipt this Period  
 5.00  
 Loan

**C.** Full Name (Last, First, Middle Initial)  
Ann Brickley  
 Mailing Address 1137 Silas Deane Highway  
 City State Zip Code  
 Wethersfield CT 06109  
 FEC ID number of contributing federal political committee. **C** H0CT01076  
 Name of Employer Self-employed Occupation  
 Self-employed Business Consultant  
 Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 196251.89  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2010  
**Transaction ID:** SA13A.5182  
 Amount of Each Receipt this Period  
 25000.00  
 Loan

**SUBTOTAL** of Receipts This Page (optional) ..... ► 45005.00  
**TOTAL** This Period (last page this line number only) ..... ► 125015.00

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 26 / 56
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input checked="" type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Brickley For Congress

A.

Full Name (Last, First, Middle Initial) Patrick J Sullivan		Date of Receipt
Mailing Address 86 Bloomfield Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 23 / 2010
City	State	Zip Code
Hartford	CT	06105
FEC ID number of contributing federal political committee.		Transaction ID: SA14.5192
<input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 341.00
Name of Employer None	Occupation Retired	In-kind - Campaign Breakfast Meeting
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <input type="text"/> 941.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 341.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/> 341.00

**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)

<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)  
Brickley For Congress

A.	Full Name (Last, First, Middle Initial) Advantage	Transaction ID: SB17.4434 Date of Disbursement 07 / 28 / 2010
	Mailing Address 2300 Clarendon Blvd	Amount of Each Disbursement this Period 3600.00
	City Arlington State VA Zip Code 22201	
	Purpose of Disbursement TeleForum Candidate Name Ann Brickley	003 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Advantage	Transaction ID: SB17.4461 Date of Disbursement 08 / 09 / 2010
	Mailing Address 2300 Clarendon Blvd	Amount of Each Disbursement this Period 3620.55
	City Arlington State VA Zip Code 22201	
	Purpose of Disbursement Teleforum Candidate Name Ann Brickley	003 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Always Visible Signs, LLC	Transaction ID: SB17.4456 Date of Disbursement 08 / 06 / 2010
	Mailing Address 50 Cherry St	Amount of Each Disbursement this Period 1515.05
	City Milford State CT Zip Code 06460	
	Purpose of Disbursement Lawn Signs Candidate Name Ann Brickley	004 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>8735.60</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)

<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)  
Brickley For Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Always Visible Signs, LLC		<b>Transaction ID:</b> SB17.4514	
	Mailing Address 50 Cherry St		Date of Disbursement 09 / 20 / 2010	
	City Milford	State CT	Zip Code 06460	Amount of Each Disbursement this Period 3066.05
	Purpose of Disbursement Lawn Signs		004	Category/ Type
Candidate Name Ann Brickley				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: CT District: 01				
<b>B.</b>	Full Name (Last, First, Middle Initial) Ascot Catering		<b>Transaction ID:</b> SB17.4519	
	Mailing Address 136 Main Street		Date of Disbursement 09 / 23 / 2010	
	City Wethersfield	State CT	Zip Code 06109	Amount of Each Disbursement this Period 703.84
	Purpose of Disbursement Catering for fundraiser		003	Category/ Type
Candidate Name Ann Brickley				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: CT District: 01				
<b>C.</b>	Full Name (Last, First, Middle Initial) Biz Wiz		<b>Transaction ID:</b> SB17.4467	
	Mailing Address 781 Cromwell Ave		Date of Disbursement 08 / 11 / 2010	
	City Rocky Hill	State CT	Zip Code 06067	Amount of Each Disbursement this Period 268.07
	Purpose of Disbursement Printing		001	Category/ Type
Candidate Name Ann Brickley				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: CT District: 01				

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

4037.96

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

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

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

FOR LINE NUMBER: (check only one)

<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)  
Brickley For Congress

A.	Full Name (Last, First, Middle Initial) Bristol Press	Transaction ID: SB17.4463
	Mailing Address 188 Main Street	Date of Disbursement 08 / 10 / 2010
	City Bristol State CT Zip Code 06110	Amount of Each Disbursement this Period 2375.83
	Purpose of Disbursement Print Ad	004 Category/Type
	Candidate Name Ann Brickley	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Cashman and Katz	Transaction ID: SB17.4428
	Mailing Address 76 Eastern Blvd	Date of Disbursement 07 / 26 / 2010
	City Glastonbury State CT Zip Code 06033	Amount of Each Disbursement this Period 4661.35
	Purpose of Disbursement Advertising	004 Category/Type
	Candidate Name Ann Brickley	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Cashman and Katz	Transaction ID: SB17.4429
	Mailing Address 76 Eastern Blvd	Date of Disbursement 07 / 28 / 2010
	City Glastonbury State CT Zip Code 06033	Amount of Each Disbursement this Period 13685.00
	Purpose of Disbursement Advertising	004 Category/Type
	Candidate Name Ann Brickley	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>20722.18</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)

<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)  
Brickley For Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Cashman and Katz  Mailing Address 76 Eastern Blvd  City Glastonbury State CT Zip Code 06033  Purpose of Disbursement Advertising Candidate Name Ann Brickley Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4490 Date of Disbursement 08 / 25 / 2010  Amount of Each Disbursement this Period 9252.52  Category/Type 004
<b>B.</b>	Full Name (Last, First, Middle Initial) Cashman and Katz  Mailing Address 76 Eastern Blvd  City Glastonbury State CT Zip Code 06033  Purpose of Disbursement Advertising Candidate Name Ann Brickley Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4496 Date of Disbursement 09 / 01 / 2010  Amount of Each Disbursement this Period 13863.00  Category/Type 004
<b>C.</b>	Full Name (Last, First, Middle Initial) Cashman and Katz  Mailing Address 76 Eastern Blvd  City Glastonbury State CT Zip Code 06033  Purpose of Disbursement Print Ad Candidate Name Ann Brickley Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4502 Date of Disbursement 09 / 09 / 2010  Amount of Each Disbursement this Period 3600.00  Category/Type 004

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	26715.52
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box for total)

**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)  
Brickley For Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Cashman and Katz		<b>Transaction ID:</b> SB17.4511	
	Mailing Address 76 Eastern Blvd		Date of Disbursement 09 / 15 / 2010	
	City Glastonbury	State CT	Zip Code 06033	Amount of Each Disbursement this Period 12928.24
	Purpose of Disbursement Advertising		Category/ Type 004	
Candidate Name Ann Brickley				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: CT District: 01				
<b>B.</b>	Full Name (Last, First, Middle Initial) Connecticut Expos		<b>Transaction ID:</b> SB17.4498	
	Mailing Address 180 Post Road E Suite 215		Date of Disbursement 09 / 05 / 2010	
	City Westport	State CT	Zip Code 06880	Amount of Each Disbursement this Period 650.00
	Purpose of Disbursement Booth rental for Expo		Category/ Type 007	
Candidate Name Ann Brickley				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: CT District: 01				
<b>C.</b>	Full Name (Last, First, Middle Initial) Copies Now		<b>Transaction ID:</b> SB17.4436	
	Mailing Address 1155 Silas Deane Highway		Date of Disbursement 07 / 29 / 2010	
	City Wethersfield	State CT	Zip Code 06109	Amount of Each Disbursement this Period 17695.93
	Purpose of Disbursement Mass mailing postcards		Category/ Type 006	
Candidate Name Ann Brickley				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: CT District: 01				

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

31274.17

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)  
Brickley For Congress

A.	Full Name (Last, First, Middle Initial) Copies Now	Transaction ID: SB17.4437 Date of Disbursement
	Mailing Address 1155 Silas Deane Highway	<input type="text" value="07"/> <input type="text" value="07"/> / <input type="text" value="29"/> <input type="text" value="29"/> / <input type="text" value="2010"/> <input type="text" value="2010"/>
	City Wethersfield State CT Zip Code 06109	Amount of Each Disbursement this Period
	Purpose of Disbursement Printing and mailings	<input type="text" value="393.57"/>
	Candidate Name Ann Brickley	<input type="text" value="006"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Copies Now	Transaction ID: SB17.4510 Date of Disbursement
	Mailing Address 1155 Silas Deane Highway	<input type="text" value="09"/> <input type="text" value="09"/> / <input type="text" value="15"/> <input type="text" value="15"/> / <input type="text" value="2010"/> <input type="text" value="2010"/>
	City Wethersfield State CT Zip Code 06109	Amount of Each Disbursement this Period
	Purpose of Disbursement Printing and mailings	<input type="text" value="11558.75"/>
	Candidate Name Ann Brickley	<input type="text" value="006"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Copies Now	Transaction ID: SB17.4513 Date of Disbursement
	Mailing Address 1155 Silas Deane Highway	<input type="text" value="09"/> <input type="text" value="09"/> / <input type="text" value="17"/> <input type="text" value="17"/> / <input type="text" value="2010"/> <input type="text" value="2010"/>
	City Wethersfield State CT Zip Code 06109	Amount of Each Disbursement this Period
	Purpose of Disbursement Printings and mailings	<input type="text" value="17033.55"/>
	Candidate Name Ann Brickley	<input type="text" value="006"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="28985.87"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



# 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)  
Brickley For Congress

A.

Full Name (Last, First, Middle Initial)  
Glastonbury Citizen

Mailing Address PO Box 373

City Glastonbury State CT Zip Code 06033

Purpose of Disbursement  
Print Ad

004  
Category/  
Type

Candidate Name  
Ann Brickley

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: CT District: 01

Transaction ID: SB17.4451  
Date of Disbursement

08 / 05 / 2010

Amount of Each Disbursement this Period

264.00

B.

Full Name (Last, First, Middle Initial)  
Google

Mailing Address 76 Ninth Avenue  
4th Floor

City New York State NY Zip Code 10011

Purpose of Disbursement  
c card fees

001  
Category/  
Type

Candidate Name  
Ann Brickley

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: CT District: 01

Transaction ID: SB17.4512  
Date of Disbursement

09 / 15 / 2010

Amount of Each Disbursement this Period

31.05

C.

Full Name (Last, First, Middle Initial)  
Google

Mailing Address 76 Ninth Avenue  
4th Floor

City New York State NY Zip Code 10011

Purpose of Disbursement  
c card fees

001  
Category/  
Type

Candidate Name  
Ann Brickley

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: CT District: 01

Transaction ID: SB17.4517  
Date of Disbursement

09 / 21 / 2010

Amount of Each Disbursement this Period

4.65

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

299.70

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

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

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

FOR LINE NUMBER: (check only one)

<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)  
Brickley For Congress

A.	Full Name (Last, First, Middle Initial) Google	Transaction ID: SB17.4518 Date of Disbursement 09 / 22 / 2010
	Mailing Address 76 Ninth Avenue 4th Floor	Amount of Each Disbursement this Period 1.02
	City New York State NY Zip Code 10011	
	Purpose of Disbursement c card fees Candidate Name Ann Brickley Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 01	001 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Graphicsland	Transaction ID: SB17.4483 Date of Disbursement 08 / 20 / 2010
	Mailing Address 8061 186th st	Amount of Each Disbursement this Period 336.09
	City Tinley Park State IL Zip Code 60487	
	Purpose of Disbursement Printing Candidate Name Ann Brickley Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 01	004 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Hartford Courant	Transaction ID: SB17.4441 Date of Disbursement 08 / 02 / 2010
	Mailing Address 285 Broad Street	Amount of Each Disbursement this Period 2468.83
	City Hartford State CT Zip Code 06115	
	Purpose of Disbursement Print Ad Candidate Name Ann Brickley Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 01	004 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2805.94</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)

<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)  
Brickley For Congress

A.	Full Name (Last, First, Middle Initial) Hartford Courant  Mailing Address 285 Broad Street  City Hartford State CT Zip Code 06115  Purpose of Disbursement Online Ad Candidate Name Ann Brickley  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 01  Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5174 Date of Disbursement 08 / 02 / 2010  Amount of Each Disbursement this Period 1000.00  Category/Type 004
B.	Full Name (Last, First, Middle Initial) Hartford Courant  Mailing Address 285 Broad Street  City Hartford State CT Zip Code 06115  Purpose of Disbursement Print Ad Candidate Name Ann Brickley  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 01  Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4462 Date of Disbursement 08 / 10 / 2010  Amount of Each Disbursement this Period 3601.84  Category/Type 004
C.	Full Name (Last, First, Middle Initial) Hartford Marriott Rocky Hill  Mailing Address 100 Capital Blvd  City Rocky Hill State CT Zip Code 06067  Purpose of Disbursement Room rental and catering for event Candidate Name Ann Brickley  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 01  Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4479 Date of Disbursement 08 / 16 / 2010  Amount of Each Disbursement this Period 1502.02  Category/Type 007

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

**6103.86**

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<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)  
Brickley For Congress

A.

Full Name (Last, First, Middle Initial)  
Hartford Publications

Mailing Address 563 Franklin Avenue

City Hartford State CT Zip Code 06114

Purpose of Disbursement  
Print ad

004  
Category/  
Type

Candidate Name  
Ann Brickley

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: CT District: 01

Transaction ID: SB17.4446  
Date of Disbursement

08 / 04 / 2010

Amount of Each Disbursement this Period

400.00

B.

Full Name (Last, First, Middle Initial)  
Journal Inquirer

Mailing Address 306 Progress Drive

City Manchester State CT Zip Code 06045

Purpose of Disbursement  
Print Ad

004  
Category/  
Type

Candidate Name  
Ann Brickley

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: CT District: 01

Transaction ID: SB17.4454  
Date of Disbursement

08 / 06 / 2010

Amount of Each Disbursement this Period

2308.33

C.

Full Name (Last, First, Middle Initial)  
Journal Inquirer

Mailing Address 306 Progress Drive

City Manchester State CT Zip Code 06045

Purpose of Disbursement  
Print Ad

004  
Category/  
Type

Candidate Name  
Ann Brickley

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: CT District: 01

Transaction ID: SB17.4465  
Date of Disbursement

08 / 10 / 2010

Amount of Each Disbursement this Period

1118.25

SUBTOTAL of Disbursements This Page (optional) ▶

3826.58

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)  
Brickley For Congress

A.	Full Name (Last, First, Middle Initial) Maelstrom Technical Solutions Corp	Transaction ID: SB17.4503 Date of Disbursement 09 / 10 / 2010
	Mailing Address 200 S Executive Dr Ste 101	Amount of Each Disbursement this Period 2500.00
	City Brookfield State WI Zip Code 53005	
	Purpose of Disbursement Website Candidate Name Ann Brickley	001 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Middletown Press	Transaction ID: SB17.4458 Date of Disbursement 08 / 06 / 2010
	Mailing Address PO Box 1877	Amount of Each Disbursement this Period 456.30
	City Albany State NY Zip Code 12201	
	Purpose of Disbursement Print Ad Candidate Name Ann Brickley	004 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Middletown Press	Transaction ID: SB17.4460 Date of Disbursement 08 / 06 / 2010
	Mailing Address PO Box 1877	Amount of Each Disbursement this Period 456.30
	City Albany State NY Zip Code 12201	
	Purpose of Disbursement Print Ad Candidate Name Ann Brickley	004 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

3412.60

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

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

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

FOR LINE NUMBER: (check only one)

<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)  
Brickley For Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Northeast Aerial Advertising Co.  Mailing Address PO Box 1237  City Holyoke State MA Zip Code 01401  Purpose of Disbursement Advertising Candidate Name Ann Brickley Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4531 Date of Disbursement 09 / 29 / 2010  Amount of Each Disbursement this Period 1800.00  Category/Type 004
<b>B.</b>	Full Name (Last, First, Middle Initial) Positive Promotions  Mailing Address 15 Gilpin AVE  City Hauppauge State NY Zip Code 11788  Purpose of Disbursement Advertising Candidate Name Ann Brickley Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4485 Date of Disbursement 08 / 20 / 2010  Amount of Each Disbursement this Period 9100.00  Category/Type 004
<b>C.</b>	Full Name (Last, First, Middle Initial) Positive Promotions  Mailing Address 15 Gilpin AVE  City Hauppauge State NY Zip Code 11788  Purpose of Disbursement Advertising Candidate Name Ann Brickley Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4497 Date of Disbursement 09 / 02 / 2010  Amount of Each Disbursement this Period 9100.00  Category/Type 004

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

20000.00

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 39 / 56

<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)  
Brickley For Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Precision Signz  Mailing Address 1055 Valley Drive  City Riverdale State ID CT Zip Code 52722  Purpose of Disbursement Printing Candidate Name Ann Brickley Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 01  Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.4528 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 09 / 27 / 2010  Amount of Each Disbursement this Period 1877.93
<b>B.</b>	Full Name (Last, First, Middle Initial) Record Journal  Mailing Address 11 Crown Street  City Meriden State ID CT Zip Code 06450  Purpose of Disbursement Print Ad Candidate Name Ann Brickley Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 01  Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.4448 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 08 / 04 / 2010  Amount of Each Disbursement this Period 391.10
<b>C.</b>	Full Name (Last, First, Middle Initial) Sharan Crabtree  Mailing Address 27 Pebble Road  City Wethersfield State ID CT Zip Code 06109  Purpose of Disbursement Staffing for event Candidate Name Ann Brickley Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 01  Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.4523 <b>Date of Disbursement:</b> M M / D D / Y Y Y Y 09 / 24 / 2010  Amount of Each Disbursement this Period 858.75

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

**3127.78**

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)  
Brickley For Congress

A.

Full Name (Last, First, Middle Initial)  
Smokin with Chris

Transaction ID: SB17.4492  
Date of Disbursement

Mailing Address 59 West Street

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	7		2	0	1	0

City Southington State CT Zip Code 06489

Amount of Each Disbursement this Period

Purpose of Disbursement  
Meeting/Meals and entertainment

001
Category/ Type

366.76
--------

Candidate Name  
Ann Brickley

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

State: CT District: 01

B.

Full Name (Last, First, Middle Initial)  
Staples

Transaction ID: SB17.4482  
Date of Disbursement

Mailing Address 3174 Berlin Turnpike

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	0		2	0	1	0

City Newington State CT Zip Code 06111

Amount of Each Disbursement this Period

Purpose of Disbursement  
Office supply

001
Category/ Type

20.13
-------

Candidate Name  
Ann Brickley

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

State: CT District: 01

C.

Full Name (Last, First, Middle Initial)  
Patrick J Sullivan

Transaction ID: SB17.5193  
Date of Disbursement

Mailing Address 86 Bloomfield Avenue

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	1	0

City Hartford State CT Zip Code 06105

Amount of Each Disbursement this Period

Purpose of Disbursement  
In-kind - Campaign Breakfast Meeting

Category/ Type

341.00
--------

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

State: District:

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

727.89
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TOTAL This Period (last page this line number only) .....

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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)

<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)  
Brickley For Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Tees &amp; More LLC</p> <p>Mailing Address 306 Murphy Road</p> <p>City Hartford State CT Zip Code 06114</p> <p>Purpose of Disbursement Printing</p> <p>Candidate Name Ann Brickley</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CT District: 01</p>	<p><b>Transaction ID:</b> SB17.4526</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="300.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) The Arch II</p> <p>Mailing Address 632 Cromwell Avenue</p> <p>City Rocky Hill State CT Zip Code 06067</p> <p>Purpose of Disbursement Catering for fundraiser</p> <p>Candidate Name Ann Brickley</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CT District: 01</p>	<p><b>Transaction ID:</b> SB17.4506</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="284.75"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) USPS</p> <p>Mailing Address 67 Beaver Road</p> <p>City Wethersfield State CT Zip Code 06109</p> <p>Purpose of Disbursement Postage</p> <p>Candidate Name Ann Brickley</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CT District: 01</p>	<p><b>Transaction ID:</b> SB17.4443</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3.24"/></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="587.99"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>

# 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)  
Brickley For Congress

A.	Full Name (Last, First, Middle Initial) USPS  Mailing Address 67 Beaver Road  City Wethersfield State CT Zip Code 06109  Purpose of Disbursement Postage Candidate Name Ann Brickley Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4445 Date of Disbursement 08 / 03 / 2010  Amount of Each Disbursement this Period 88.00  001 Category/ Type
B.	Full Name (Last, First, Middle Initial) USPS  Mailing Address 67 Beaver Road  City Wethersfield State CT Zip Code 06109  Purpose of Disbursement Postage Candidate Name Ann Brickley Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4495 Date of Disbursement 08 / 31 / 2010  Amount of Each Disbursement this Period 44.00  001 Category/ Type
C.	Full Name (Last, First, Middle Initial) USPS  Mailing Address 67 Beaver Road  City Wethersfield State CT Zip Code 06109  Purpose of Disbursement Postage Candidate Name Ann Brickley Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4530 Date of Disbursement 09 / 27 / 2010  Amount of Each Disbursement this Period 44.00  001 Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	176.00
<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)

<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)  
Brickley For Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Verizon Wireless</p> <p>Mailing Address 1479 New Britain Ave</p> <p>City West Hartford State CT Zip Code 06110</p> <p>Purpose of Disbursement Telephone <span style="border: 1px solid black; padding: 2px;">001</span> Category/Type</p> <p>Candidate Name Ann Brickley</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: CT District: 01</p>	<p><b>Transaction ID:</b> SB17.4444</p> <p>Date of Disbursement <span style="border: 1px solid black; padding: 2px;">08</span> / <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">2010</span></p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: center;">229.53</span></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Verizon Wireless</p> <p>Mailing Address 1479 New Britain Ave</p> <p>City West Hartford State CT Zip Code 06110</p> <p>Purpose of Disbursement Telephone <span style="border: 1px solid black; padding: 2px;">001</span> Category/Type</p> <p>Candidate Name Ann Brickley</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: CT District: 01</p>	<p><b>Transaction ID:</b> SB17.4500</p> <p>Date of Disbursement <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">08</span> / <span style="border: 1px solid black; padding: 2px;">2010</span></p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: center;">111.98</span></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Your Patriot.com</p> <p>Mailing Address 200 S Executive Drive Suite 101</p> <p>City Brookfield State WI Zip Code 53005</p> <p>Purpose of Disbursement Website administration <span style="border: 1px solid black; padding: 2px;">001</span> Category/Type</p> <p>Candidate Name Ann Brickley</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: CT District: 01</p>	<p><b>Transaction ID:</b> SB17.4534</p> <p>Date of Disbursement <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">30</span> / <span style="border: 1px solid black; padding: 2px;">2010</span></p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: center;">100.00</span></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<span style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: center;">441.51</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: center;">161981.15</span>

# SCHEDULE C (FEC Form 3)

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

## LOANS

FOR LINE NUMBER:  
(check only one)  13a  
 13b

NAME OF COMMITTEE (In Full)  
Brickley For Congress

Transaction ID: SC/10.4101

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
Ann Brickley - [PERSONAL FUNDS]

Election:  
 Primary  
 General  
 Other (specify) ▼

Mailing Address 1137 Silas Deane Highway

City Wethersfield State CT ZIP Code 06109

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
59386.00	0.00	59386.00

### TERMS

Date Incurred: M M 0 4 D D 1 6 Y Y Y Y 2 0 1 0  
 Date Due: Open  
 Interest Rate: 0.0000 % (apr)  
 Secured:  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
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) ..... ▶ **59386.00**

**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)**

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

FOR LINE NUMBER:  
(check only one)  13a  
 13b

**LOANS**

NAME OF COMMITTEE (In Full)  
Brickley For Congress

**Transaction ID: SC/10.4280**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Ann Brickley - [PERSONAL FUNDS]	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1137 Silas Deane Highway	
City Wethersfield State CT ZIP Code 06109	

Original Amount of Loan 413.39	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 413.39
-----------------------------------	------------------------------------	---

**TERMS**

Date Incurred MM DD YY 05 04 2010	Date Due Open	Interest Rate 0.0000 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	------------------	---------------------------------	---

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<input style="width: 100%;" type="text" value="413.39"/>
<b>TOTALS</b> This Period (last page in this line only) .....	<input style="width: 100%;" type="text"/>
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>	

# SCHEDULE C (FEC Form 3)

## LOANS

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)  
Brickley For Congress

Transaction ID: SC/10.4281

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
Ann Brickley - [PERSONAL FUNDS]

Election:  
 Primary  
 General  
 Other (specify) ▼

Mailing Address 1137 Silas Deane Highway

City Wethersfield State CT ZIP Code 06109

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1437.50	0.00	1437.50

### TERMS

Date Incurred: MM DD YY YY (06 02 2010)      Date Due: Open      Interest Rate: 0.0000 % (apr)      Secured:  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
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) .....	▶	1437.50
<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)  
Brickley For Congress

Transaction ID: SC/10.4412

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
Ann Brickley - [PERSONAL FUNDS]

Election:  
 Primary  
 General  
 Other (specify) ▼

Mailing Address 1137 Silas Deane Highway

City Wethersfield State CT ZIP Code 06109

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:  % (apr) Secured:  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="10000.00"/>
<b>TOTALS</b> This Period (last page in this line only) .....	<input type="text"/>

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

# SCHEDULE C (FEC Form 3)

## LOANS

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

FOR LINE NUMBER: (check only one)  13a  13b

NAME OF COMMITTEE (In Full)  
Brickley For Congress

Transaction ID: SC/10.4420

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
Ann Brickley - [PERSONAL FUNDS]

Election:  
 Primary  
 General  
 Other (specify) ▼

Mailing Address 1137 Silas Deane Highway

City Wethersfield State CT ZIP Code 06109

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
15000.00	0.00	15000.00

### TERMS

Date Incurred: M M 08 D D 03 Y Y Y Y 2010  
 Date Due: Open  
 Interest Rate: 0.0000 % (apr)  
 Secured:  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
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) .....	▶	15000.00
<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)

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

## LOANS

FOR LINE NUMBER:  
(check only one)  13a  
 13b

NAME OF COMMITTEE (In Full)  
Brickley For Congress

Transaction ID: SC/10.4788

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
Ann Brickley - [PERSONAL FUNDS]

Election:  
 Primary  
 General  
 Other (specify) ▼

Mailing Address 1137 Silas Deane Highway

City Wethersfield State CT ZIP Code 06109

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10.00	0.00	10.00

### TERMS

Date Incurred: M M 08 D D 11 Y Y Y Y 2010  
 Date Due: open  
 Interest Rate: 0.0000 % (apr)  
 Secured:  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
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) .....	▶	10.00
<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)**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 50 / 56
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

**LOANS**

NAME OF COMMITTEE (In Full)  
Brickley For Congress

**Transaction ID: SC/10.5178**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Ann Brickley - [PERSONAL FUNDS]	Election: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1137 Silas Deane Highway	
City Wethersfield State CT ZIP Code 06109	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
20000.00	0.00	20000.00

**TERMS**

Date Incurred MM DD YY 08 23 2010	Date Due open	Interest Rate 0.0000 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	------------------	---------------------------------	---

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
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) .....	20000.00
<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)

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

## LOANS

FOR LINE NUMBER:  
(check only one)  13a  
 13b

NAME OF COMMITTEE (In Full)  
Brickley For Congress

Transaction ID: SC/10.4789

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
Ann Brickley - [PERSONAL FUNDS]

Election:  
 Primary  
 General  
 Other (specify) ▼

Mailing Address 1137 Silas Deane Highway

City Wethersfield State CT ZIP Code 06109

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:  % (apr) Secured:  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="10000.00"/>
<b>TOTALS</b> This Period (last page in this line only) .....	<input type="text"/>

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

**SCHEDULE C (FEC Form 3)**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 52 / 56
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

**LOANS**

NAME OF COMMITTEE (In Full)  
Brickley For Congress

**Transaction ID: SC/10.5179**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Ann Brickley - [PERSONAL FUNDS]	Election: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1137 Silas Deane Highway	
City Wethersfield State CT ZIP Code 06109	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
15000.00	0.00	15000.00

**TERMS**

Date Incurred M M 09 D D 02 Y Y Y Y 2010	Date Due open	Interest Rate 0.0000 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	------------------	---------------------------------	---

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
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) .....	<b>15000.00</b>
<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)  
Brickley For Congress

Transaction ID: SC/10.5180

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
Ann Brickley - [PERSONAL FUNDS]

Election:  
 Primary  
 General  
 Other (specify) ▼

Mailing Address 1137 Silas Deane Highway

City Wethersfield State CT ZIP Code 06109

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
20000.00	0.00	20000.00

### TERMS

Date Incurred: M M 09 D D 15 Y Y Y Y 2010  
 Date Due: open  
 Interest Rate: 0.0000 % (apr)  
 Secured:  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
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) .....	▶	20000.00
<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)

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

FOR LINE NUMBER:  
(check only one)  13a  
 13b

## LOANS

NAME OF COMMITTEE (In Full)  
Brickley For Congress

Transaction ID: SC/10.5181

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
Ann Brickley - [PERSONAL FUNDS]

Election:  
 Primary  
 General  
 Other (specify) ▼

Mailing Address 1137 Silas Deane Highway

City Wethersfield State CT ZIP Code 06109

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
20000.00	0.00	20000.00

### TERMS

Date Incurred:    Date Due: open Interest Rate: 0.0000 % (apr) Secured:  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="20000.00"/>
<b>TOTALS</b> This Period (last page in this line only) .....	<input type="text"/>

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

**SCHEDULE C (FEC Form 3)**

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

**LOANS**

FOR LINE NUMBER:  
(check only one)  13a  
 13b

NAME OF COMMITTEE (In Full)  
Brickley For Congress

Transaction ID: SC/10.5184

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
Ann Brickley - [PERSONAL FUNDS]

Election:  
 Primary  
 General  
 Other (specify) ▼

Mailing Address 1137 Silas Deane Highway

City Wethersfield State CT ZIP Code 06109

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5.00	0.00	5.00

**TERMS**

Date Incurred: M M 09 D D 23 Y Y Y Y 2010  
Date Due: open  
Interest Rate: 0.0000 % (apr)  
Secured:  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
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) ..... ▶ 5.00

**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	PAGE 56 / 56
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)  
Brickley For Congress

**Transaction ID: SC/10.5182**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Ann Brickley - [PERSONAL FUNDS]	Election: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1137 Silas Deane Highway	
City Wethersfield State CT ZIP Code 06109	

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 M 09 D D 30 Y Y Y Y 2010	Date Due open	Interest Rate 0.0000 % (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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional) .....	25000.00
<b>TOTALS</b> This Period (last page in this line only) .....	196251.89

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