SEEC FORM 30

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2012



Electronic Filing

Do Not Mark in This Space For Official Use Only

Page 1 of 145

COVER PAGE

1.NAME OF COMMITTEE						2. TYP	PE OF COMMITTEE		
Gomes 2012						x	Candidate Committee Exploratory Committee		
3. TREASURER NAME							_		
First		I	MI	Last			Suffix		
Matthew			R	Waggner					
4. TREASURER ADDRESS									
Street Address		City			State		Zip Code		
168 Grasmere Ave		Fairfie	eld 		СТ		06824		
5. ELECTION DATE	6. OFFICE SOUGHT (Co	omplete or	nly if Candidate	Committee)		7. DISTR	ICT NUMBER (if applicable		
11/06/2012	State Senator					S023			
8. CANDIDATE NAME (Complete only if C	Candidate or Exploratory Co	ommitte	e)						
First			MI	Last			Suffix		
Edwin			Α.	Gomes					
9. TYPE OF REPORT									
July 10 Filing - Original						_			
10. PERIOD COVERED									
	Beginning Date			Ending Date					
	04/21/2012	thru	٬ ـ ـ ـ	06/30/2012					
11 CERTIFICATION									
I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.									
Electronic Filing	Matthew Waggner	r		07/0	1/2012 11	L:01:46PN	4		
SIGNATURE	PRINT NAME OF THE	3 SIGNE	≟R	DATE	CERTIFIED				
PENA	LTY FOR FALSE STATEM			E BY FINE NOT TO EXCEED \$1 AN ONE YEAR, OR BOTH.	,000, OR IM	PRISONME	NT		

SEEC FORM 30 Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2012

SUMMARY PAGE TOTALS

NAME OF COMMITTEE	TYPE OF REPORT	TYPE OF REPORT						
Gomes 2012	July 10 Filing - Original							
	COLUMN A	COLUMN B						
	This Period	Aggregate						
		DD. 0Bm0						
12. Balance on hand from day Committee was formed		\$0.00						
13. Balance on hand at the beginning of Reporting Period	\$0.00							
14. Contributions received from Individuals (Section A and B)	\$13,305.00	\$13,305.00						
15. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00						
16. Other Monetary Receipts (Section D through I)	\$0.00	\$0.00						
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1)	\$0.00	\$0.00						
18. Total Monetary Receipts (add totals for lines 14 through 17)	\$13,305.00	\$13,305.00						
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$13,305.00	\$13,305.00						
20. Expenses Paid by Committee (Section N)	\$2,475.40	\$2,475.40						
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col	\$10,829.60	\$10,829.60						
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$0.00	\$0.00						
23. In-Kind Contributions Received (Section K)	\$0.00	\$0.00						
24. Refundable Deposit to Telephone Company (Section L)	\$0.00	\$0.00						
25. Receipts of Organization Expenditures (Section M) OPTIONAL	\$0.00	\$0.00						
26. Beginning Loan Balance	\$0.00							
26a. + Loans Received (Section D)	\$0.00	\$0.00						
26b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00						
26c Payments on Loan(s)	\$0.00	\$0.00						
26d. Total Outstanding Loan Amount	\$0.00							
27. Campaign Expenses Paid By Candidate (Section O)	\$0.00	\$0.00						
28. Expenses Incurred on Committee Credit Card (Section P)	\$0.00	\$0.00						
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$0.00							
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$0.00							

Page 3 of 145

						1 age 3 01 143
I, MONETARY RECEIPT	S (Sc	ection A-I)	1			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				PE OF REPORT		
Gomes 2012			July 10	Filing - Original		
A. Total Contributions from Small Contributors-Received this Period	od Ol	NLY		For Nonpartic \$0.00	ipating Cand	lidates ONLY
B. Itemized Contributions from	m Ind	lividuals				
Last Name	First				MI	Contribution ID #
Gomes		Edwin			А	0001
Residential Street Address	City				State	Zip Code
243 Soundview Ave	<u> </u>	Bridgeport			СТ	06606
Principal Occupation		Name of Employer	r			
State Senator		State o				
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	Is contributor a lol dependent child of	-	se, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of government the contract is with:				x No		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate	Contributions	1	
fundraising event listed in Section J1? Yes Cash X Personal Check						
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	04/2	24/2012	\$100.00			\$100.00
					To die my	
Last Name	First	First			MI	Contribution ID #
Verrillo Residential Street Address	City	Judith			State	Zip Code
11 Manorwood Dr	City	Branford			CT	06405
Principal Occupation	Щ,	Name of Employer	r		CI	00403
Store Operations		Trailbla				
Is contributor a principal of a state contractor or prospective state contractor?	-	Is contributor a lol		se, or	Amoi	unt of Contribution
	ð	dependent child of	a lobbyist?	Yes		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative				x No		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate	Contributions		
fundraising event listed in Section J1? X No	06/	03/2012		\$100.00		\$100.00
If yes, list Event #				,		
Last Name	First				MI	Contribution ID #
Brooks		Emma				0003
Residential Street Address	City				State	Zip Code
233 Roosevelt Ave		Stratford			СТ	06615
Principal Occupation		Name of Employer	r			
Social Worker		State o	of Conne	cticut		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.	o	Is contributor a lol dependent child of		se, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of government the contract is with:				x No		
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate	Contributions		
X No X Cash Personal Check	06/	03/2012		\$20.00		\$20.00
If yes, list Event #]			1	¥20.00	

Page 4 of 145

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Gomes 2012			July 10 Filing - Original					
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
DiGirolamo		Anna			0004			
Residential Street Address	City			State	Zip Code			
97 Bick Ter		Bridgeport		СТ	06604			
Principal Occupation		Name of Employ						
Sr. Program Analyst Is contributor a principal of a state contractor or prospective state contractor?			en Company obbyist, spouse, or	Amou	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	Voc	7 tinot	ant of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section 31?								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	06/	03/2012	\$20.00		\$20.00			
	I			I				
Last Name	First	CI :		MI	Contribution ID #			
Genduso Residential Street Address	City	Chris		State	0005 Zip Code			
36 River St	City	Bridgeport		CT	06604			
Principal Occupation		Name of Employ	er	CI	1 00004			
Business Manager		HAKS	Engineers					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of	0	dependent child of	of a lobbyist?					
government the contract is with:			x _{No}					
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions					
Tundraising event listed in Section 31? X Cash Personal Check								
If yes, list Event # Money Order Credit/Debit Card	06/	03/2012	\$25.00		\$25.00			
Last Name	First			MI	Contribution ID #			
Aranjo	11130	William		IVII	0006			
Residential Street Address	City			State	Zip Code			
49 Bunnell St		Bridgeport		СТ	06607			
Principal Occupation	•	Name of Employ	er		•			
Disabled		None						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of		dependent child (x No					
government the contract is with: Is this contribution associated with a Method of contribution: Method of contribution:	D-4-	D i 4						
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions					
X No Cash Personal Check	06/	03/2012	\$100.00		\$100.00			
If yes, list Event #			4					
Last Name	First			MI	Contribution ID #			
Ramos		Gerald			0007			
Residential Street Address	City			State	Zip Code			
431 Washington Ave		Bridgeport		СТ	06604			
Principal Occupation		Name of Employ						
Disability — — —		Disab	.11	A				
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
Is this contribution associated with a Mathod of contribution.	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1? Yes Yes Yes Remod of continuous.								
If yes, list Event #	06/	03/2012	\$100.00		\$100.00			

Page 5 of 145

I, MONETARY RECEIPTS (Section A-I)								
	5 (5 6	ection A-1)	TWDE OF DEDORT					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Gomes 2012 July 10 Filing - Original								
	-							
B. Itemized Contributions from	n Ind	lividuals						
Last Name Elba	First	Fajardo		MI	Contribution ID # 0008			
Residential Street Address	City			State	Zip Code			
343 William St		Bridgeport		СТ	06608			
Principal Occupation		Name of Employ	er					
JSR		Self						
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent child c	x No					
government the contract is with:	Date	Received	Aggregate Contributions	1				
fundraising event listed in Section J1?	Dute	Received	Aggregate Controlations					
If yes, list Event # X No X Cash Personal Check Money Order Credit/Debit Card	06/0	03/2012	\$5.00		\$5.00			
3.9								
Last Name	First			MI	Contribution ID #			
Walsh		Robert		S	0009			
Residential Street Address	City			State	Zip Code			
56 Redding Pl		Bridgeport		СТ	06604			
Principal Occupation		Name of Employ	er					
Controller			lazer Central LLC					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child o	x No					
Is this contribution associated with a Method of contribution.	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?			86 -8					
If yes, list Event # X No X Cash Personal Check No Money Order Credit/Debit Card	06/0	03/2012	\$100.00		\$100.00			
T. AV	г			\	G (7 (ID)			
Last Name Hennessy	First	Shane		MI	Contribution ID # 0010			
Residential Street Address	City			State	Zip Code			
556 Savoy St		Bridgeport		СТ	06606			
Principal Occupation		Name of Employ	er					
Student		Unem	ployed					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent enna e	x No					
government the contract is with:		D 1 1						
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
If yes, list Event # X Cash Personal Check Money Order Credit/Debit Card	06/0	03/2012	\$5.00		\$5.00			
3.9								
Last Name	First			MI	Contribution ID #			
Hennessy		Lindy			0011			
Residential Street Address	City			State	Zip Code			
556 Savoy St	L	Bridgeport		СТ	06606			
Principal Occupation		Name of Employ						
Cook			n in a Hurry					
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	ĺ				
fundraising event listed in Section J1? Yes X Cash Personal Check								
If yes, list Event #	06/0	03/2012	\$5.00		\$5.00			

Page 6 of 145

I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	- (TYPE OF REPORT					
Gomes 2012			July 10 Filing - Original					
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Hennessey		David			0012			
Residential Street Address	City			State	Zip Code			
45 Pearsall Way		Bridgeport		СТ	06605			
Principal Occupation		Name of Employ	er					
Teacher		Retire	ed					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of Executive Legislative		перенает сти	x _{No}					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?								
X No Cash Personal Check	06/	03/2012	\$5.00		\$5.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Johnson		Desmond			0013			
Residential Street Address	City			State	Zip Code			
294 Beechwood Ave		Bridgeport		СТ	06604			
Principal Occupation		Name of Employ	er					
Contractor			roperties	1				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of		dependent ennu (
government the contract is with: Legislative Legislative	D-4-	D i 4						
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No Cash Personal Check	06/	03/2012	\$10.00		\$10.00			
If yes, list Event #	00/	03/2012	\$10.00		\$10.00			
Last Name	First			MI	Contribution ID #			
Small		Trevor			0014			
Residential Street Address	City			State	Zip Code			
45 Goldenrod Ave		Bridgeport		СТ	06606			
Principal Occupation	-	Name of Employ	er		•			
Technician		Satin	American LLC					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0		obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of		dependent child of	or a roodyrst?					
government the contract is with:			x _{No}					
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions					
X No Personal Check	06/	02/2012	45.00		45.00			
If yes, list Event # Money Order Credit/Debit Card	06/	03/2012	\$5.00		\$5.00			
Last Name	First			MI	Contribution ID #			
Benita		Marilyn			0015			
Residential Street Address	City			State	Zip Code			
102 Goddard Ave		Bridgeport		СТ	06610			
Principal Occupation		Name of Employ	er	-				
Admin.		CT Re	tina Consultants					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
Is this contribution associated with a Mathod of contribution.	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?	Date		opropare commounding					
X No Cash Personal Check	06/	03/2012	\$5.00		\$5.00			
If yes, list Event #	Ī			ı				

Page 7 of 145

I. MONETARY RECEIPT NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	S (Se	ection A-I)	TYPE OF REPORT		
Gomes 2012			July 10 Filing - Original		
	Ŧ.				
B. Itemized Contributions from				1	1
Last Name White	First	Shelley		MI	Contribution ID # 0016
Residential Street Address	City			State	Zip Code
183 Willard St # 1		New Haven		СТ	06510
Principal Occupation		Name of Employ New 1	^{er} Haven Legal Assist		
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of government the contract is with:		dependent enna e	x No		
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
If yes, list Event # X No	06/	03/2012	\$5.00		\$5.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
Rivas	a:	Maria		a	0017
Residential Street Address 1668 Fairfield Ave	City	Pridagnort		State CT	Zip Code 06605
Principal Occupation	<u>. </u>	Bridgeport Name of Employ	er	CI	00003
Pre-School Teacher		1 '	d's Garden		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of	0	dependent child of	of a lobbyist?		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1? Yes X No Personal Check	06/1	03/2012	₫ Ε 00		\$5.00
If yes, list Event #	06/	03/2012	\$5.00		\$5.00
Last Name	First			MI	Contribution ID #
Quiles		Nicole			0018
Residential Street Address	City	B : 1		State	Zip Code
740 Ellsworth St # B2 Principal Occupation	<u> </u>	Bridgeport Name of Employ	or .	СТ	06605
типсіраї оссираноп		1 ,	d's Garden		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	ant of Contribution
If yes indicate which branch or branches of	0	dependent child of	7 a 1000yist:		
government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
If yes, list Event # X No X Cash Personal Check Money Order Credit/Debit Card	06/	03/2012	\$5.00		\$5.00
Last Name	First			MI	Contribution ID #
Brumell	FIISt	Lauren		IVII	0019
Residential Street Address	City	Lauren		State	Zip Code
35 Neptune Ave		Madison		СТ	06443
Principal Occupation		Name of Employ	er		•
Tester		CT Fa	ir Housing		
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	o	Is contributor a l dependent child of	obbyist, spouse, or	Amou	ant of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1	
Tundraising event listed in Section 11?					
If yes, list Event # Cash Personal Check No	06/	03/2012	\$5.00		\$5.00

Page 8 of 145

L MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Gomes 2012 July 10 Filing - Original								
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Green		May			0020			
Residential Street Address	City			State	Zip Code			
45 Stevens St # 3-3		Bridgeport		СТ	06606			
Principal Occupation		Name of Employ	er					
None		None						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent china (x No					
government the contract is with: Is this contribution associated with a Method of contribution:	Doto	Received	Aggregate Contributions					
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions					
X No Cash Personal Check	06/	03/2012	\$5.00		\$5.00			
If yes, list Event #	00,	00, 2012	Ψ5.00					
Last Name	First			MI	Contribution ID #			
Wright		Darlene			0021			
Residential Street Address	City			State	Zip Code			
150 Earl Ave		Bridgeport		СТ	06606			
Principal Occupation		Name of Employ	er		•			
Cook's Helper		Jewis	n Home					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a lobbyist?					
government the contract is with:			x No					
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
X Cash Personal Check	0.51	00/00/0	440.00		440.00			
If yes, list Event # Money Order Credit/Debit Card	06/	03/2012	\$10.00		\$10.00			
Last Name	First			MI	Contribution ID #			
Richards	11130	Sarah		1411	0022			
Residential Street Address	City	- Surum		State	Zip Code			
286 Sunshine Cir	ا ا	Bridgeport		СТ	06606			
Principal Occupation		Name of Employ	er		!			
Housewife		None						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of	5	dependent child of	or a robbyist?					
government the contract is with:			x _{No}					
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	06/	03/2012	\$5.00		\$5.00			
Last Name	First			MI	Contribution ID #			
Godbolt	1 1130	Warren		K	0023			
Residential Street Address	City			State	Zip Code			
180 Frenchtown Rd		Bridgeport		СТ	06606			
Principal Occupation	•	Name of Employ	er		•			
Health Educator								
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of	-	dependent child of	or a robbyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions					
X No D Personal Check		02/2012	+20.00		+20.00			
If yes, list Event # No Money Order Credit/Debit Card	06/	03/2012	\$20.00		\$20.00			

Page 9 of 145

I. MONETARY RECEIPT	S (S	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT July 10 Filing - Original		
Gomes 2012			July 10 1 lilling - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Doyle		Michael		М	0024
Residential Street Address	City			State	Zip Code
25 Frances Dr	<u> </u>	Bridgeport		СТ	06483
Principal Occupation Social Work		Name of Employ State			
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution
Yes X No	D	dependent child of	if a lobbyist?		
government the contract is with:			x _{No}		
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
X No Rersonal Check	06/	02/2012	¢100.00		¢100.00
If yes, list Event # Money Order Credit/Debit Card	06/	03/2012	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Ferguson		Godfrey			0025
Residential Street Address	City			State	Zip Code
172 W Shepard Ave		Hamden		СТ	06514
Principal Occupation		Name of Employ	er		
		State			
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent enna c	x _{No}		
government the contract is with: Is this contribution associated with a Method of contribution: Method of contribution:	Date	Received	Aggregate Contributions	_	
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
x No X Cash Personal Check	06/	03/2012	\$5.00		\$5.00
If yes, list Event #			7		
Last Name	First			MI	Contribution ID #
Pouchet		Barbara			0026
Residential Street Address	City			State	Zip Code
10 Ordnance Ct # 2		Bridgeport		СТ	06607
Principal Occupation		Name of Employ			
Insurance Sales		State			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution
If yes, indicate which branch or branches of			x _{No}		
government the contract of with	Date	Received	Aggregate Contributions	-	
fundraising event listed in Section J1? Yes Yes Residue of Contribution. Yes Yes					
If yes, list Event #	06/	03/2012	\$5.00		\$5.00
	L			I	L
Last Name	First	lack		MI	Contribution ID #
McGregor Residential Street Address	City	Jack		State	0027 Zip Code
40 Anchorage Dr	City	Bridgeport		CT	06605
Principal Occupation		Name of Employ	er	1	
Attorney / Sports Developer		Coher	and Wolf PC		
Is contributor a principal of a state contractor or prospective state contractor?	n		obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of		dependent child of	i a loodyist?		
government the contract is with:			x _{No}	_	
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
X No Cash X Personal Check	ne /	03/2012	\$100.00		\$100.00
If yes_list Event # No Money Order Credit/Debit Card	I 00/	02/2012	\$100.00	1	φ100.00

Page 10 of 145

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Gomes 2012			July 10 Filing - Original					
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
O'Neill		Eugene		Р	0028			
Residential Street Address	City			State	Zip Code			
25 Saxton Dr		Bridgeport		СТ	06604			
Principal Occupation Patirod Police Officer City of Pat		Name of Employ None	er					
Retired Police Officer-City of Bpt Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution			
Yes X No)	dependent child of	Vac	7 tinot	ant of Contribution			
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
tundraising event instead in Section 31:								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	06/	03/2012	\$30.00		\$30.00			
				L	La . a . a . p. "			
Last Name Black	First	Marie		MI	Contribution ID #			
Residential Street Address	City	Marie		State	Zip Code			
142 Shanley St		Stratford		СТ	06615			
Principal Occupation		Name of Employ	er					
		Retire	ed					
Is contributor a principal of a state contractor or prospective state contractor?	`		obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?					
government the contract is with:			x _{No}					
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions					
Cash X Personal Check	06/	02/2012	415.00		±15.00			
If yes, list Event # Money Order Credit/Debit Card	06/	03/2012	\$15.00		\$15.00			
Last Name	First			MI	Contribution ID #			
Hennessy		John		F	0030			
Residential Street Address	City			State	Zip Code			
556 Savoy St		Bridgeport		СТ	06606			
Principal Occupation		Name of Employ	er					
Truck Driver		Fed E						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			X No					
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?								
If yes, list Event # Cash X Personal Check Money Order Credit/Debit Card	06/	03/2012	\$100.00		\$100.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Manzo		Jo Ann			0031			
Residential Street Address	City	Duideeset		State	Zip Code			
163 Scofield Ave Principal Occupation		Bridgeport Name of Employ	or	СТ	06605			
Para			of Bridgeport BOE					
Is contributor a principal of a state contractor or prospective state contractor?			-1.1	Amou	unt of Contribution			
)	dependent child of	·					
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	06/	03/2012	\$10.00		\$10.00			

I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Gomes 2012			July 10 Filing - Original					
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Brown		Dorothy			0032			
Residential Street Address	City			State	Zip Code			
89 Birdsey St	<u> </u>	Bridgeport		СТ	06610			
Principal Occupation		Name of Employ Retire						
Is contributor a principal of a state contractor or prospective state contractor?			11 :	Amou	ant of Contribution			
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child of	Voc	7 tinot	ant of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
Tundraising event instead in Section 31:								
If yes, list Event # Cash Cash Personal Check Money Order Credit/Debit Card	06/	03/2012	\$10.00		\$10.00			
	I			I	T			
Last Name	First	. ~		MI	Contribution ID #			
Santos Residential Street Address	City	João		F State	0033 Zip Code			
2530 Madison Ave	City	Bridgeport		CT	06606			
Principal Occupation		Name of Employ	er	CI	1 00000			
Firefighter		Bridge	eport Fire Dept					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	ant of Contribution			
If yes, indicate which branch or branches of	0	dependent child of	of a lobbyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a Gundanicing quent listed in Section 112	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1? X No								
If yes, list Event # Money Order Credit/Debit Card	06/	03/2012	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Ramos	1 1100	Francine		A	0034			
Residential Street Address	City			State	Zip Code			
42 Wake St		Bridgeport		СТ	06610			
Principal Occupation		Name of Employ	er	-	•			
Teacher		Bullar	d Havens					
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of		dependent ennu (x No					
government the contract is with: Is this contribution associated with a Method of contribution: Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions					
X No Cash X Personal Check	06/	03/2012	\$50.00		\$50.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Soltis		John		D	0035			
Residential Street Address	City			State	Zip Code			
93 Ellsworth St # 210		Bridgeport		СТ	06605			
Principal Occupation		Name of Employ						
Librarian Is contributor a principal of a state contractor or prospective state contractor?			eport Public Library obbyist, spouse, or	Amor	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	Vac	7 tinot	ant of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a Mathed of contribution.	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1? Yes Cash Personal Check								
If yes, list Event # Cash Credit/Debit Card	06/	03/2012	\$100.00		\$100.00			

Page 12 of 145

Y MONETARY DECEME	G (G				
I. MONETARY RECEIPT	5 (50	ection A-I)	I TYPE OF REPORT		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Gomes 2012			July 10 Filing - Original		
B. Itemized Contributions from	n Ind	lividuals	•		
Last Name	First			MI	Contribution ID #
O'Donnell		James		E	0036
Residential Street Address	City			State	Zip Code
505 W McKinley Ave		Bridgeport		СТ	06604
Principal Occupation		Name of Employ	er		
 Lawyer		O'Dor	nnell, McDonald & Green		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution
)	dependent child of	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
rundraising event instea in section 11:					
x No Cash x Personal Check	06/0	03/2012	\$100.00		\$100.00
If yes, list Event #		•	·		·
Last Name	First			MI	Contribution ID #
Lupariello		Daniel			0037
Residential Street Address	City	Darner		State	Zip Code
	City	Shelton		CT	06484
55 Applewood Dr Principal Occupation	_			CI	00404
		Name of Employ			
Owner			s Drug Store		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		dependent enna (<u></u>		
government the contract is with:			x _{No}		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
tundraising event listed in Section J1?					
If yes, list Event # Cash Anney Order Credit/Debit Card	06/0	03/2012	\$50.00		\$50.00
in yes, and break in the state of the state					
Last Name	First			MI	Contribution ID #
Meyer		Edward			0038
Residential Street Address	City			State	Zip Code
407 Mulberry Point Rd		Guilford		СТ	06437
Principal Occupation		Name of Employ	er		
Senator		CT St	ate Senate		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution
)	dependent child of	of a lobbyist?		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No		
To this contribution are sixed with a Mathed a Contribution.	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
X No Cash X Personal Check	06/0	03/2012	\$100.00		\$100.00
If yes, list Event #			7		
Last Name	First			MI	Contribution ID #
Parziale	1 1150	Lisa			0039
Residential Street Address	City	Lisa		State	Zip Code
	City	Pridagnort			-
97 Bick Ter	Щ,	Bridgeport		СТ	06604
Principal Occupation		Name of Employ			
Realtor			Richter RE		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	,	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution
If yes, indicate which branch or branches of			x No		
government the contract is with: Executive Legislative					
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event fisted in Section 31?	1				
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	06/0	03/2012	\$50.00		\$50.00

Page 13 of 145

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT July 10 Filing - Original								
Gomes 2012	July 10 1 ming Original							
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Miller		Kent		М	0040			
Residential Street Address	City	G1 15 1		State	Zip Code			
1345 Main St		Stratford Name of Employ	ON .	СТ	06615			
Principal Occupation Attorney		Self	ei					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of	U	dependent child of	of a lobbyist?					
government the contract is with: Executive Legislative		D : 1						
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
If yes, list Event # Cash No Credit/Debit Card	06/	03/2012	\$10.00		\$10.00			
Last Name	First			MI	Contribution ID #			
James Residential Street Address	City	Alyce		L	O041 Zip Code			
55 George Pipkin Way # 311	City	Bridgeport		CT	06608			
Principal Occupation		Name of Employ	er	CI	00000			
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of Executive Legislative	U	dependent child of	of a lobbyist?					
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?	Dute	received	riggiogue Controutions					
If yes, list Event # Cash No Credit/Debit Card	06/	03/2012	\$5.00		\$5.00			
Last Name	First			MI	Contribution ID #			
Pereira		Maria			0042			
Residential Street Address	City			State	Zip Code			
364 Lakeside Dr		Bridgeport		СТ	06606			
Principal Occupation		Name of Employ	er					
None		None						
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
Tundraising event listed in Section 31?								
If yes, list Event # Cash Money Order Credit/Debit Card	06/	03/2012	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Hall		Yvette		R	0043			
Residential Street Address	City			State	Zip Code			
286 Sunshine Cir		Bridgeport		СТ	06606			
Principal Occupation		Name of Employ						
Office Manager			Chem LLC					
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	o	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		-	x _{No}					
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?			•					
If yes, list Event # Cash X Personal Check No Money Order Credit/Debit Card	06/	03/2012	\$40.00		\$40.00			

I. MONETARY RECEIPT	rs (s	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT July 10 Filling - Original					
Gomes 2012 July 10 Filing - Original					
B. Itemized Contributions fro	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Marquis		Tessa			0044
Residential Street Address	City			State	Zip Code
67 Point Beach Dr		Milford		СТ	06460
Principal Occupation Project Coordinator		Name of Employer New S	er Standard Institute		
Is contributor a principal of a state contractor or prospective state contractor?	lo.		obbyist, spouse, or	Amo	unt of Contribution
If yes, indicate which branch or branches of	.0	dependent child of	if a lobbyist?		
government the contract is with:			X N	О	
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
X No Cash X Personal Check	06/	02/2012	¢2E 00		¢2E 00
If yes, list Event # Money Order Credit/Debit Card	06/	03/2012	\$25.00		\$25.00
Last Name	First			MI	Contribution ID #
Brown		Michael		V	0045
Residential Street Address	City			State	Zip Code
67 Point Beach Dr		Milford		СТ	06460
Principal Occupation		Name of Employ	er	•	•
Consultant		New S	Standard Institute		
Is contributor a principal of a state contractor or prospective state contractor?	lo	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?	es	unt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		асренает стпа о	x _N	o	
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?					
If yes, list Event # Cash Credit/Debit Card	06/	03/2012	\$25.00		\$25.00
Last Name	First			MI	Contribution ID #
Muniz		Migdalia			0046
Residential Street Address	City			State	Zip Code
447 Pembroke St	<u> </u>	Bridgeport		СТ	06608
Principal Occupation		Name of Employe	er		
School Nurse			f Bridgeport - BOE		
Is contributor a principal of a state contractor or prospective state contractor?	lo	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?	es	unt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		•	x N	о	
Is this contribution associated with a Society II Yes Method of contribution:	Date	Received	Aggregate Contributions		
Tunidasing event isted in Section 71:					
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	06/	03/2012	\$75.00		\$75.00
Last Name	First			MI	Contribution ID #
Cassidy		Kevin		J	0047
Residential Street Address	City			State	Zip Code
245 Ellsworth St		Bridgeport		СТ	06605
Principal Occupation		Name of Employ	er		
Teacher			eld University		
Is contributor a principal of a state contractor or prospective state contractor?	lo	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?	es	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		cind o	x _N		
government the contract is with: In this contribution associated with a Mathed of contribution.	Date	Received	Aggregate Contributions	_	
fundraising event listed in Section J1?					
If yes list Event # X Cash Personal Check Money Order Credit/Debit Card	06/	10/2012	\$5.00		\$5.00

Page 15 of 145

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT								
Gomes 2012 July 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Esperance		Tasha			0048				
Residential Street Address	City			State	Zip Code				
1104 Wood Ave		Bridgeport		СТ	06604				
Principal Occupation		Name of Employ	er						
Nurse			River Health Care						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of Executive Legislative		dependent enna (x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
X No Cash X Personal Check	06/	10/2012	\$10.00		\$10.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
DePina		Ana Maria			0049				
Residential Street Address	City			State	Zip Code				
423 Wayne St		Bridgeport		СТ	06606				
Principal Occupation		Name of Employ	er						
Dietary Aide			eport Hospital						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of		dependent ennu (
government the contract is with: Executive	Б.	D : 1							
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions						
No Cash X Personal Check	06/	10/2012	\$50.00		\$50.00				
If yes, list Event # 06102012A	00/	10/2012	\$30.00		30.00				
Last Name	First			MI	Contribution ID #				
Van Tuyl		Elizabeth		G	0050				
Residential Street Address	City			State	Zip Code				
93 Ellsworth St # 210		Bridgeport		СТ	06605				
Principal Occupation		Name of Employ	er	-	•				
Librarian / Archivist		Bridge	eport Public Library						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0		obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of		dependent child of	or a robbyist?						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions						
X No Cash X Personal Check	06/	10/2012	\$25.00		\$25.00				
If yes, list Event #	00/	10/2012	\$23.00		\$23.00 				
Last Name	First			MI	Contribution ID #				
Hughes		Scott		А	0051				
Residential Street Address	City			State	Zip Code				
118 Ellsworth St		Bridgeport		СТ	06605				
Principal Occupation		Name of Employ	er	-	•				
Librarian		Bridge	eport Public Library						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of		pem emid (
government the contract is with: Is this contribution associated with a Method of contribution: Method of contribution:	Data	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Date	received	115510gate Contributions						
X No Cash X Personal Check	06/	10/2012	\$35.00		\$35.00				
If yes, list Event # Money Order	I ''	*	1	I	•				

Page 16 of 145

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	(,	TYPE OF REPORT						
Gomes 2012			July 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
McCluskey		David			0052				
Residential Street Address	City			State	Zip Code				
251 Westpoint Ter	L	West Hartfor	d	СТ	06107				
Principal Occupation		Name of Employ							
Parole Board		State							
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	int of Contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		1	x _{No}						
Is this contribution associated with a fundraising event listed in Section 112	Date	Received	Aggregate Contributions						
Tulidatising event insect in Section 31:									
X No	06/	10/2012	\$100.00		\$100.00				
	<u> </u>								
Last Name	First			MI	Contribution ID #				
Burke	o:	William		M	0053				
Residential Street Address	City	Faire field		State CT	Zip Code 06824				
245 Unquowa Rd # 50 Principal Occupation		Fairfield Name of Employ	er	CI	00824				
Attorney		Self	Ci						
			obbyist, spouse, or	Amou	int of Contribution				
	0	dependent child of	obbyist, spouse, or Yes Yes						
If yes, indicate which branch or branches of government the contract is with:			x No						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
initialising event instead in Section 71:									
If yes, list Event # Cash Cash Personal Check X No X Money Order Credit/Debit Card	06/	10/2012	\$25.00		\$25.00				
T. AV	First			\ <i>a</i>	[0 (3 (B)				
Last Name Harper	FIISt	Dorothy		MI	Contribution ID # 0054				
Residential Street Address	City	Dorothy		State	Zip Code				
40-36 Manila Pl	,	Bridgeport		CT	06610				
Principal Occupation	<u>. </u>	Name of Employ	er						
		Retire	ed						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of	5	dependent child of	or a roodyrst?						
government the contract is with:			x _{No}						
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions						
X No Cash Personal Check	064	40/2042	+10.00		+40.00				
If yes, list Event # No Money Order Credit/Debit Card	06/.	10/2012	\$10.00		\$10.00				
Last Name	First			MI	Contribution ID #				
Vannoni		Linda			0055				
Residential Street Address	City			State	Zip Code				
24 Water St		South Glasto	nbury	СТ	06073				
Principal Occupation		Name of Employ	er						
Union Leader		SEIU	- 1199 NE						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	ant of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x No						
Is this contribution associated with a Mathod of contribution.	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
X No	06/	10/2012	\$50.00		\$50.00				

Page 17 of 145

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Gomes 2012 July 10 Filing - Original								
Gomes 2012								
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Scott		Charles			0056			
Residential Street Address	City			State	Zip Code			
880 North Ave	<u> </u>	Bridgeport		СТ	06606			
Principal Occupation Sales Agent		Name of Employe Tri-St	er ate Realty					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amo	unt of Contribution			
	D	dependent child o	of a lobbyist?	es				
If yes, indicate which branch or branches of government the contract is with:			X No	<u>, </u>				
Is this contribution associated with a Yes Yes	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1? X No Cash Personal Check			4400.00					
If yes, list Event #	06/	10/2012	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Suggs, Jr		Joseph		М	0057			
Residential Street Address	City	· ·		State	Zip Code			
10 Sandpiper Dr		Bloomfield		СТ	06002			
Principal Occupation		Name of Employe	er		•			
Retired		None						
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a lo dependent child o	obbyist, spouse, or	Amo	unt of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		аеренаен сина о	x No	,				
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	06/	10/2012	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Brooks		Fredenia			0058			
Residential Street Address	City			State	Zip Code			
233 Roosevelt Ave		Stratford		СТ	06615			
Principal Occupation		Name of Employe	er					
		Retire		_				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a le dependent child o	obbyist, spouse, or of a lobbyist?	Amo	unt of Contribution			
If yes, indicate which branch or branches of government the contract is with:		1	x N	,				
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	_				
tundraising event listed in Section 31:								
If yes, list Event # Cash Credit/Debit Card	06/	10/2012	\$25.00		\$25.00			
Last Name	First			MI	Contribution ID #			
Broad		Amy			0059			
Residential Street Address	City			State	Zip Code			
22 April Ln		Shelton		СТ	06484			
Principal Occupation		Name of Employe	er					
Teacher		-	f Bridgeport BOE	_				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a le dependent child o	obbyist, spouse, or of a lobbyist?	Amo	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		1	X No	, [
government the contract is with:	Date	Received	Aggregate Contributions	-				
fundraising event listed in Section J1?			55 5 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
If yes list Event # Cash X Personal Check Cash X Personal Check Money Order Credit/Debit Card	06/	10/2012	\$5.00		\$5.00			

Page 18 of 145

I. MONETARY RECEIPT	S (Se	ection A-I)	1				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Gomes 2012 July 10 Filing - Original							
Goines 2012							
B. Itemized Contributions from	m Ind	lividuals					
Last Name	First			MI	Contribution ID #		
DePina		Antonio		Р	0060		
Residential Street Address	City	Churchfound		State	Zip Code		
41 St Michael's Ave		Stratford Name of Employ	or	СТ	06614		
Principal Occupation Name of Employer Foreman Aloy Eng							
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution		
If yes, indicate which branch or branches of	0	dependent child of	of a lobbyist?				
government the contract is with: Executive Legislative		D : 1	x _{No}				
Is this contribution associated with a fundraising event listed in Section J1? X Yes	Date	Received	Aggregate Contributions				
No Cash X Personal Check	06/	10/2012	\$50.00		\$50.00		
If yes, list Event # 06102012A	00/	10,2012	Ψ30.00				
Last Name	First			MI	Contribution ID #		
DePina		Joao		R	0061		
Residential Street Address	City			State	Zip Code		
423 Wayne St	L	Bridgeport		СТ	06606		
Principal Occupation		Name of Employ	er				
Retired Is contributor a principal of a state contractor or prospective state contractor?		None Is contributor at	obbyist, spouse, or	Amou	ant of Contribution		
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child of	Vac	Amou	iit of Contribution		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}				
Is this contribution associated with a fundamining event listed in Section 112.	Date	Received	Aggregate Contributions				
fundraising event listed in Section J1? Yes Cash Yes Personal Check							
If yes, list Event # 06102012A No South Cash Cash Cash Cash Cash Cash Cash Cas	06/	10/2012	\$25.00		\$25.00		
Last Name	First			MI	Contribution ID #		
Semedo Residential Street Address	City	Mary		L	O062 Zip Code		
82 Shanley St	City	Stratford		CT	06615		
Principal Occupation		Name of Employ	er	C1	00013		
Sr. Mgr - Quality/M+P/Process		AT&T					
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0		obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution		
If yes, indicate which branch or branches of	O	dependent child of					
government the contract is with: Executive Legislative			x No				
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions				
No Cash X Personal Check	06/	10/2012	\$25.00		\$25.00		
If yes, list Event # 06102012A	00,	10, 2012	Ψ=5.00				
Last Name	First			MI	Contribution ID #		
Moore		Michelle			0063		
Residential Street Address	City			State	Zip Code		
622 Soundview Ave		Bridgeport		СТ	06606		
Principal Occupation		Name of Employ					
Health Educator Is contributor a principal of a state contractor or prospective state contractor?		PPSNI	abbriet enauge or	Amou	ant of Contribution		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	Vac	Aillot	in of Contribution		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}				
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions				
fundraising event listed in Section J1? Yes Cash Personal Check							
X No Cash Personal Check If yes, list Event # Cash Cash Cash Cash Cash Cash Cash Cash	06/	10/2012	\$25.00		\$25.00		

Page 19 of 145

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Gomes 2012			July 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Guman		Dorothy		Α	0064				
Residential Street Address	City			State	Zip Code				
133 Hickory St		Bridgeport		СТ	06610				
Principal Occupation		Name of Employ	er						
Registered Nurse		Self-P	rivate Duty						
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of							
government the contract is with: Executive Legislative		D 1 1							
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash X Personal Check	06/	10/2012	¢1E 00		¢1 E 00				
If yes, list Event # Money Order	06/	10/2012	\$15.00		\$15.00				
Last Name	First			MI	Contribution ID #				
DosSantos		Antonio			0065				
Residential Street Address	City			State	Zip Code				
12 Wigwam Dr		Shelton		СТ	06484				
Principal Occupation		Name of Employe	er						
		Retire	ed						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?						
government the contract is with: Executive Legislative			x No						
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
Cash X Personal Check									
If yes, list Event # 06102012A No Money Order Credit/Debit Card	06/	10/2012	\$50.00		\$50.00				
Last Name	First			MI	Contribution ID #				
Clinger	11130	Candace		1411	0066				
Residential Street Address	City	Curidace		State	Zip Code				
65 Ellsworth St # 316		Bridgeport		СТ	06605				
Principal Occupation		Name of Employ	er						
Social Worker		The H	ospital of St Raphael						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of	,	dependent child of	a lobbyist:						
government the contract is with: Executive Legislative			x No						
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash X Personal Check	l								
If yes, list Event # No Money Order Credit/Debit Card	06/	10/2012	\$5.00		\$5.00				
Last Name	First			MI	Contribution ID #				
Perry	FIISt	Robert		IVII	0067				
Residential Street Address	City	Robert		State	Zip Code				
65 Ellsworth St # 316		Bridgeport		CT	06605				
Principal Occupation		Name of Employ	er						
Teacher		Eaglel	hill School Southport						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution				
If yes, indicate which branch or branches of	,	dependent child of	·						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions						
Tundraising event listed in Section J1?									
If yes, list Event # Cash Credit/Debit Card	06/	10/2012	\$5.00		\$5.00				

Page 20 of 145

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Gomes 2012 July 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Ferreira		Luisa		Α	0068				
Residential Street Address	City			State	Zip Code				
826 Fountain St		Woodbridge		СТ	06525				
Principal Occupation		Name of Employ	er						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or X Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of)	dependent child of	of a lobbyist?						
government the contract is with:			No No						
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash X Personal Check	06/	10/2012	\$25.00		\$25.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Robles		Neida			0069				
Residential Street Address	City	D : 1		State	Zip Code				
333 Vincellette St # 61 Principal Occupation		Bridgeport Name of Employ	or	СТ	06606				
RN		1 ,	England Home Care						
			obbyist, spouse, or	Amou	ınt of Contribution				
is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions	1					
tundraising event listed in Section J1?									
If yes, list Event # Cash Cash Personal Check Money Order Credit/Debit Card	06/	10/2012	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Pinciaro		Ron			0070				
Residential Street Address	City			State	Zip Code				
215 Alice St		Bridgeport		СТ	06606				
Principal Occupation		Name of Employ	er						
Exec. Director			ainst Cun Violence						
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? X Yes	Amou	ınt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			No No						
government the contract is with:	Date	Received	Aggregate Contributions	-					
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions						
If yes, list Event # 06102012A	06/	10/2012	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID#				
Fardy	First	Pat		MII	Contribution ID # 0071				
Residential Street Address	City	ı at		State	Zip Code				
200 Nutmeg Rd		Bridgeport		СТ	06610				
Principal Occupation		Name of Employ	er		•				
Retired		None							
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of		dependent child of	x No						
government the contract is with: Executive Legislative	Б.	D		-					
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
If yes, list Event # Cash X Personal Check Money Order Credit/Debit Card	06/	10/2012	\$20.00		\$20.00				
July Order Circuit Debit Cald	1			I					

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Gomes 2012 July 10 Filing - Original								
Gomes 2012			July 10 1 ming Singman					
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Cunningham		Virginia			0072			
Residential Street Address	City			State	Zip Code			
7 North Ave		Weston Name of Employ	ON .	СТ	06883			
Principal Occupation Retired		Retire						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution			
)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with:			x _{No}]				
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1? X No			450.00					
If yes, list Event # Money Order Credit/Debit Card	06/	10/2012	\$50.00		\$50.00			
Last Name	First			MI	Contribution ID #			
Eppes		Alicyone			0073			
Residential Street Address	City	-,		State	Zip Code			
1015 Sylvan Ave		Bridgeport		СТ	06606			
Principal Occupation		Name of Employ	er	•				
Residential Counselor		Comn	nunity Options	_				
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent child of	x No					
Is this contribution associated with a Method of contribution.	Date	Received	Aggregate Contributions	1				
fundraising event listed in Section J1?								
If yes, list Event # Cash X Personal Check Money Order	06/	10/2012	\$10.00		\$10.00			
				I				
Last Name	First			MI	Contribution ID # 0074			
Pfeifer Residential Street Address	City	Devon		State	Zip Code			
3 North Ave	City	Weston		CT	06883			
Principal Occupation		Name of Employ	er	1				
		N/A						
Is contributor a principal of a state contractor or prospective state contractor?	`		obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If was indicate which branch or branches of	,	dependent child of	i a loboyist:					
government the contract is with:			x _{No}					
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No Cash X Personal Check	067	10/2012	#30.00		¢20.00			
If yes, list Event # Money Order Credit/Debit Card	06/	10/2012	\$30.00		\$30.00			
Last Name	First			MI	Contribution ID #			
Foster		Mary-Jane			0075			
Residential Street Address	City			State	Zip Code			
40 Anchorage Dr		Bridgeport		СТ	06605			
Principal Occupation		Name of Employ	er	-	-			
Vice President			rsity of Bridgeport					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of		acpendent clind (x No					
government the contract is with:	Data	Received	Aggregate Contributions	-				
fundraising event listed in Section J1?	Date	ACCEIVED	115810gate Contitutions					
X No Cash X Personal Check	06/	10/2012	\$100.00		\$100.00			
If yes_list Event # Money Order Credit/Debit Card								

I, MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Gomes 2012 July 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Lee		John		М	0076				
Residential Street Address	City			State	Zip Code				
30 Beacon St		Bridgeport		СТ	06605				
Principal Occupation Financial Listener		Name of Employ	er People Insurance and Inves	tmont					
		· · · · · · · · · · · · · · · · · · ·	obbyist, spouse, or		nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor?	o	dependent child of	Voc	Aillou	int of Contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with a	Date	Received	Aggregate Contributions	1					
Tunidasing event issed in Section 31:									
If yes, list Event # Cash Credit/Debit Card	06/	10/2012	\$25.00		\$25.00				
Lad Name	First			Lva	Ct-ilti ID#				
Last Name Hughes	FIISt	Jill		MI M	Contribution ID # 0077				
Residential Street Address	City	JIII		State	Zip Code				
118 Ellsworth St	City	Bridgeport		CT	06605				
Principal Occupation		Name of Employ	er	1 9.	00000				
Director		Conne	ecticut Library Consortium						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
If yes, indicate which branch or branches of	5	dependent child of	<u> </u>						
government the contract is with: Executive Legislative			x No						
Is this contribution associated with a Method of contribution: Yes Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1? Cash Personal Check									
If yes, list Event # Cash Credit/Debit Card	06/	10/2012	\$5.00		\$5.00				
Last Name	First			MI	Contribution ID #				
Prater		David			0078				
Residential Street Address	City			State	Zip Code				
40 Bartram Ave		Bridgeport		СТ	06605				
Principal Occupation	-	Name of Employ	er	-	-				
Letter Carrier		US Po	stal Service						
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution				
If was indicate which branch or branches of		dependent cinia c	x No						
government the contract is with: Executive Legislative	Б.	D : 1							
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
If yes, list Event # X No X Cash Personal Check No Money Order Credit/Debit Card	06/	10/2012	\$5.00		\$5.00				
Last Name	First	•		MI	Contribution ID #				
Morong Morong	FIISt	Mary Lou		IVII	0079				
Residential Street Address	City	inally Lou		State	Zip Code				
30 Beacon St	,	Bridgeport		CT	06605				
Principal Occupation		Name of Employ	er						
Reading Specialist		Stratf	ord Board of Education						
Is contributor a principal of a state contractor or prospective state contractor?	o		obbyist, spouse, or for lobbyist? Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of	i a lobbyist?						
government the contract is with:			X No						
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No No Personal Check	00.1	10/2012	#10.00		¢10.00				
If yes_list Event # No Money Order Credit/Debit Card	1 00/	10/2012	\$10.00		\$10.00				

I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Gomes 2012 July 10 Filing - Original								
Gomes 2012								
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Interant		Marilyn			0800			
Residential Street Address	City			State	Zip Code			
68 Bartram Ave		Bridgeport		СТ	06605			
Principal Occupation		Name of Employer Retire						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution			
Yes X No	0	dependent child of	Vac					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a	Date	Received	Aggregate Contributions					
Tunidasing event issed in Section 31:								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	06/	10/2012	\$5.00		\$5.00			
Last Name	First			MI	Contribution ID #			
Persoons	11130	Nancy		J	0081			
Residential Street Address	City	,		State	Zip Code			
88 Bartram Ave		Bridgeport		СТ	06605			
Principal Occupation		Name of Employ	er	•				
Money Management		Masas	ss Investors					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of						
government the contract is with: Executive	D-4-	D d						
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No Zash Personal Check	06/	10/2012	\$5.00		\$5.00			
If yes, list Event #	00/	10,2012	Ψ3.00		Ψ3.00			
Last Name	First			MI	Contribution ID #			
Cassidy		Edith		В	0082			
Residential Street Address	City			State	Zip Code			
245 Ellsworth St		Bridgeport		СТ	06605			
Principal Occupation		Name of Employe	er					
Yoga Instructor		Self	-11i	1	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child o	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1				
tundraising event listed in Section 31?								
If yes, list Event # Cash Credit/Debit Card	06/	10/2012	\$5.00		\$5.00			
				L	a . a			
Last Name Cadwallader	First	lov		MI C	Contribution ID # 0083			
Residential Street Address	City	Joy		State	Zip Code			
261 Grovers Ave	City	Bridgeport		CT	06605			
Principal Occupation		Name of Employ	er					
Client Services Manager		Gibne	y, Anthony & Flaherty LLP					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a fobbyist?					
government the contract is with:	F :	D : 1	x _{No}	1				
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No Personal Check	06/	10/2012	\$5.00		\$5.00			
If yes_list_Event # Money_Order	1	-,	45.55	1	1			

Page 24 of 145

I, MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Gomes 2012			July 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Moreno		Violeta			0084				
Residential Street Address	City			State	Zip Code				
218 Ellsworth St		Bridgeport		СТ	06605				
Principal Occupation		Name of Employ	er						
Housewife		None							
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Duit	recerred	riggregate contributions						
X No X Cash Personal Check	06/	10/2012	\$5.00		\$5.00				
If yes, list Event #			·		·				
Last Name	First			MI	Contribution ID #				
Hurwitz		Scott			0085				
Residential Street Address	City			State	Zip Code				
110 Bartram Ave		Bridgeport		СТ	06605				
Principal Occupation		Name of Employ	er						
Education		Norwa							
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent enna e							
government the contract is with: Is this contribution associated with a Method of contribution: Method of contribution:	Doto	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions						
X No Zash Personal Check	06/	10/2012	\$5.00		\$5.00				
If yes, list Event #	00/	10,2012	ψ3.00		Ψ3.00				
Last Name	First			MI	Contribution ID #				
Barros		John		С	0086				
Residential Street Address	City			State	Zip Code				
650 Grand St		Bridgeport		СТ	06604				
Principal Occupation		Name of Employ	er						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent enna c	x No						
government the contract is with:	Data	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions						
No Sash Personal Check	06/	10/2012	\$5.00		\$5.00				
If yes, list Event # 06102012A	,		7		40.00				
Last Name	First			MI	Contribution ID #				
DePina		Anthony			0087				
Residential Street Address	City			State	Zip Code				
423 Wayne St		Bridgeport		СТ	06606				
Principal Occupation		Name of Employ	er						
Retails		PCX							
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a foodyist?						
government the contract is with:	Б.	<u> </u>	X No						
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
No Sash Personal Check	06/	10/2012	\$5.00		\$5.00				
If yes, list Event # 06102012A	00/	10/2012	φοίου		43.00				

Page 25 of 145

I. MONETARY RECEIPTS (Section A-I)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT							
Gomes 2012 July 10 Filing - Original							
B. Itemized Contributions from	m Ind	lividuals					
Last Name	First			MI	Contribution ID #		
DePina		Josefa		Α	0088		
Residential Street Address	City			State	Zip Code		
3205 Old Town Rd	<u> </u>	Bridgeport		СТ	06606		
Principal Occupation		Name of Employ Retire					
Is contributor a principal of a state contractor or prospective state contractor?				Amou	ant of Contribution		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child	Voc	7 tinot	ant of Controlation		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}				
Is this contribution associated with a X Voc Method of contribution:	Date	Received	Aggregate Contributions				
Tunidaising event listed in Section 31?							
If yes, list Event # 06102012A No Sash Creck And Sash Creck Credit/Debit Card	06/	10/2012	\$10.00		\$10.00		
	I						
Last Name	First			MI	Contribution ID # 0089		
Fidalgo Residential Street Address	City	Maria		State	Zip Code		
175 Jennings Ave	City	Bridgeport		CT	06610		
Principal Occupation		Name of Employ	er				
		Bridg	eport Health Care				
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or Yes	Amou	ant of Contribution		
If yes, indicate which branch or branches of	5	dependent child of	of a lobbyist?				
government the contract is with:			x No				
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions				
No X Cash Personal Check	06/	10/2012	\$5.00		\$5.00		
If yes, list Event # 06102012A	00/	10/2012	\$3.00		\$ 3.00		
Last Name	First			MI	Contribution ID #		
Semedo		Mary			0090		
Residential Street Address	City			State	Zip Code		
82 Shanley St		Stratford		СТ	06615		
Principal Occupation		Name of Employ					
La satisfact and distribute and dist		Retire		A			
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child	V	Amou	ant of Contribution		
If yes, indicate which branch or branches of Executive Legislative			x _{No}				
government the contract is with: Is this contribution associated with a fundamining over listed in Section 112 X Yes Method of contribution:	Date	Received	Aggregate Contributions				
Tunidaising event listed in Section 31:							
If yes, list Event # 06102012A No Money Order Credit/Debit Card	06/	10/2012	\$20.00		\$20.00		
Last Name	First			MI	Contribution ID #		
DePina Residential Street Address	City	Carlos		J State	0091 Zip Code		
423 Wayne St	City	Bridgeport		CT	06606		
Principal Occupation		Name of Employ	er	C1	00000		
Unemployed		None					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	ant of Contribution		
If yes, indicate which branch or branches of	J	dependent child of	of a foodyist?				
government the contract is with:			x _{No}				
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions				
No No Personal Check	000	10/2012	#10.00		¢10.00		
If yes, list Event # 06102012A No Money Order Credit/Debit Card	06/	10/2012	\$10.00		\$10.00		

Page 26 of 145

I. MONETARY RECEIPTS (Section A-I)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	(,	TYPE OF REPORT				
Gomes 2012 July 10 Filing - Original							
B. Itemized Contributions from	m Ind	lividuals					
Last Name	First			MI	Contribution ID #		
Fonseca		Alina			0092		
Residential Street Address	City			State	Zip Code		
120 Ridgefield Dr		Stratford		СТ	06615		
Principal Occupation		Name of Employ	er				
		Retire	ed				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a l dependent child of	obbyist, spouse, or	Amou	ant of Contribution		
If yes, indicate which branch or branches of Executive Legislative		dependent cinia c	x No				
government the contract is with:	Date	Received	Aggregate Contributions				
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions				
No Cash Personal Check	06/	10/2012	\$5.00		\$5.00		
If yes, list Event # 06102012A	00/	10/2012	Ψ3.00		45.00		
Last Name	First			MI	Contribution ID #		
Gomes		Mary		D	0093		
Residential Street Address	City	. ,		State	Zip Code		
600 Albany Ave # 426		Brooklyn		NY	11203		
Principal Occupation		Name of Employ	er		!		
		Retire	ed				
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	ant of Contribution		
If yes, indicate which branch or branches of	3	dependent child of	of a lobbyist?				
government the contract is with:			x No				
Is this contribution associated with a fundamining event listed in Section 112	Date	Received	Aggregate Contributions				
Tundraising event instead in Section 31:							
If yes, list Event # 06102012A No Money Order Credit/Debit Card	06/	10/2012	\$5.00		\$5.00		
, , , , , , , , , , , , , , , , , , ,							
Last Name	First			MI	Contribution ID #		
Amado		Joseph			0094		
Residential Street Address	City			State	Zip Code		
402 Lyon Ter	L	Bridgeport		СТ	06604		
Principal Occupation		Name of Employ	er				
Retired Engineer Is contributor a principal of a state contractor or prospective state contractor?		N/A	obbyist, spouse, or	Amor	ant of Contribution		
Is contributor a principal of a state contractor or prospective state contractor? Yes No	о	dependent child of	37	Amou	ant of Contribution		
If yes, indicate which branch or branches of Executive Legislative			x _{No}				
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions				
fundraising event listed in Section J1?							
No Cash Personal Check	06/	10/2012	\$15.00		\$15.00		
If yes, list Event # 06102012A				<u> </u>			
Last Name	First			MI	Contribution ID #		
Amado		Cheri			0095		
Residential Street Address	City			State	Zip Code		
402 Lyon Ter		Bridgeport		СТ	06604		
Principal Occupation		Name of Employ					
			sky Aircraft				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution		
If yes, indicate which branch or branches of			x No				
government the contract is with: Is this contribution associated with a Method of contribution: Method of contribution:	Dot-	Received					
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions				
No Cash Personal Check	06/	10/2012	\$25.00		\$25.00		
If yes, list Event # 06102012A	00/	10/2012	φ23.00		Ψ23.00		

Page 27 of 145

I. MONETARY RECEIPTS (Section A-I)							
NAME OF COMMITTEE (Provide Complete Name				TYPE OF REPOR	RT		
Gomes 2012	,			July 10 Filing - Original			
I	B. Itemized Contributions from	1 Ind	ividuals				
Last Name		First				MI	Contribution ID #
Lopes			Eduardo				0096
Residential Street Address		City				State	Zip Code
336 Anson St			Bridgeport			CT	06606
Principal Occupation			Name of Employe	er			
			Retire	d			
Is contributor a principal of a state contractor or prospective state contra	ractor?		Is contributor a le dependent child of	obbyist, spouse, or	Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of	. П		dependent cinia o	x	١,, ١		
government the contract is with: Execu Is this contribution associated with a Metho		Dete	Received	Aggregate Contributions	No		
Is this contribution associated with a fundraising event listed in Section J1?	hod of contribution:	Date	Received	Aggregate Contributions			
	Cash Personal Check	06/1	10/2012	\$20.00			\$20.00
If yes, list Event # <u>06102012A</u>	Money Order	00/ 2	10/2012	\$20.00			Ψ20.00
Last Name		First				MI	Contribution ID #
Monteiro			Mario				0097
Residential Street Address		City				State	Zip Code
650 Atlantic St			Bridgeport			СТ	06604
Principal Occupation	-		Name of Employ	er	•		
Machine Operator			Super	ior Plating			
Is contributor a principal of a state contractor or prospective state contra	ractor? Yes X No			obbyist, spouse, or	Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of			dependent child o				
government the contract is with:				х	No		
Is this contribution associated with a fundraising event listed in Section J1?	hod of contribution:	Date	Received	Aggregate Contributions			
	Cash Personal Check	0.5.1	0 (00 4 0	400.00			
	Money Order Credit/Debit Card	06/1	10/2012	\$20.00			\$20.00
Last Name		First			i	MI	Contribution ID #
Jayson		riist	Tyler			IVII	0098
Residential Street Address		City	Tylei			State	Zip Code
89 Ellsworth St		- 5	Bridgeport			СТ	06605
Principal Occupation			Name of Employ	er			
Tech Assistant			Darie	n Library			
Is contributor a principal of a state contractor or prospective state contra	ractor? Yes X No			obbyist, spouse, or	Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of			dependent child o	•			
government the contract is with:	cutive Legislative			X	No		
Vac	hod of contribution:	Date	Received	Aggregate Contributions			
fundraising event listed in Section J1?	Cash Personal Check						
If yes, list Event #	Money Order Credit/Debit Card	06/1	10/2012	\$5.00			\$5.00
Last Name		First				MI	Contribution ID #
No Last Name		FIISt	Khyal			IVII	0099
Residential Street Address		City	Kiryui			State	Zip Code
89 Ellsworth St		City	Bridgeport			CT	06605
Principal Occupation			Name of Employ	er			
Marketer, Designer			Self				
Is contributor a principal of a state contractor or prospective state contra	ractor? Yes X No			obbyist, spouse, or	V	Amou	nt of Contribution
If was indicate which branch or branches of	Yes X No		dependent child o	i a lobbyist?			
If yes, indicate which branch or branches of government the contract is with:	eutive Legislative			x	No		
Vac	hod of contribution:	Date	Received	Aggregate Contributions			
fundraising event listed in Section J1?	Cash Personal Check						
No I	Money Order Credit/Debit Card	06/1	10/2012	\$10.00			\$10.00

I. MONETARY RECEIPT	S (S	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT July 10 Filing - Original		
Gomes 2012			outy for ming offgindi		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Heine		Karl			0100
Residential Street Address	City			State	Zip Code
89 Ellsworth St	<u> </u>	Bridgeport Name of Employe		СТ	06605
Principal Occupation Recruiter			er ive Placement		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution
If yes, indicate which branch or branches of	0	dependent child o	if a lobbyist?		
government the contract is with: Executive Legislative			x _{No}]	
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions		
Cash Personal Check	06/	10/2012	# F 00		4 F 00
If yes, list Event #	06/	10/2012	\$5.00		\$5.00
Last Name	First			MI	Contribution ID #
Greenberg		Donald			0101
Residential Street Address	City			State	Zip Code
265 Balmforth St		Bridgeport		СТ	06605
Principal Occupation		Name of Employe	er		
Teacher			eld University		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a lo dependent child o	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent enna o	x _{No}		
government the contract is with: Is this contribution associated with a Method of contribution: Method of contribution:	Date	Received	Aggregate Contributions	4	
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
x No X Cash Personal Check	06/	10/2012	\$5.00		\$5.00
If yes, list Event #			1		
Last Name	First			MI	Contribution ID #
Stippin		Corey			0102
Residential Street Address	City			State	Zip Code
274 Ellsworth St		Bridgeport		СТ	06605
Principal Occupation		Name of Employe	er		
Design Is contributor a principal of a state contractor or prospective state contractor?		Self	obbyist, spouse, or	Amou	nt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child o	37	7 tinou	nt of Controution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions	1	
Tunidasing event instead in Section 31:					
If yes, list Event # Cash Credit/Debit Card	06/	10/2012	\$10.00		\$10.00
				T	
Last Name Gedeon	First	Wilbert		MI	Contribution ID # 0103
Residential Street Address	City	Wilbert		State	Zip Code
850 Laurel Ave	City	Bridgeport		CT	06604
Principal Occupation		Name of Employe	er	1	
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of		dependent child o	a lobbyist?		
government the contract is with:	F :	<u> </u>	x _{No}	1	
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
X No Zash Personal Check	06/	10/2012	\$10.00		\$10.00
If yes list Event # Money Order Credit/Debit Card	l , .	•		I	•

Page 29 of 145

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) 10 10 10 10 10 10 10 1	I. MONETARY RECEIPTS (Section A-I)							
Security		- (-		TYPE OF REPORT				
The Name	Gomes 2012 July 10 Filing - Original							
Randeriod Sect Address	B. Itemized Contributions fro	m Inc	lividuals					
Recombinate stand Audies	Last Name	First			MI	Contribution ID #		
Name of Processor	Gedeon		Christina			0104		
Name of Employer Students S	Residential Street Address	City			State	Zip Code		
Suddent	850 Laurel Ave		Bridgeport		СТ	06604		
Second-hater a principal of a table contractor of prospective state contractor of prospectiv	Principal Occupation		Name of Employ	er				
Mary No. Legislative L	Student							
September black Name or branches of processor and a state contract or prospective state contract or processor and a contract or processor and	Is contributor a principal of a state contractor or prospective state contractor?	o		37	Amou	nt of Contribution		
	If yes, indicate which branch or branches of		dependent child of	of a lobbyist?				
First Firs	Evacutiva Lagislativa							
	Voc	Date	Received	Aggregate Contributions				
Last Name Gedeon	Cash Personal Check							
Accountable		06/	10/2012	\$5.00		\$5.00		
Column								
Residential Stored Address		First			MI			
Second			Yolene					
Principal Occupation Section 1/12 Security Legislative Ves No. Security Security Security Legislative Ves No. Security Security Security Legislative No. Security Legislative No. Security Legislative No. Security Legislative No. Security N		City				_		
Le contributor a principal of a state contractor or prospective state confractor? Yes No of If yes, indicate which branch or branches of covernment the contract is with. In this contributor associated with a finding sevent listed in Section I/2 Yes No of If yes, list Event # No of Implicit Event					СТ	06604		
Yes 1	Principal Occupation		Name of Employ	er				
Second contribution of bounches of contributions of contributions (section 1)? Yes Executive Legislative Dute Received Aggregate Contributions (section 1)? Yes Executive Legislative Dute Received Aggregate Contributions (section 1)? Yes Executive Legislative Dute Received Aggregate Contributions (section 1)? Yes State Personal Cheek O6/10/2012 \$10.00 \$1								
Security Legislative Le	is contributor a principal of a state contractor or prospective state contractor?	o		37	Amou	nt of Contribution		
It is contribution associated with a fundraising event listed in Section J1? It is contribution associated with a fundraising event listed in Section J1? It is the sound it is the section J	If yes, indicate which branch or branches of			<u></u>				
## Announce First State	government the contract is with:	l n .	D : 1					
Last Name Pierre-Charles Last Name Pierre-C	Voc	Date	Received	Aggregate Contributions				
Last Name Pierre-Charles Residential Street Address 221 High Ridge Dr Student / Part Time Worker Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract list wine. Last Name Pierre-Charles Residential Street Address Student / Part Time Worker Is contributor a principal of a state contractor or prospective state contractor? Yes No Student contract is wine.	x c	06/	10/2012	#10.00		410.00		
Pierre-Charles		06/	10/2012	\$10.00		\$10.00		
Pierre-Charles	Lost Nomo	Einst			М	Contribution ID #		
Residential Street Address 221 High Ridge Dr Student Part Time Worker Student Part Time Worker Student Part Time Worker Part Time Depot Part		FIISt			IVII			
Name of Employer Student / Part Time Worker Student / Part Time Worker Principal Occupation Student / Part Time Worker Principal of state contractor or prospective state of the Contribution associated with a fundraising event listed in Section 11? Student or Backet on the Contract is with: Student or Backet on the Contract or Backet or Backet on the Contract or Backet or		City	Jen		State			
Principal Occupation Student / Part Time Worker Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Legislative Date Received Aggregate Contributions Aggregate Contributions Aggregate Contributions Aggregate Contributions First David Mil Contribution ID # O107 Credit/Debit Card O6/10/2012 State Zip Code Tryncipal Occupation Principal Occupation Student Studen		City	Bridgenort			_		
Student / Part Time Worker Student / Part Time Worker Stending Depot			1	er	<u> </u>	00000		
If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with a fundraising event listed in Section J1? Is this contribution associated with a fundraising event listed in Section J1? Is this contribution associated with a fundraising event listed in Section J1? Is this contribution associated with a fundraising event listed in Section J1? Is this contribution associated with a fundraising event listed in Section J1? Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is contributor a principal of a state contractor or prospective state contractor? If yes is No Is this contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a lobbyist, spouse, or dependent child of a lobbyist. Spouse, or dependent child of a lobb								
If yes, indicate which branch or branches of government the contract is with: Executive				· · · · · · · · · · · · · · · · · · ·	Amou	nt of Contribution		
Executive Legislative Legislative Legislative Legislative Legislative Legislative Legislative Legislative Date Received Aggregate Contributions \$5.00	Yes X N	o						
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # Method of contribution: Yes X Cash Personal Check O6/10/2012 \$5.00 \$5.00	Evacutiva Lagislativa			x No				
If yes, list Event #	Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions				
Last Name Pierre-Charles Residential Street Address 221 High Ridge Dr Student Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of acovernment the contract is with: Is this contribution associated with a fundraising event listed in Section J1? MI Contribution ID # 0107 Residential Street Address City Bridgeport CT 06606 Name of Employer Student Is contributor a principal of a state contractor or prospective state contractor? Yes X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No Section J1? Method of contribution: Aggregate Contributions \$5.00 \$5.00	lundraising event listed in Section 31?							
Last Name Pierre-Charles City State Zip Code Bridgeport CT 06606 Principal Occupation Student Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Method of contribution: Date Received Aggregate Contributions \$5.00\$	X No T	06/	10/2012	\$5.00		\$5.00		
Pierre-Charles Residential Street Address 221 High Ridge Dr Principal Occupation Student Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with a fundraising event listed in Section J1? We have the principal Check of David Personal Check of David City Bridgeport CT 06606 CT 06606 Amount of Contribution dependent child of a lobbyist, spouse, or dependent child of a lobbyist? Yes Amount of Contribution of Contribution Amount of Contribution of Contribution of Aggregate Contributions State 2ip Code CT 06606 Amount of Contribution of Contribution of Aggregate Contributions Amount of Contribution of Contribution of Aggregate Contributions State 2ip Code Amount of Contribution of Contribution of Aggregate Contributions Amount of Contribution	If yes, list Event # Money Order Credit/Debit Card							
Residential Street Address 221 High Ridge Dr Principal Occupation Student Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with a fundraising event listed in Section J1? We have a state contract or prospective state contractor? Personal Check Obi/10/2012 State Zip Code CT Ob6606 CT Amount of Contribution Amount of Contribution Amount of Contribution Aggregate Contributions \$55.00	Last Name	First			MI	Contribution ID #		
Principal Occupation Student Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with a fundraising event listed in Section J1? Amount of Contribution dependent child of a lobbyist? X No X	Pierre-Charles		David			0107		
Principal Occupation Student Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with a fundraising event listed in Section J1? Name of Employer Security Secu	Residential Street Address	City			State	Zip Code		
Student Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with a fundraising event listed in Section J1? Yes X No	221 High Ridge Dr		Bridgeport		CT	06606		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with a fundraising event listed in Section J1? No Amount of Contribution Yes X No No Personal Check O6/10/2012 \$5.00 \$5.00 Amount of Contribution Yes X No No No No No No No	Principal Occupation	-	Name of Employ	er	•	•		
If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with a fundraising event listed in Section J1? Ves If yes, indicate which branch or branches of government the contract is with: Executive Legislative Legislative It yes It	Student							
If yes, indicate which branch or branches of government the contract is with: Legislative Legislative Date Received Aggregate Contributions Legislative Aggregate Contributions X No Personal Check O6/10/2012 \$5.00	Is contributor a principal of a state contractor or prospective state contractor?	0		Vac	Amou	nt of Contribution		
Is this contribution associated with a fundraising event listed in Section J1? Ves X No No Personal Check No Personal Check No No No No No No No N		-	dependent child of	of a foodyist?				
fundraising event listed in Section J1? X No	Evacutiva Lagislativa			X No				
Tundraising event listed in Section J1? X No	Voc	Date	Received	Aggregate Contributions				
│ No	fundraising event listed in Section J1?							
		06/	10/2012	\$5.00		\$5.00		

Page 30 of 145

L MONETARY RECEIPTS (Section A-I)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	(,	TYPE OF REPORT				
Gomes 2012 July 10 Filing - Original							
B. Itemized Contributions from	m Ind	lividuals					
Last Name	First			MI	Contribution ID #		
Pires		Gloria			0108		
Residential Street Address	City			State	Zip Code		
1065 Sylvan Ave		Bridgeport		СТ	06606		
Principal Occupation		Name of Employ	er				
Hairdresser			House Salon				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution		
If yes, indicate which branch or branches of Executive Legislative			x _{No}				
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions				
fundraising event listed in Section J1?							
X No Cash Personal Check	06/	10/2012	\$5.00		\$5.00		
If yes, list Event #							
Last Name	First			MI	Contribution ID #		
Carmichael		Brenda			0109		
Residential Street Address	City			State	Zip Code		
960 Sylvan Ave	<u> </u>	Bridgeport		СТ	06606		
Principal Occupation		Name of Employ					
		NCPS					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution		
If yes, indicate which branch or branches of Executive Legislative			x _{No}				
government the contract is with: Is this contribution associated with a Method of contribution:	Doto	Received	Aggregate Contributions				
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions				
X No Cash Personal Check	06/	10/2012	\$5.00		\$5.00		
If yes, list Event #	00,	10, 2012	Ψ5.00				
Last Name	First			MI	Contribution ID #		
Gardner		Annie			0110		
Residential Street Address	City			State	Zip Code		
960 Sylvan Ave		Bridgeport		СТ	06606		
Principal Occupation		Name of Employ	er				
Disability							
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution		
If yes, indicate which branch or branches of		dependent cinia (x No				
government the contract is with: Executive Legislative		D : 1					
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions				
X No Cash Personal Check	06/	10/2012	\$5.00		\$5.00		
If yes, list Event #	00/	10,2012	43.00		43.00		
Last Name	First			MI	Contribution ID #		
Clarence		Burnett			0111		
Residential Street Address	City			State	Zip Code		
304 Beechwood Ave		Bridgeport		СТ	06604		
Principal Occupation		Name of Employ	er				
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution		
If yes, indicate which branch or branches of	-	dependent child of	or a robbyist?				
government the contract is with: Executive Legislative			x _{No}				
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions				
X No D Personal Check		10/2012	115.00		±15.00		
If yes, list Event # Money Order Credit/Debit Card	06/	10/2012	\$15.00		\$15.00		

Page 31 of 145

I. MONETARY RECEIPTS (Section A-I)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Gomes 2012 July 10 Filing - Original							
Gomes 2012			July 10 Filling - Original				
B. Itemized Contributions from	m Ind	lividuals					
Last Name	First			MI	Contribution ID #		
Kintock	G:	Linton		G: :	0112		
Residential Street Address 319 East Ave	City	Duideanaut		State	Zip Code 06610		
Principal Occupation		Bridgeport Name of Employ	er	СТ	00010		
Тіперагоссираної		rume of Employ					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution		
If yes, indicate which branch or branches of		dependent child of	of a lobbyist?				
government the contract is with: Is this contribution associated with a Method of contribution: Method of contribution:	Data	Received		ŀ			
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions				
X No Cash Personal Check	06/	10/2012	\$5.00		\$5.00		
If yes, list Event#							
Last Name	First			MI	Contribution ID #		
Thomson		Calvin			0113		
Residential Street Address	City	B : 1		State	Zip Code		
85 Judson Pl Principal Occupation		Bridgeport Name of Employ	er	СТ	06610		
Тіперагоссарацоп		rvanic of Employ	Ci				
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	unt of Contribution		
If was indicate which branch or branches of	0	dependent child of	of a lobbyist?				
government the contract is with:			x _{No}				
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions				
X No Resonal Check	06/	10/2012	\$5.00		\$5.00		
If yes, list Event #	00/	10/2012	\$3.00				
Last Name	First			MI	Contribution ID #		
Burnett		Damian			0114		
Residential Street Address	City			State	Zip Code		
304 Beechwood Ave	<u> </u>	Bridgeport		СТ	06604		
Principal Occupation		Name of Employ	er				
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	ant of Contribution		
Yes A N	0	dependent child of					
If yes, indicate which branch or branches of government the contract is with:			x _{No}				
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions				
fundraising event listed in Section J1? X No	l						
If yes, list Event # No Money Order Credit/Debit Card	06/	10/2012	\$5.00		\$5.00		
Last Name	First			MI	Contribution ID #		
Horwitz		Scott			0115		
Residential Street Address	City			State	Zip Code		
110 Bartram Ave		Bridgeport		СТ	06605		
Principal Occupation		Name of Employ					
Education		Norwa		A			
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	o	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution		
If yes, indicate which branch or branches of Executive Legislative			x _{No}	1			
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1			
fundraising event listed in Section J1? Yes X Cash Personal Check							
If yes, list Event #	06/	10/2012	\$5.00		\$5.00		

Page 32 of 145

I, MONETARY RECEIPTS (Section A-I)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	- (-		TYPE OF REPORT				
Gomes 2012			July 10 Filing - Original				
B. Itemized Contributions from Individuals							
Last Name	First			MI	Contribution ID #		
DeBarros		Joao		С	0116		
Residential Street Address	City			State	Zip Code		
650 Grand St		Bridgeport		СТ	06604		
Principal Occupation		Name of Employ					
		Retire			nt of Contribution		
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes	o	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution		
If yes, indicate which branch or branches of Executive Legislative			x _{No}				
government the contract is with:	Date	Received	Aggregate Contributions				
is this contribution associated with a fundraising event listed in Section J1?							
If yes, list Event # 06102012A No S No No No No Noney Order Credit/Debit Card	06/	10/2012	\$5.00		\$5.00		
If yes, list Event # 06102012A	<u> </u>						
Last Name	First			MI	Contribution ID #		
DePina		Idalina			0117		
Residential Street Address	City			State	Zip Code		
485 Hart St		Bridgeport		СТ	06606		
Principal Occupation		Name of Employ					
Supervisor Is contributor a principal of a state contractor or prospective state contractor?		Aptar	obbyist, spouse, or	Amou	nt of Contribution		
is contributor a principal of a state contractor or prospective state contractor? Yes X N	o	dependent child of	Vac	Amou	iit of Contribution		
If yes, indicate which branch or branches of Executive Legislative			x _{No}				
government the contract is with:	Date	Received	Aggregate Contributions				
s this contribution associated with a fundraising event listed in Section J1?							
No No Personal Check	06/	10/2012	\$5.00		\$5.00		
If yes, list Event # 06102012A							
Last Name	First			MI	Contribution ID #		
Monteiro		Marlene			0118		
Residential Street Address	City			State	Zip Code		
325 Lafayette St # U8005		Bridgeport		СТ	06604		
Principal Occupation		Name of Employ					
Academic Advisor			Jniversity				
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes	o	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution		
If yes, indicate which branch or branches of Executive Legislative		-	x _{No}				
government the contract is with:	Date	Received	Aggregate Contributions				
s this contribution associated with a fundraising event listed in Section J1?							
No No Personal Check	06/	10/2012	\$10.00		\$10.00		
If yes, list Event # 06102012A							
Last Name	First			MI	Contribution ID #		
Gomez		Eugenia			0119		
Residential Street Address	City			State	Zip Code		
150 Pequonnock St		Bridgeport		СТ	06604		
Principal Occupation		Name of Employ Self	er				
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution		
	0	dependent child of	· ·				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}				
Is this contribution associated with a X Voc	Date	Received	Aggregate Contributions				
Tunidiasing event listed in Section 71:							
If yes, list Event # 06102012A Solution In the Cash Solution Credit/Debit Card	06/	10/2012	\$10.00		\$10.00		

Page 33 of 145

I, MONETARY RECEIPTS (Section A-I)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	- (TYPE OF REPORT				
Gomes 2012			July 10 Filing - Original				
B. Itemized Contributions from	n Ind	lividuals					
Last Name	First			MI	Contribution ID #		
Monteiro		Maria		Α	0120		
Residential Street Address	City			State	Zip Code		
216 Wells St		Bridgeport		CT	06606		
Principal Occupation		Name of Employ	er				
		Bridge	eport Health Care				
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution		
If yes, indicate which branch or branches of		dependent child c					
government the contract is with: Is this contribution associated with a Method of contribution: Method of contribution:	Doto	Received	Aggregate Contributions				
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions				
No X Cash Personal Check	06/	10/2012	\$5.00		\$5.00		
If yes, list Event # 06102012A	00/	10/2012	\$5.00		\$5.00 		
Last Name	First			MI	Contribution ID #		
Silva		Joaquim		R	0121		
Residential Street Address	City	· · · · · · · · · · · · · · · · · · ·		State	Zip Code		
620 Wood Ave		Bridgeport		CT	06605		
Principal Occupation		Name of Employ	er				
Supervisor		Corne	ell Carr				
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	nt of Contribution		
If yes, indicate which branch or branches of	_	dependent child of	or a robbyist?				
government the contract is with:			x No				
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions				
Cash Personal Check			400.00				
If yes, list Event # Money Order Credit/Debit Card	06/	10/2012	\$20.00		\$20.00		
Last Name	First			MI	Contribution ID #		
DePina DePina	First	Veronica		IVII	0122		
Residential Street Address	City	Veronica		State	Zip Code		
423 Wayne St		Bridgeport		СТ	06606		
Principal Occupation		Name of Employ	er				
		St Vir	ncent Medical Center				
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	nt of Contribution		
If yes, indicate which branch or branches of	,	dependent child of	or a robbyist:				
government the contract is with: Executive Legislative			x _{No}				
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions				
Tuildiasing event isted in Section 31?							
If yes, list Event # 06102012A	06/	10/2012	\$10.00		\$10.00		
Last Name	First			MI	Contribution ID #		
Zeco	First	Jose		IVII	0123		
Residential Street Address	City	3030		State	Zip Code		
176 Federal St		Bridgeport		CT	06606		
Principal Occupation		Name of Employ	er				
Machine Operator		Corne	ell Carr				
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution		
If yes, indicate which branch or branches of	,	dependent child of	of a foodyist?				
government the contract is with: Executive Legislative			x _{No}				
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions				
tundraising event risted in Section 31?							
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	06/	10/2012	\$20.00	<u></u>	\$20.00		

Page 34 of 145

I. MONETARY RECEIPT	S (S	ection A-I)	1			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT						
Gomes 2012 July 10 Filing - Original						
B. Itemized Contributions from	m Ind	lividuals				
Last Name	First			MI	Contribution ID #	
Pacynko		Janina			0124	
Residential Street Address	City			State	Zip Code	
227 Ellsworth St		Bridgeport		СТ	06605	
Principal Occupation Housewife		Name of Employ None	er			
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution	
If yes, indicate which branch or branches of	0	dependent child of	of a lobbyist?			
government the contract is with:	Б.	D : 1				
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions			
X No Cash Personal Check	06/	10/2012	\$5.00		\$5.00	
If yes, list Event #		-, -	12.22			
Last Name	First			MI	Contribution ID #	
Shishkin		Katy			0125	
Residential Street Address	City			State	Zip Code	
186 Ellsworth St Frnt	<u> </u>	Bridgeport		СТ	06606	
Principal Occupation Software QA		Name of Employ Qualio				
			obbyict chause or	Amou	ant of Contribution	
Yes X N	o	dependent child of	Vac			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No			
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions			
Tundraising event listed in Section J1?						
If yes, list Event # Cash Cash Cash Cash Cash Cash Cash Cash	06/	10/2012	\$5.00		\$5.00	
I av	First			MI	Louis Bu	
Last Name Slinko	FIISt	Catherine		IVII	Contribution ID # 0126	
Residential Street Address	City	Catherine		State	Zip Code	
204 Ellsworth St		Bridgeport		СТ	06605	
Principal Occupation		Name of Employ	er	1		
Teacher		St Pe	ter's School			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution	
If yes, indicate which branch or branches of		dependent enna (I a loooyist:			
government the contract is with.	Date	Received	Aggregate Contributions			
fundraising event listed in Section J1?	Dute	received	riggiogue Controutions			
If yes, list Event #	06/	10/2012	\$10.00		\$10.00	
Last Name	First			MI	Contribution ID #	
Lang		Joel		М	0127	
Residential Street Address	City			State	Zip Code	
247 Grover's Ave		Bridgeport		СТ	06605	
Principal Occupation		Name of Employ	er			
Retired		None				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution	
If yes, indicate which branch or branches of Executive Legislative		1	x _{No}			
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions			
fundraising event listed in Section J1?			55 -5			
If yes list Event #	06/	10/2012	\$5.00		\$5.00	

Page 35 of 145

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Source
B. Itemized Contributions from Individuals East Name
Last Name First Robert MI Contribution ID # 0128
Robert 0128 Residential Street Address City Bridgeport CT 06605 Principal Occupation IT Consultant Gartner, Inc Is contributor a principal of a state contractor or prospective state contractor?
Residential Street Address 78 Bartram Ave Principal Occupation IT Consultant South Executive
Principal Occupation IT Consultant Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # Last Name Personal Check Of/10/2012 \$5.00 \$5.00 Last Name First Mil Contribution ID # Ostrow Gail O129 Residential Street Address First Sitate Zip Code Zip
Principal Occupation IT Consultant Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # Date Received Aggregate Contributions
IT Consultant Gartner, Inc
Is contributor a principal of a state contractor or prospective state contractor? Yes X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No Yes X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist, spouse, or dependent child of a lobbyist? Yes X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist?
If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #
government the contract is with: Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # Legislative Method of contribution: Yes
fundraising event listed in Section J1? If yes, list Event # Ves X No No Noney Order Personal Check Credit/Debit Card Personal Check O6/10/2012 \$5.00 \$5.00
If yes, list Event #
If yes, list Event #
Ostrow Residential Street Address City State Zip Code T8 Bartram Ave Bridgeport CT 06605 Principal Occupation Educator Is contributor a principal of a state contractor or prospective state contractor? Tyes No Bridgeport Fairfield University Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Amount of Contribution
Ostrow Residential Street Address City State Zip Code T8 Bartram Ave Bridgeport CT 06605 Principal Occupation Educator Is contributor a principal of a state contractor or prospective state contractor? Tyes No Bridgeport Fairfield University Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Amount of Contribution
Principal Occupation Educator Is contributor a principal of a state contractor or prospective state contractor? Yes No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Amount of Contribution
Principal Occupation Educator Is contributor a principal of a state contractor or prospective state contractor? Yes X No Name of Employer Fairfield University Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Amount of Contribution
Educator Is contributor a principal of a state contractor or prospective state contractor? Yes X No
Is contributor a principal of a state contractor or prospective state contractor? Yes X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Amount of Contribution
Yes X No dependent child of a lobbyist? Yes
If yes, indicate which branch or branches of Executive Legislative
government the contract is with: Is this contribution associated with a Method of contribution: Date Received Aggregate Contributions
fundraising event listed in Section J1?
X No Cash
If yes, list Event #
Last Name First MI Contribution ID #
Feldheim Ed 0130
Residential Street Address City State Zip Code
33 Fayerweather Ter Bridgeport CT 06605
Principal Occupation Name of Employer Did a court Bubble Cabasia
Teacher Bridgeport Public Schools Is contributor a principal of a state contractor or prospective state contractor? Is contributor a lobbyist, spouse, or Amount of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Amount of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative
Is this contribution associated with a Section 112 Yes Method of contribution: Date Received Aggregate Contributions
Tundiasing event issed in section 71:
If yes, list Event # Personal Check O6/10/2012 \$5.00 \$5.00
Last Name First MI Contribution ID #
D'Andrea Frank 0131
Residential Street Address City State Zip Code
124 Seaside Ave Bridgeport CT 06605
Principal Occupation Name of Employer
Carpenter Local 2287
Is contributor a principal of a state contractor or prospective state contractor? Yes X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Amount of Contribution
If yes, indicate which branch or branches of
government the contract is with: Is this contribution associated with a Method of contribution: Date Received Aggregate Contributions
fundraising event listed in Section J1?
If yes, list Event # Personal Check O6/10/2012 \$5.00 \$5.00

Page 36 of 145

I. MONETARY RECEIPTS (Section A-I)							
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	(,	TYPE OF REPORT				
Gomes 2012 July 10 Filing - Original							
B. Itemized Contributions from	m Ind	lividuals					
Last Name	First			MI	Contribution ID #		
Watkins		Anne			0132		
Residential Street Address	City			State	Zip Code		
225 Hilltop Rd		Bridgeport		СТ	06605		
Principal Occupation		Name of Employ	er	•	•		
Consultant		Self					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution		
If yes, indicate which branch or branches of		dependent child of	of a lobbyist?				
government the contract is with:	D-4-	D i d					
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions				
x No Cash Personal Check	06/	10/2012	#F.00		+ F 00		
If yes, list Event # Money Order Credit/Debit Card	06/	10/2012	\$5.00		\$5.00		
Last Name	First			MI	Contribution ID #		
D'Andrea	FIISt	Molly		C	0133		
Residential Street Address	City	MOHY		State	Zip Code		
124 Seaside	City	Bridgeport		CT	06605		
Principal Occupation	<u> </u>	Name of Employ	er	CI	00003		
Teacher			eld Ludlowe High School				
			obbyist, spouse, or	Amou	ant of Contribution		
Is contributor a principal of a state contractor or prospective state contractor? Yes No	о	dependent child of	Vac				
If yes, indicate which branch or branches of Executive Legislative			x _{No}				
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions				
fundraising event listed in Section J1?							
X No Cash Personal Check	06/	10/2012	\$5.00		\$5.00		
If yes, list Event #		-, -	, , , , ,				
Last Name	First			MI	Contribution ID #		
Basler		Susan		L	0134		
Residential Street Address	City			State	Zip Code		
294 Brewster St		Bridgeport		СТ	06605		
Principal Occupation		Name of Employ	er		•		
Executive Director		Projec	ct Return				
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or Yes	Amou	nt of Contribution		
If yes, indicate which branch or branches of	5	dependent child of	or a robbyist?				
government the contract is with: Executive Legislative			x _{No}				
Is this contribution associated with a fundraising event listed in Section 112	Date	Received	Aggregate Contributions				
Tulidasing event instead in Section 71:							
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	06/	10/2012	\$5.00		\$5.00		
Last Name	First			MI	Contribution ID #		
Basler	11130	Frank		1411	0135		
Residential Street Address	City	TTUIK		State	Zip Code		
294 Brewster St	City	Bridgeport		CT	06605		
Principal Occupation	<u> </u>	Name of Employ	er	<u>.</u>			
			ed Consultant				
Is contributor a principal of a state contractor or prospective state contractor?	2	Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution		
If yes, indicate which branch or branches of	~	dependent child of	or a robbyist?				
government the contract is with:			x _{No}				
Is this contribution associated with a fundraising event listed in Section 112	Date	Received	Aggregate Contributions				
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	06/	10/2012	\$5.00		\$5.00		

Page 37 of 145

I. MONETARY RECEIPT	S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Gomes 2012			July 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Barthe		Genevieve			0136
Residential Street Address	City			State	Zip Code
87 Bennett St	L	Bridgeport		СТ	06605
Principal Occupation		Name of Employ	er		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of		dependent child o	a lobbyist?		
government the contract is with:		D 1 1			
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
X No Cash Personal Check	067	10/2012	¢Ε.00		\$5.00
If yes, list Event # Money Order Credit/Debit Card	06/	10/2012	\$5.00		\$5.00
Last Name	First			MI	Contribution ID #
Birosock		Michael			0137
Residential Street Address	City			State	Zip Code
401 Court D Success VIg		Bridgeport		СТ	06610
Principal Occupation		Name of Employ	er	•	
		Unem	ployed		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Gallablariet2 Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of	•	dependent child of	if a lobbyist?		
government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with a fundamining event listed in Section 112	Date	Received	Aggregate Contributions		
Tundraising event listed in Section 31:					
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	06/	10/2012	\$5.00		\$5.00
Last Name	First			MI	Contribution ID #
DePina		Ana		G	0138
Residential Street Address	City			State	Zip Code
425 Wayne St		Bridgeport		СТ	06606
Principal Occupation	•	Name of Employ	er		•
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of		dependent child of	a lobbyist:		
government the contract is with:			x No		
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
No Section 11:	064	10/2012	+5.00		+5.00
If yes, list Event # 06102012A No Money Order Credit/Debit Card	06/	10/2012	\$5.00		\$5.00
Last Name	First			MI	Contribution ID #
Gibbs	1 1130	Bruce		1411	0139
Residential Street Address	City			State	Zip Code
304 Beechwood Ave		Bridgeport		СТ	06604
Principal Occupation		Name of Employe	er	!	!
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a le dependent child of	obbyist, spouse, or If a lobbyist? Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of		dependent einid t	x No		
government the contract is with:	D.	Danaire 4			
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions		
No X Cash Personal Check	06/	10/2012	\$5.00		\$5.00
If yes_list Event # 06102012A Money Order Credit/Debit Card	1 .		•	I	

Page 38 of 145

I. MONETARY RECEIPT	S (S	ection A-I)	TYPE OF REPORT		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Gomes 2012					
Goines 2012			July 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Lodson-Lang		Tiffany			0140
Residential Street Address	City	Duideeset		State	Zip Code
275 Pasadena Pl Principal Occupation		Bridgeport Name of Employ	or	СТ	06610
Educator			f Bridgeport - BOE		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of	0	dependent child of	of a lobbyist?		
government the contract is with: Executive Legislative	Б.	D : 1	x _{No}		
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
X No Cash Personal Check	06/	10/2012	\$5.00		\$5.00
If yes, list Event #	00,	10, 2012	45.00		
Last Name	First			MI	Contribution ID #
Langley		Ann			0141
Residential Street Address	City			State	Zip Code
21 Lantern Hill Rd	<u> </u>	Trumbull		СТ	06611
Principal Occupation		Name of Employ			
Teacher Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amor	ant of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	dependent child of	Vac	Amot	in of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with a Sociated with a Yes Method of contribution:	Date	Received	Aggregate Contributions		
Tundraising event listed in Section J1?					
If yes, list Event #	06/	10/2012	\$20.00		\$20.00
	I			l I	I
Last Name de Rosario	First	Eduardo		MI	Contribution ID # 0142
Residential Street Address	City	Edual do		State	Zip Code
45 Balsam Ave		Bridgeport		СТ	06606
Principal Occupation		Name of Employ	er	l	
		O&G			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.	o		obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of		dependent child of	i a loooyist:		
government the contract is with: Is this contribution associated with a Method of contribution: Method of contribution:	Doto	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
No Cash Personal Check	06/	10/2012	\$10.00		\$10.00
If yes, list Event # 06102012A					
Last Name	First			MI	Contribution ID #
Cahill		Dennis			0143
Residential Street Address	City	5		State	Zip Code
651 State St # 214	_	Bridgeport	ON.	СТ	06604
Principal Occupation Retired		Name of Employ None	ei		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	ant of Contribution
Yes X No	О	dependent child of	Vac		
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1	
Tundraising event fisted in Section 31?					
X No Cash Personal Check Money Order Credit/Debit Card	06/	10/2012	\$5.00		\$5.00

Page 39 of 145

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT July 10 Filing - Original					
Gomes 2012 July 10 Filing - Original								
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Rosenberg		Samantha			0144			
Residential Street Address	City			State	Zip Code			
299 Greenbriar Dr		Cheshire		СТ	06410			
Principal Occupation Teacher		Name of Employ Bridge	er eport BOE					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution			
)	dependent child of						
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
x Cash Personal Check								
If yes, list Event #	06/:	10/2012	\$5.00		\$5.00			
Last Name	First			MI	Contribution ID #			
Franklin		Daisy			0145			
Residential Street Address	City	<u>, , , , , , , , , , , , , , , , , , , </u>		State	Zip Code			
82 S Main St # 2		Norwalk		СТ	06852			
Principal Occupation		Name of Employ	er	-	•			
Unemployed		None						
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of government the contract is with:		dependent enna c	x No					
Is this contribution associated with a for decision word lived in Section 119 Yes Method of contribution:	Date	Received	Aggregate Contributions	1				
fundraising event listed in Section J1? X No Personal Check	06/	10/2012	\$5.00		\$5.00			
If yes, list Event #	00/	10/2012	\$5.00		\$3.00			
Last Name	First			MI	Contribution ID #			
Bell		Willie			0146			
Residential Street Address	City			State	Zip Code			
326 E Washinton Ave # B93		Bridgeport		СТ	06608			
Principal Occupation		Name of Employ						
None — — — —		Disab		1	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	obbyist, spouse, or	Amot	nt of Contribution			
If yes, indicate which branch or branches of government the contract is with:			□ No					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1				
tundraising event listed in Section 31?								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	06/:	10/2012	\$5.00		\$5.00			
Last Name	First			MI	Contribution ID #			
Gomes		Lenny			0147			
Residential Street Address	City			State	Zip Code			
477 Indian Ave		Bridgeport		СТ	06606			
Principal Occupation		Name of Employ						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution			
Yes X No)	dependent child of	of a lobbyist?	1				
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	7				
Tunidasing event listed in Section 31:								
If yes list Event # 06102012A No Cash Personal Check	06/	10/2012	\$10.00		\$10.00			

Page 40 of 145

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	- (TYPE OF REPORT						
Gomes 2012			July 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Martins		Antonio			0148				
Residential Street Address	City			State	Zip Code				
78 Bankside St		Bridgeport		СТ	06606				
Principal Occupation		Name of Employ	er						
Machine Operator		Alloy							
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child c	·						
government the contract is with: Executive Legislative	В.	D : 1							
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
No X Cash Personal Check	06/	10/2012	¢10.00		\$10.00				
If yes, list Event # 06102012A	06/	10/2012	\$10.00		\$10.00				
Last Name	First			MI	Contribution ID #				
Dos Santos		Luis		M	0149				
Residential Street Address	City			State	Zip Code				
66 Porter St		Bridgeport		СТ	06606				
Principal Occupation		Name of Employ	er	!					
		Three	-Zero-Three-Zero						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a fundaminary and the section 112.	Date	Received	Aggregate Contributions						
x Cash Personal Check									
If yes, list Event # 06102012A	06/	10/2012	\$20.00		\$20.00				
Lad Norma	First			MI	Contribution ID #				
Last Name Gomes	FIISt	Chris		IVII	0150				
Residential Street Address	City	CIIIIS		State	Zip Code				
501 Pequonnock St	City	Bridgeport		CT	06604				
Principal Occupation		Name of Employ	er						
		Stude	ent						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution				
If yes, indicate which branch or branches of	,	dependent child of	•						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a fundaminary and the section 112.	Date	Received	Aggregate Contributions						
Tuildiasing event issed in Section 31?									
If yes, list Event # 06102012A	06/	10/2012	\$10.00		\$10.00				
Last Name	Pit			MI	Contribution ID#				
Fidalgo	First	Dinis		MII	Contribution ID # 0151				
Residential Street Address	City	Dillis		State	Zip Code				
175 Jennings Ave	City	Bridgeport		CT	06610				
Principal Occupation		Name of Employ	er	<u> </u>	00010				
Machine Operator		Alloy							
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution				
)	dependent child of	of a foodyfst?						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
X Cook Personal Cheek									
If yes, list Event # 06102012A	06/	10/2012	\$10.00		\$10.00				

Page 41 of 145

I. MONETARY RECEIPT	S (Se	ection A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		
Gomes 2012	July 10 Filing - Original				
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Aranjo		João		L	0152
Residential Street Address	City			State	Zip Code
26 Grenelle St	L.,	Bridgeport		СТ	06606
Principal Occupation		Name of Employ	er		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of	0	dependent child of	of a lobbyist?		
government the contract is with:	لــــا		x _{No}		
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions		
No Resonal Check	06.1	10/2012	\$10.00		¢10.00
If yes, list Event # 06102012A	06/.	10/2012	\$10.00		\$10.00
Last Name	First			MI	Contribution ID #
Monteiro		Silvino			0153
Residential Street Address	City			State	Zip Code
548 Pequonnock St		Bridgeport		СТ	06604
Principal Occupation		Name of Employ	er		
			mployed		
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes	0	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of Executive Legislative					
government the contract is with:	Data	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
No X Cash Personal Check	06/	10/2012	\$20.00		\$20.00
If yes, list Event # 06102012A	00,	10,2012	Ψ20.00		\$20.00
Last Name	First			MI	Contribution ID #
DosSantos		Beatriz			0154
Residential Street Address	City			State	Zip Code
652 Grand St		Bridgeport		СТ	06604
Principal Occupation		Name of Employ	er		
Cook		Water			
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		•	x _{No}		
government the contract is with:	Date	Received	Aggregate Contributions		
s this contribution associated with a fundraising event listed in Section J1?					
If yes, list Event # 06102012A No XX Cash Personal Check Money Order Credit/Debit Card	06/:	10/2012	\$5.00		\$5.00
If yes, list Event # 06102012A					
Last Name	First			MI	Contribution ID #
Fidalgo, Jr		Denis			0155
Residential Street Address	City			State	Zip Code
175 Jennings Ave		Bridgeport		СТ	06610
Principal Occupation		Name of Employ	er of South Central CT		
Is contributor a principal of a state contractor or prospective state contractor?			obbriet enouge or	Amou	unt of Contribution
	0	dependent child of			
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1	
Tunidialising event listed in Section 31:					
If yes, list Event # 06102012A No Money Order Credit/Debit Card	06/	10/2012	\$5.00		\$5.00

Page 42 of 145

I. MONETARY RECEIPT	S (Se	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT July 10 Filing - Original		
Gomes 2012			July 10 Filling - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Silva		Carlos			0156
Residential Street Address	City			State	Zip Code
66 Cleveland Ave		Bridgeport		СТ	06606
Principal Occupation		Name of Employe	er mployed		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution
Yes X No)	dependent child o	37		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with a fundaciona quent listed in Section 112	Date	Received	Aggregate Contributions		
X Cash Personal Check					
If yes, list Event # 06102012A No Money Order Credit/Debit Card	06/:	10/2012	\$5.00		\$5.00
Last Name	First			MI	Contribution ID #
Green	riist	Jonathan		IVII	0157
Residential Street Address	City	Jonathan		State	Zip Code
397 5th Ave		Brooklyn		NY	11215
Principal Occupation		Name of Employe	er	•	-
Organizer		Worki	ng Families		
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or	Amou	nt of Contribution
If yes, indicate which branch or branches of		dependent child o	i a lobbyist?		
government the contract is with: Executive Legislative		D 1 1	□ No		
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions		
X No Cash X Personal Check	06/	19/2012	\$50.00		\$50.00
If yes, list Event # Money Order Credit/Debit Card	00/	15/2012	Ψ50.00		450.00
Last Name	First			MI	Contribution ID #
Thor		Peter			0158
Residential Street Address	City			State	Zip Code
4 Betts Pl		Norwalk		СТ	06855
Principal Occupation		Name of Employe			
Director			il 4 AFSCME		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a lo dependent child o	bbbyist, spouse, or f a lobbyist? Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of Government the contract is with: Executive Legislative			□ No		
Is this contribution associated with a Mathed of contribution.	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1? Yes Yes X Personal Check					
If yes, list Event #	06/	19/2012	\$100.00		\$100.00
in you, in 2001 in the control of th					
Last Name	First			MI -	Contribution ID #
Swan	G'i	Thomas		R	0159
Residential Street Address 155 Standish Rd	City	Coventry		State CT	Zip Code 06238
Principal Occupation		Name of Employe	er .	<u> </u>	00230
Organizer			an for Congress		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a le	obbyist, spouse, or	Amou	nt of Contribution
If we indicate which branch or branches of	,	dependent child o	i a ioooyist?		
government the contract is with: Executive Legislative			No]	
Is this contribution associated with a fundraicing event listed in Section 112	Date	Received	Aggregate Contributions		
tundraising event listed in Section 31?		10/2012			+100.00
If yes, list Event # Cash Anney Order Credit/Debit Card	06/	19/2012	\$100.00		\$100.00

Page 43 of 145

I. MONETARY RECEIPT	S (Se	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT July 10 Filing - Original		
Gomes 2012			July 10 1 lilling - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Hynes		Aldon			0160
Residential Street Address	City			State	Zip Code
10 Barberry Ln		Woodbridge		СТ	06525
Principal Occupation Social Media Manager		Name of Employe	er nunity Health Center		
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of	,	dependent child o	a lobbyist?		
government the contract is with: Is this contribution associated with a Method of contribution: Method of contribution:	Data	Received	Aggregate Contributions	-	
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
X No Cash X Personal Check	06/:	19/2012	\$25.00		\$25.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
Bartlett-Josie	-	Christine			0161
Residential Street Address	City	New Heyen		State	Zip Code 06571
1 University PI Principal Occupation		New Haven	or	СТ	063/1
Fundraiser			van for Congress		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	ant of Contribution
)	dependent child o	f a lobbyist?		
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions]	
rundraising event listed in Section 31?					
If yes, list Event #	06/:	19/2012	\$20.00		\$20.00
Last Name	First			MI	Contribution ID #
Alfonso		Maria		С	0162
Residential Street Address	City			State	Zip Code
256 Brimfield Rd		Wethersfield		СТ	06109
Principal Occupation		Name of Employ	er		
Service Representative			ME Council 4		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a le dependent child of	obbyist, spouse, or f a lobbyist?	Amou	unt of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		•	x No		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1	
Tunidasing event listed in Section 31:					
If yes, list Event # Cash Cash Personal Check Money Order Credit/Debit Card	06/:	19/2012	\$50.00		\$50.00
Last Name	First			MI	Contribution ID #
Anderson	1 1150	Brian			0163
Residential Street Address	City			State	Zip Code
23 Ridge Rd		Mansfield		СТ	06268
Principal Occupation		Name of Employ	er	-	•
Legis & Political Representative			il 4 AFSCME		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a le dependent child of	obbyist, spouse, or f a lobbyist? X	Amou	ınt of Contribution
If yes, indicate which branch or branches of		acpendent child (
government the contract is with:	Date	Received	Aggregate Contributions	-	
fundraising event listed in Section J1?	Date				
If yes, list Event # Cash X Personal Check Money Order	06/:	19/2012	\$100.00		\$100.00

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Gomes 2012			July 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Jeter-Wilcox		Kizzy			0164				
Residential Street Address	City			State	Zip Code				
1492 North Ave # 105	Ļ.,	Bridgeport		СТ	06604				
Principal Occupation		Name of Employ BOE	er						
Special Ed Para Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	ant of Contribution				
is contributor a principal of a state contractor or prospective state contractor?	o	dependent child of	Voc	7111100	ant of Controllion				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	06/	19/2012	\$10.00		\$10.00				
	<u> </u>								
Last Name	First			MI	Contribution ID #				
Brokman Residential Street Address	City	Matthew		State	0165 Zip Code				
120 Dwight St # 606	City	New Haven		CT	06511				
Principal Occupation	-	Name of Employ	er	Ci	00311				
Leg & Pol Rep			cil 4 AFSCME						
Is contributor a principal of a state contractor or prospective state contractor? Yes X N		Is contributor a l	obbyist, spouse, or	Amou	int of Contribution				
If yes, indicate which branch or branches of	0	dependent child of	of a lobbyist?						
government the contract is with: Executive Legislative			□ No						
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
Cash X Personal Check									
If yes, list Event # Money Order Credit/Debit Card	06/	19/2012	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Wheeler	1 1150	Philip		A	0166				
Residential Street Address	City	<u> </u>		State	Zip Code				
176 Middle Haddam Rd		Middle Hadda	am	СТ	06456				
Principal Occupation		Name of Employ	er	-	-				
		Retire	ed						
Is contributor a principal of a state contractor or prospective state contractor?	lo	Is contributor a le dependent child of	obbyist, spouse, or Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of		dependent cinia c	x No						
government the contract is with: Is this contribution associated with a Method of contribution: Method of contribution:	Doto	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions						
X No Cash X Personal Check	06/	19/2012	\$100.00		\$100.00				
If yes, list Event #		<i>'</i>	·						
Last Name	First			MI	Contribution ID #				
Montalvo		Anna			0167				
Residential Street Address	City			State	Zip Code				
103 Dorman Dr	L.,	Naugatuck		CT					
Principal Occupation		Name of Employ							
Sec. Pg. M. Assist.			of Bridgeport / BOE	A	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	io	dependent child of	obbyist, spouse, or Of a lobbyist?	Amou	int of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
Is this contribution accounted with a Mothod of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?			-						
If yes, list Event # X Cash Personal Check	06/	19/2012	\$20.00		\$20.00				

Page 45 of 145

I. MONETARY RECEIPT	S (Se	ction A-I)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)					
Gomes 2012			July 10 Filing - Original		
B. Itemized Contributions from	m Indi	ividuals			
Last Name	First			MI	Contribution ID #
Cortello		Dolores			0168
Residential Street Address	City			State	Zip Code
198 Queen St	 	Bridgeport		СТ	06606
Principal Occupation		Name of Employe	er		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amor	unt of Contribution
Yes X No	О	dependent child o	Vac	1 111100	ant of Commount
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with a fundraising event listed in Section 112	Date R	Received	Aggregate Contributions		
Tulidatishing event instead in Section 31:					
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	06/1	9/2012	\$5.00		\$5.00
				l	
Last Name	First			MI	Contribution ID #
Vargas, Jr Residential Street Address	City	Edwin		C+-+-	0169
141 Douglas St	City	Hartford		State CT	Zip Code 06114
Principal Occupation	<u> </u>	Name of Employe	er	Ci	00114
The story of the s		Retire			
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution
	0	dependent child o	i a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:		_	x _{No}		
Is this contribution associated with a fundraising event listed in Section 112	Date R	Received	Aggregate Contributions		
Tulidasing event instead in Section 71:					
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	06/1	9/2012	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Townsend	1 1130	Lidia		E E	0170
Residential Street Address	City	2.0.0		State	Zip Code
51 Crestwood Rd		Monroe		СТ	06468
Principal Occupation	<u> </u>	Name of Employe	er	!	
Special Ed Para		City o	f Bridgeport BOE		
Is contributor a principal of a state contractor or prospective state contractor?	.0		obbyist, spouse, or fallohbyigt? Yes	Amou	int of Contribution
If yes, indicate which branch or branches of		dependent child o	i a loodyist:		
government the contract is with: Executive Legislative		1	X No		
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date R	Received	Aggregate Contributions		
X No Cash Personal Check	06/1	9/2012	\$10.00		\$10.00
If yes, list Event #	00/1	3/2012	Ψ10.00		¥10.00
Last Name	First			MI	Contribution ID #
Provey		Joe			0171
Residential Street Address	City			State	Zip Code
44 Hackley St		Bridgeport		СТ	06605
Principal Occupation		Name of Employe	er		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a le dependent child o	obbyist, spouse, or fa lobbyist? Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of Executive Legislative		omid o	x No		
government the contract is with:	Date P	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Date N	COSCITOU	. 1881-1840 Contributions		
If yes list Event #	06/1	9/2012	\$5.00		\$5.00

Page 46 of 145

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT						
Gomes 2012	July 10 Filing - Original								
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Etzold		Nicole			0172				
Residential Street Address	City			State	Zip Code				
65 Ellsworth St # 303		Bridgeport		СТ	06605				
Principal Occupation Realtor		Name of Employ Self	er						
			obbyist, spouse, or	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	Vac	111100	ant of Controllion				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
Tulidasing event instead in Section 31:									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	06/	19/2012	\$5.00		\$5.00				
	I								
Last Name	First	5		MI	Contribution ID #				
Moore Residential Street Address	City	David		M State	0173 Zip Code				
267 Ellsworth St # 7C	City	Bridgeport		CT	06605				
Principal Occupation		Name of Employ	er	CI	1 00003				
		1 ,							
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of	3	dependent child of	of a lobbyist?						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a Gundanicing quent listed in Section 112	Date	Received	Aggregate Contributions						
x Cash Personal Check									
If yes, list Event # Money Order Credit/Debit Card	06/	19/2012	\$5.00		\$5.00				
Last Name	First			MI	Contribution ID #				
Piascik	1 1100	Andy			0174				
Residential Street Address	City	<u> </u>		State	Zip Code				
25 Cartright St		Bridgeport		СТ	06604				
Principal Occupation		Name of Employ	er	=	•				
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of		dependent ennu (x No						
government the contract is with: Is this contribution associated with a Method of contribution: Method of contribution:	Doto	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions						
X No Cash Personal Check	06/	19/2012	\$5.00		\$5.00				
If yes, list Event #			·						
Last Name	First			MI	Contribution ID #				
Manning		Gerald		L	0175				
Residential Street Address	City			State	Zip Code				
195 Grovers Ave		Bridgeport		СТ	06605				
Principal Occupation		Name of Employ							
Small Business Owner Is contributor a principal of a state contractor or prospective state contractor?			ing International obbyist, spouse, or	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of		Amou	an or Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
Is this contribution associated with a Mathod of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1? Yes X Cash Personal Check									
If yes, list Event #	06/	19/2012	\$10.00		\$10.00				

Page 47 of 145

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	- (TYPE OF REPORT						
Gomes 2012			July 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Blackwell		Kayla		М	0176				
Residential Street Address	City			State	Zip Code				
215 Roosevelt Ave		Stratford		СТ	06615				
Principal Occupation		Name of Employ	er						
Intern - Component Integration		Sikors	sky Aircraft Corporation						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		dependent ennu (x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
If yes, list Event #	06/:	19/2012	\$5.00		\$5.00				
I you, list Event " Event book Card				l					
Last Name	First			MI	Contribution ID #				
Mackey		Rison			0177				
Residential Street Address	City			State	Zip Code				
24 White St		Stratford		СТ	06615				
Principal Occupation		Name of Employ							
Cook Is contributor a principal of a state contractor or prospective state contractor?			ewood at Orange obbyist, spouse, or	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	Vac	Amot	ant of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?			86 18						
x No Cash Personal Check	06/:	19/2012	\$5.00		\$5.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Feng		Theodore			0178				
Residential Street Address	City			State	Zip Code				
33 Inglenook Rd		New Fairfield		СТ	06812				
Principal Occupation		Name of Employ	er						
Labor Representative		UAW							
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		F	X No						
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Dute	received	riggregate contributions						
X No Cash Personal Check	06/:	19/2012	\$100.00		\$100.00				
If yes, list Event #		,	·		·				
Last Name	First			MI	Contribution ID #				
Mosley		Ernest		I	0179				
Residential Street Address	City			State	Zip Code				
50 Idlewood Rd		Wolcott		СТ	06716				
Principal Occupation		Name of Employ	er						
Housing Management			Opportunities Inc						
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
Is this contribution associated with a Mathed of contribution.	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Date		opropare Commounding						
X No Cash X Personal Check	06/	19/2012	\$100.00		\$100.00				
If yes, list Event #	ı			I					

Page 48 of 145

L MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	(,	TYPE OF REPORT						
Gomes 2012 July 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Rexford		Jean			0180				
Residential Street Address	City			State	Zip Code				
26 W Woodland Dr	L	Redding		СТ	06896				
Principal Occupation Executive Director		Name of Employ	er enter for Patient Safety						
				Amou	unt of Contribution				
Yes X No	o	dependent child of	IXI Vac						
If yes, indicate which branch or branches of government the contract is with:			No						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
rundraising event risted in section 31:									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	06/	19/2012	\$100.00		\$100.00				
L W	F: .			L	Louis B"				
Last Name Olson	First	John		MI W	Contribution ID #				
Residential Street Address	City	JOIIII		State	Zip Code				
574 Maplewood Ave		Bridgeport		CT	06605				
Principal Occupation	-	Name of Employ	er	<u>!</u>					
Clergy Person		Retire	ed						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a lobbyist?						
government the contract is with:			X No						
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions						
X No Cash X Personal Check	06/	19/2012	\$100.00		\$100.00				
If yes, list Event #	00/	19/2012	\$100.00						
Last Name	First			MI	Contribution ID #				
Murphy		John		Р	0182				
Residential Street Address	City			State	Zip Code				
62 Hop River Rd	<u> </u>	Coventry		СТ	06238				
Principal Occupation		Name of Employ							
Assistant Business Manager			Local 1228						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			No						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1? Yes Cash Personal Check									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	06/	19/2012	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Pivirotto	FIISt	Elaine		IVII	0183				
Residential Street Address	City	Liunic		State	Zip Code				
2626 Park Ave # 9E		Bridgeport		СТ	06604				
Principal Occupation	•	Name of Employ	er	•	•				
Process Server		Self							
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		1	x _{No}						
Is this contribution associated with a Mathed of contribution.	Date	Received	Aggregate Contributions	1					
fundraising event listed in Section J1?			55 · 5 · · · · · · · · · · · · · · · ·						
If yes, list Event #	06/	19/2012	\$125.00		\$75.00				

Page 49 of 145

I MONETA DV DECEIDTS (C L A. D.									
I. MONETARY RECEIPT	5 (50	ection A-I)	TYPE OF PEROPE						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT July 10 Filing - Original						
Gomes 2012									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Paul		Jodie			0184				
Residential Street Address	City			State	Zip Code				
3214 Broadbridge Ave		Stratford		СТ	06614				
Principal Occupation		Name of Employ	er						
		City o	f Bridgeport						
Is contributor a principal of a state contractor or prospective state contractor?			obbyjet enouse or	Amou	nt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	37						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
	Date	Received	Aggregate Contributions						
s this contribution associated with a fundraising event listed in Section J1?									
X No Cash X Personal Check	06/	19/2012	\$50.00		\$50.00				
If yes, list Event #	00,		430.00						
Last Name	First			MI	Contribution ID #				
Lancia, Sr	1 1150	Anthony		J	0185				
Residential Street Address	City	Anthony		State	Zip Code				
	City	Duideeset			-				
157 Suburban Ave		Bridgeport		СТ	06604				
Principal Occupation		Name of Employ							
Retired		Retire							
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		асренает сти	<u></u>						
government the contract is with:			x _{No}						
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions						
tundraising event listed in Section J1?									
If yes, list Event # Cash Credit/Debit Card	06/	19/2012	\$50.00		\$50.00				
Last Name	First			MI	Contribution ID #				
Gibbs		Elizabeth			0186				
Residential Street Address	City			State	Zip Code				
32 Allen Rd		Norwalk		СТ	06851				
Principal Occupation		Name of Employ	er						
Retired		Retire	ed						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
)	dependent child of	•						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
To this contribution are cited with a	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
X No Cash X Personal Check	06/	19/2012	\$50.00		\$50.00				
If yes, list Event #			·		·				
Last Name	First			MI	Contribution ID #				
Brantley		Mary			0187				
Residential Street Address	City	rial y		State	Zip Code				
51 Yale St	City	Bridgeport		CT	06605				
		Bridgeport	or	Ci	00003				
Principal Occupation		Name of Employ							
Social Worker			of CT	A	nt of Contrib				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution				
If yes, indicate which branch or branches of			x No						
government the contract is with: Executive Legislative	-	<u> </u>							
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
If yes, list Event # Cash Credit/Debit Card	06/	19/2012	\$50.00		\$50.00				

Page 50 of 145

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT					
Gomes 2012			July 10 Filing - Original					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Storm		Joshua			0188			
Residential Street Address	City			State	Zip Code			
12 Church St		Tariffville		СТ	06081			
Principal Occupation Caucus Aide		Name of Employ State						
			44 1 4	Amor	ant of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	Voc	7 tinou	ant of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
Tundraising event instead in Section 31:								
If yes, list Event # Cash Cash Personal Check Money Order Credit/Debit Card	06/	19/2012	\$50.00		\$50.00			
				l				
Last Name	First	Dlain		MI	Contribution ID #			
Bertaccini Residential Street Address	City	Blair		F State	O189 Zip Code			
104 Fiske St	City	Waterbury		CT	06710			
Principal Occupation		Name of Employ	er					
Wage Enforcement Agent		CT De	epartment of Labor					
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of	J	dependent child of	of a foodyist?					
government the contract is with:			x No					
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No Cash X Personal Check	067	10/2012	¢50.00		¢50.00			
If yes, list Event # Money Order Credit/Debit Card	00/	19/2012	\$50.00		\$50.00			
Last Name	First			MI	Contribution ID #			
Bush		Mary			0190			
Residential Street Address	City			State	Zip Code			
32 Morrissey Ln		West Haven		СТ	06516			
Principal Occupation		Name of Employ						
Admin Clerk		USPS						
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1? Yes Cash Responsal Check								
If yes, list Event # Cash X Personal Check Money Order Credit/Debit Card	06/	19/2012	\$40.00		\$40.00			
Last Name	First			MI	Contribution ID #			
Scinto	FIISt	Dennis		IVII	0191			
Residential Street Address	City	Dennis		State	Zip Code			
2641 Madison Ave		Bridgeport		СТ	06606			
Principal Occupation	•	Name of Employ	er		•			
Code Enforcement		City o	f Bridgeport					
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		-	x _{No}					
Is this contribution associated with a Mathod of contribution.	Date	Received	Aggregate Contributions	1				
fundraising event listed in Section J1?								
If yes, list Event # Cash X Personal Check Money Order Credit/Debit Card	06/	19/2012	\$25.00		\$25.00			

Page 51 of 145

I. MONETARY RECEIPT	S (S	ection A-I)	1						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT July 10 Filing - Original									
Gomes 2012 July 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First				MI	Contribution ID #			
Pivirotto		Elaine				0192			
Residential Street Address	City				State	Zip Code			
2626 Park Ave # 9E		Bridgeport Name of Employe			СТ	06604			
Principal Occupation Process Server		Self	er						
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child o	obbyist, spouse, or	Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent enna o	x a toboyist:	No No					
In this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1? Yes Yes Gash Responsal Check									
If yes, list Event # Cash X Personal Check Money Order Credit/Debit Card	06/	19/2012	\$125.00			\$25.00			
Last Name	First	•			MI	Contribution ID #			
Barrett	1 1130	Susan			P	0193			
Residential Street Address	City				State	Zip Code			
122 Wilton Rd		Fairfield			СТ	06824			
Principal Occupation		Name of Employe	er						
Educator		Retire	d - Stratford BOE						
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or	Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child o	f a lobbyist?						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
If yes, list Event # Cash No Credit/Debit Card	06/	19/2012	\$25.00			\$25.00			
Last Name	First				MI	Contribution ID #			
Paul		Koren				0194			
Residential Street Address	City				State	Zip Code			
215 Roosevelt Ave		Stratford			СТ	06615			
Principal Occupation		Name of Employe	er						
Principal			ord Public Schools						
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	Is contributor a lo dependent child o	obbyist, spouse, or f a lobbyist?	Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of government the contract is with:			×	No					
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1? X No	06/	19/2012	\$25.00			\$25.00			
If you, his Event in									
Last Name	First				MI	Contribution ID #			
Giles		Jimmy				0195			
Residential Street Address	City	Duidenne			State	Zip Code			
45 Williamsburg Dr Principal Occupation		Bridgeport Name of Employe	or.		СТ	06606			
Tilicipal Occupation		Name of Employe	51						
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a lo dependent child o	obbyist, spouse, or f a lobbyist?	Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			•	No No					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
tundraising event listed in Section 31?									
If yes list Event # Cash Credit/Debit Card	06/	19/2012	\$25.00			\$25.00			

Page 52 of 145

I. MONETARY RECEIPT	S (S	ection A-I)	I						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Gomes 2012 July 10 Filing - Original									
Gonles 2012									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Faherty		Walter		J	0196				
Residential Street Address	City	D : 1		State	Zip Code				
27 Myrtle Ave Principal Occupation		Bridgeport Name of Employe	or	СТ	06604				
Tindpai Occupation		Name of Employe	51 51						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a le	obbyist, spouse, or	Amou	nt of Contribution				
If yes, indicate which branch or branches of)	dependent child o	f a lobbyist?						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions						
tundraising event listed in Section 31?									
If yes, list Event # Cash Credit/Debit Card	06/	19/2012	\$25.00		\$25.00				
Last Name	First	•		MI	Contribution ID #				
Cummings	1 1130	Alicia		C	0197				
Residential Street Address	City	7.11010		State	Zip Code				
524 Amsterdam Ave		Bridgeport		СТ	06606				
Principal Occupation		Name of Employe	er	•					
Financial Specialist		Trave	lers Ins Co						
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Galakharieta	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child o	i a loodyist?						
government the contract is with:			x _{No}						
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash X Personal Check	06/	19/2012	¢20.00		¢20.00				
If yes, list Event # Money Order Credit/Debit Card	00/	19/2012	\$20.00		\$20.00				
Last Name	First			MI	Contribution ID #				
Andrade		Frances			0198				
Residential Street Address	City			State	Zip Code				
819 Sixth St		Bridgeport		СТ	06607				
Principal Occupation		Name of Employe	er						
		Retire							
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a lo dependent child o	obbyist, spouse, or f a lobbyist? Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		dependent enna o	x No						
government the contract is with:	Date	Received	Aggregate Contributions	-					
fundraising event listed in Section J1?	Buie	Trecer rea	11gg.egate contributions						
X No Cash X Personal Check	06/	19/2012	\$20.00		\$20.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Tyszka		William			0199				
Residential Street Address	City			State	Zip Code				
12 Briarwood Dr		Simsbury		СТ	06070				
Principal Occupation		Name of Employe							
Is contributor a principal of a state contractor or prospective state contractor?		Retire	phhyiot chauca or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor?)	dependent child o	Voc	Amou	nt of Contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1					
tundraising event listed in Section 31?									
If yes list Event # Cash X Personal Check Cash X Personal Check Cardit/Debit Card	06/	19/2012	\$10.00		\$10.00				

Page 53 of 145

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT July 10 Filing - Original						
Gomes 2012			July 10 Filling - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Tyszka		Marilyn			0200				
Residential Street Address	City			State	Zip Code				
12 Briarwood Dr	L	Simsbury		СТ	06070				
Principal Occupation		Name of Employ Retire							
Is contributor a principal of a state contractor or prospective state contractor?				Amou	unt of Contribution				
Yes X N	О	dependent child of	Vac						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
iundraising event listed in Section 31?									
If yes, list Event # Cash Cash Personal Check Money Order Credit/Debit Card	06/	19/2012	\$10.00		\$10.00				
	I .				T				
Last Name	First	AAPH!		MI	Contribution ID #				
Barrett, Sr Residential Street Address	City	William		State	O201 Zip Code				
122 Wilton Rd	City	Fairfield		CT	06824				
Principal Occupation		Name of Employ	er	C1	00021				
Model Maker		Retire	ed						
Is contributor a principal of a state contractor or prospective state contractor?	_	Is contributor a l	obbyist, spouse, or Yes	Amou	ant of Contribution				
If was indicate which branch or branches of	0	dependent child of	of a lobbyist?						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
Cash X Personal Check	064	40/2042	+10.00		+10.00				
If yes, list Event # No Money Order Credit/Debit Card	06/	19/2012	\$10.00		\$10.00				
Last Name	First			MI	Contribution ID #				
Foreman		Pauline			0202				
Residential Street Address	City			State	Zip Code				
2230 Old Town Rd		Trumbull		СТ	06611				
Principal Occupation		Name of Employ	er						
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with.	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?			1.99.18						
X No Cash X Personal Check	06/	19/2012	\$10.00		\$10.00				
If yes, list Event#									
Last Name	First			MI	Contribution ID #				
Burgo		Barbara			0203				
Residential Street Address	City			State	Zip Code				
82B Yaremich Dr		Bridgeport		СТ	06606				
Principal Occupation		Name of Employ							
Cafeteria Aide Is contributor a principal of a state contractor or prospective state contractor?			f Bridgeport Nutrition Center obbyist, spouse, or		ant of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	o	dependent child of	Vac	7 tinot	in or contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1? Yes Cash Personal Check									
If yes, list Event # Cash	06/	19/2012	\$10.00		\$10.00				

Page 54 of 145

I, MONETARY RECEIPTS (Section A-I)									
	2 (20	ection A-I)	TWDE OF DEDORT						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT July 10 Filing - Original						
Gomes 2012			July 10 1 lilling - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Andrade		Clifton			0204				
Residential Street Address	City			State	Zip Code				
219 Sixth St		Bridgeport		СТ	06607				
Principal Occupation		Name of Employ	er						
		Retire	ed						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?						
government the contract is with:			x _{No}						
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
Tunidraising event instead in Section 31:									
If yes, list Event # Cash Credit/Debit Card	06/	19/2012	\$10.00		\$10.00				
Last Name	First			MI	Contribution ID #				
Paul		Joseph			0205				
Residential Street Address	City			State	Zip Code				
47 Harborview Pl		Stratford		СТ	06615				
Principal Occupation		Name of Employ	er						
Realtor		Self							
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a foodyist?						
government the contract is with:			x _{No}						
Is this contribution associated with a Yes Yes	Date	Received	Aggregate Contributions						
rundraising event listed in Section J1?									
If yes, list Event # Cash Credit/Debit Card	06/	19/2012	\$5.00		\$5.00				
				<u> </u>					
Last Name	First			MI	Contribution ID #				
Paul		Linda			0206				
Residential Street Address	City			State	Zip Code				
47 Harborview Pl		Stratford		СТ	06615				
Principal Occupation		Name of Employ	er						
		None							
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent cinia (•						
government the contract is with: Executive Legislative			x No						
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash X Personal Check	l								
If yes, list Event # Money Order Credit/Debit Card	06/	19/2012	\$5.00		\$5.00				
				l					
Last Name	First			MI	Contribution ID #				
Tisdale		Jeffrey			0207				
Residential Street Address	City			State	Zip Code				
647 Lakeside Dr		Bridgeport		СТ	06606				
Principal Occupation		Name of Employ							
Sales Agent			al of Omaha						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution				
If yes, indicate which branch or branches of			x No						
government the contract is with: Executive Legislative	Б.	D : 1							
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash X Personal Check	00.1	10/2012	* F0.00		¢50.00				
If yes, list Event # Money Order Credit/Debit Card	J 06/	19/2012	\$50.00		\$50.00				

Page 55 of 145

I. MONETARY RECEIPT	CS (Se	ection A-I)	1						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Gomes 2012 July 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Moore		Ilka			0208				
Residential Street Address	City			State	Zip Code				
168 Glenbrook Rd		Bridgeport		СТ	06610				
Principal Occupation Disability Analyst		Name of Employ Cable							
Is contributor a principal of a state contractor or prospective state contractor?	Jo.		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of	or a roodyrst?						
government the contract is with:	D-4-	D i 4							
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash X Personal Check	06/	19/2012	\$5.00		\$5.00				
If yes, list Event #			4555						
Last Name	First			MI	Contribution ID #				
McBride		Sandra			0209				
Residential Street Address	City			State	Zip Code				
24 Ridgevale Pl		Bridgeport		СТ	06606				
Principal Occupation		Name of Employ							
Is contributor a principal of a state contractor or prospective state contractor?			ed - Disability obbyist, spouse, or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor?	lo	dependent child of	Vac	Amou	iit of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1? Yes Cash Resonal Check									
If yes, list Event #	06/	19/2012	\$100.00		\$100.00				
I yes, his zvent "	<u> </u>								
Last Name	First			MI	Contribution ID #				
Garrett	G:	William		g	0210				
Residential Street Address 520 Savoy St	City	Bridgeport		State CT	Zip Code 06606				
Principal Occupation	!	Name of Employ	er	CI	00000				
Consultant		Self	-						
Is contributor a principal of a state contractor or prospective state contractor?	_	Is contributor a l	obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of	No	dependent child of	n a lobbyist:						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash X Personal Check	0.51	40/2042	+400.00		+100.00				
If yes, list Event # Money Order Credit/Debit Card	06/	19/2012	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Coleman		Eric			0211				
Residential Street Address	City			State	Zip Code				
77 Wintonbury Ave		Bloomfield		СТ	06002				
Principal Occupation		Name of Employ	er						
Attorney		Self							
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes	lo	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		acpendent clind (x No						
government the contract is with: In this contribution associated with a Mathed of contribution.	Data	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Date		. 1561-5ate Contributions						
Cash X Personal Check									

Page 56 of 145

NAME OF COMMITTEE (Prevoke Complex Name as Registered with Commission) All previous Commission All previous Commissi	I, MONETARY RECEIPTS (Section A-I)								
Second S		- (TYPE OF REPORT					
Test				July 10 Filing - Original					
Contential States, Authors	B. Itemized Contributions from Individuals								
Procession Supplies Supplie	Last Name	First			MI	Contribution ID #			
State of CT State of State of CT State	Garrett		Josephine			0212			
Procupid Occupation Nome of Tanglayer State of CT	Residential Street Address	City			State	Zip Code			
No.	520 Savoy St		Bridgeport		СТ	06606			
Securithear a principal of a state cumitative of prospective states and the face for transfer of contributions of prospective states and the face for transfer of contributions associated with a final face from the face for the face for contributions associated with a final face from the face for the face for contributions are secured with a final face from the face for the face for the face for the face for contributions are secured with a final face from the face for the face fo	Principal Occupation		Name of Employ	er					
Tyse, inclicate which framehor of branches of comment in contract a wint. Tyse, inclinate which framehor of commentation contract a wint. Tyse, inclinate which framehor of commentation contract a wint. Tyse, inclinate which framehor of commentation contract a wint. Tyse, inclinate which framehor of commentation contract a wint. Tyse, inclinate which framehor of commentation contracts a wint. Tyse, inclinate which framehor of commentation contracts a wint. Tyse, inclinate which framehor of commentation contracts a wint. Tyse, inclinate which framehor of commentation contracts a wint. Tyse, inclinate which framehor of commentation contracts a wint. Tyse, inclinate which framehor of commentation contracts a wint. Tyse, inclinate which framehor of commentation contracts a wint. Tyse, inclinate which framehor of commentation contracts a wint. Tyse, inclinate which framehor of commentation contracts a wint. Tyse, inclinate which framehor of commentation contracts a wint. Tyse, inclinate which framehor of commentation contracts a wint. Tyse, inclinate which framehor of commentation contracts a wint. Tyse, inclinate which framehor of contracts wint. Tyse, inclinate which framehor branches of contract wint. Tyse, inclinate which framehor of contracts wint. Tyse, in	RN		State	of CT					
Figure Security	Is contributor a principal of a state contractor or prospective state contractor?)		Vac	Amou	nt of Contribution			
Table contribution associated with a flader learning event listed in Section 17 Ves Note Personal Check Get Personal Check	If yes, indicate which branch or branches of		dependent cinia (<u> </u>					
Freed Free	government the contract is with:	D-4-	D i d						
Last Name	Vac	Date	Received	Aggregate Contributions					
Last Name Money Order Credit Debrit Card First		06/	19/2012	\$100 nn		\$100.00			
Carusion		00/	13/2012	Ψ100.00		φ100.00 			
Residential Steers Address	Last Name	First			MI	Contribution ID #			
Second-horder a principal of a state contractor or prospective state contractor of prospective state contractor or prospecti	Caruso		Christopher		L	0213			
Principal Occupation Project Manager State contributer a principal of a state contractor or prospective state contractor Ves No. State contributer a lobbysis. spouse, or dependent child of a lobbysin? Ves Monuser of Contributions of dependent child of a lobbysin? Ves Monuser of Contributions of dependent child of a lobbysin? Ves Monuser of Contributions of dependent child of a lobbysin? Ves Monuser of Contributions of dependent child of a lobbysin? Ves Monuser of Contributions of dependent child of a lobbysin? Ves No. Monuser of Contributions of dependent child of a lobbysin? Ves No.	Residential Street Address	City	· ·		State	Zip Code			
Project Manager	208 A Beechmont Ave		Bridgeport		СТ	06606			
Secontification of principal of a state contractor or prospective state contractor?	Principal Occupation		Name of Employ	er					
Second Contribution associated with a fundament for branches of software for prospective state contractor? Yes Second Check Second Ch	Project Manager		State	of CT - Dept of Labor					
Five If yes, indicate which branch or branches of a fundamental sworth	Is contributor a principal of a state contractor or prospective state contractor?	,		Vac	Amou	nt of Contribution			
Executive Legislative Legislative Legislative Legislative Legislative Date Received Aggregate Contributions No Received Aggregate Contributions No Received Rec		,	dependent child of	of a foodyist?					
## Amount	Evacutiva Lagislativa								
Last Name Walentine Residential Street Address 1	Vac	Date	Received	Aggregate Contributions					
Last Name Valentine Valentine Valentine Valentine Valentine Residential Street Address 329 Griffin Ave Principal Occupation Engineer / Businessman Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with a fundraising event listed in Section 11? Residential Street Address Guertin Legislative Personal Cheek Of-19/2012 Sate Cecived Of-19/2012 Sate Contributions Amount of Contribution ID # Amount of Contribution First Daniel Name of Employer Self Employed Sent Employed Amount of Contribution If yes, indicate which branch or branches of government the contract is with: Sate Executive Legislative Date Received Aggregate Contributions Amount of Contribution ID # Clash Money Order Credit/Debit Card First J. Pierre Amount of Contribution ID # Contribution ID # Contribution ID # Contributor a principal of a state contractor or prospective state contractor? Principal Occupation Musician Sate Zip Code Findigeport CT 06606 Principal Occupation Musician Sate Zip Code Tryes I No If yes, indicate which branch or branches of government the contract is with: Sate Zip Code Tryes I No Sate Zip Code Tryes I No Amount of Contribution Tryes I No Amount of Contribution Tryes, indicate which branch or branches of government the contract is with. Sate Zip Code Tryes I No Amount of Contribution Amount of									
Valentine		06/	19/2012	\$100.00		\$100.00			
Valentine	T. Al	г			\ r	G (7) B #			
City Bridgeport City Bridgeport City Bridgeport City O6606		First	Daniel		MI				
Name of Employed Self Empl		City	Daniel		State				
Principal Occupation Engineer / Businessman Self Employed Self Self Employed S		City	Bridgenort			-			
Self Employed Secontributor a principal of a state contractor or prospective state contractor? Yes X No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No September 1 Secontributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No September 1 Secontribution associated with a fundraising event listed in Section J1? Yes X No Cash Method of contribution: Personal Check O6/19/2012 \$25.00 \$25			·	er	<u> </u>	-			
If yes, indicate which branch or branches of government the contract is with: Executive			Self E	imployed					
If yes, indicate which branch or branches of government the contract is with: Security Legislative Legislat	Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
Executive Legislative Le)	dependent child of	of a followist:					
fundraising event listed in Section J1? If yes, list Event # Last Name Guertin Residential Street Address 115 Forestview Rd Principal Occupation Musician Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of a overnment the contract is with: Is this contribution associated with a fundraising event listed in Section J1? We have the personal Check of 6/19/2012 Personal Check of 19/2012 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00	Evacutiva Lagislativa			x No					
Last Name Guertin Residential Street Address It yes, list Event # Cash Money Order Credit/Debit Card First J. Pierre O215 Residential Street Address It yes a list contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of a covernment the contract is with: Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Date Received Aggregate Contributions \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00 \$25.00	Vac	Date	Received	Aggregate Contributions					
If yes, list Event # Last Name Guertin Guertin State State Zip Code	rundraising event listed in Section J1?								
Guertin Residential Street Address City State Zip Code Tity To 06606 Principal Occupation Musician Self Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Personal Check Displayer Name of Employer Self Self Is contributor a lobbyist, spouse, or dependent child of a lobbyist? X No Aggregate Contributions \$5.00\$	No In	06/	19/2012	\$25.00		\$25.00			
Guertin Residential Street Address City State Zip Code Tity To 06606 Principal Occupation Musician Self Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Personal Check Displayer Name of Employer Self Self Is contributor a lobbyist, spouse, or dependent child of a lobbyist? X No Aggregate Contributions \$5.00\$						G . 7			
Residential Street Address 115 Forestview Rd Principal Occupation Musician Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Personal Check Principal Occupation Self Name of Employer Self Is contributor a lobbyist, spouse, or dependent child of a lobbyist? X No Aggregate Contributions \$5.00\$		First	1 Diame		MI				
Principal Occupation Musician Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Personal Check Personal Che		City	J. Pierre		State				
Principal Occupation Musician Self Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Self Amount of Contribution dependent child of a lobbyist, spouse, or dependent child of a lobbyist? Executive Legislative Legislative Date Received Aggregate Contributions fundraising event listed in Section J1? Personal Check O6/19/2012 \$5.00 \$5.00		City	Bridgenort			-			
Musician Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Ves X No No No Personal Check Date Received Aggregate Contributions				er	C.	00000			
If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with a fundraising event listed in Section J1? Yes X No									
If yes, indicate which branch or branches of government the contract is with: Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Date Received Aggregate Contributions Aggregate Contributions X No Personal Check Personal Check Double Personal Check Personal Check Double				obbyist, spouse, or	Amou	nt of Contribution			
government the contract is with: Is this contribution associated with a fundraising event listed in Section J1? Secutive Legislative L)	dependent child of	of a foodyist?					
Is this contribution associated with a fundraising event listed in Section J1? Wethod of contribution: Date Received Aggregate Contributions X No Personal Check Personal Check No Personal Check Personal Check Personal Check No Personal Check Personal Ch	Evacutiva I accidativa			x No					
tundraising event listed in Section J1? X No Cash Personal Check 06/19/2012 \$5.00 \$5.00	Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
□ No □ □ □ 106/19/2012 □ \$5.00 □ \$5.00	fundraising event listed in Section J1?								
		06/	19/2012	\$5.00		\$5.00			

Page 57 of 145

I. MONETARY RECEIPT	S (S	ection A-I)	1						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Gomes 2012			TYPE OF REPORT July 10 Filing - Original						
Gomes 2012			July 10 1 ming Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Pinto		Dalisha			0216				
Residential Street Address	City			State	Zip Code				
530 Huntington Tpke Principal Occupation	ļ.,	Bridgeport Name of Employ	ON .	СТ	06610				
Principal Occupation		Name of Employ	er						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	ınt of Contribution				
	o	dependent child of							
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions						
Tundraising event listed in Section 31?									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	06/	19/2012	\$5.00		\$5.00				
					Laurina				
Last Name Pinto	First	Delia		MI	Contribution ID # 0217				
Residential Street Address	City	Della		State	Zip Code				
550 Huntington Tpke		Bridgeport		CT	06610				
Principal Occupation		Name of Employ	er						
Administrative Assistant		Wave	ny Care Network						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a foodyist?						
government the contract is with:			x No						
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash X Personal Check	06/	19/2012	¢E 00		\$5.00				
If yes, list Event # Money Order Credit/Debit Card	00/	19/2012	\$5.00		\$5.00 				
Last Name	First			MI	Contribution ID #				
Pinto		Jada			0218				
Residential Street Address	City			State	Zip Code				
550 Huntington Tpke		Bridgeport		СТ	06610				
Principal Occupation		Name of Employ	er						
Student									
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		1	x _{No}						
government the contract is with.	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
No	06/	19/2012	\$5.00		\$5.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Richardson		Merry			0219				
Residential Street Address	City	Duidenand		State	Zip Code				
130 Evers St Principal Occupation		Bridgeport Name of Employ	or	СТ	06610				
Receptionists			zi Properties						
Is contributor a principal of a state contractor or prospective state contractor?			abbreigt anguag or	Amou	ant of Contribution				
Yes X N	О	dependent child of	Vac						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
Tunidraising event fisted in Section 31?									
If yes, list Event #	06/	19/2012	\$5.00		\$5.00				

Page 58 of 145

L MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	(,	TYPE OF REPORT						
Gomes 2012			July 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Massiah		Allen			0220				
Residential Street Address	City			State	Zip Code				
530 Westfield Ave		Bridgeport		СТ	06606				
Principal Occupation		Name of Employ							
Sales		IBM C	•						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of Executive Legislative		асренаен сина с	x _{No}						
government the contract is with:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Dute	110001100	1.66.06ate continuations						
X No Cash Personal Check	06/	19/2012	\$10.00		\$10.00				
If yes, list Event #			7-2						
Last Name	First			MI	Contribution ID #				
Poyntz-Massiah		Mary			0221				
Residential Street Address	City			State	Zip Code				
530 Westfield Ave		Bridgeport		СТ	06606				
Principal Occupation		Name of Employ	er	-	-				
Customer Support		LifeCa	are Inc						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a lobbyist?						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a fundamining event licted in Section 112.	Date	Received	Aggregate Contributions						
x Cash Personal Check									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	06/	19/2012	\$5.00		\$5.00				
Last Name	First			MI	Contribution ID #				
Ayala	FIISt	Alberto		J	0222				
Residential Street Address	City	Alberto		State	Zip Code				
773 Kossuth St	City	Bridgeport		CT	06608				
Principal Occupation		Name of Employ	er		1				
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of	0	dependent child of	or a robbyist?						
government the contract is with:			x No						
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
Tundraising event listed in Section 31?									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	06/	19/2012	\$20.00		\$20.00				
Last Name	First			MI	Contribution ID #				
Reilly	FIISt	Kimberly		IVII	0223				
Residential Street Address	City	Killiberry		State	Zip Code				
520 Savoy St	City	Bridgeport		CT	06606				
Principal Occupation		Name of Employ	er		1				
Psych Tech			Hill Hospital						
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution				
If yes, indicate which branch or branches of		dependent child of	or a robbyist?						
government the contract is with:			x _{No}						
Is this contribution associated with a fundraising event listed in Section 112	Date	Received	Aggregate Contributions						
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	06/	19/2012	\$5.00		\$5.00				

Page 59 of 145

L MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Gomes 2012			July 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Jones		Guillermo			0224				
Residential Street Address	City			State	Zip Code				
550 Huntington Tpke	L.,	Bridgeport		СТ	06610				
Principal Occupation		Name of Employ	er ic Control						
Is contributor a principal of a state contractor or prospective state contractor?			44 1 4	Amou	int of Contribution				
Yes X N	0	dependent child of	Vac						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
Tundraising event listed in Section 31?									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	06/	19/2012	\$5.00		\$5.00				
Last Name	First			MI	Contribution ID #				
Louis	Tilst	Georgia		IVII	0225				
Residential Street Address	City			State	Zip Code				
115 Forestview Rd		Bridgeport		СТ	06606				
Principal Occupation		Name of Employ	er						
		Retire	ed						
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of		dependent enna e							
government the contract is with: Is this contribution associated with a Method of contribution: Method of contribution:	Doto	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions						
X No Cash Personal Check	06/	19/2012	\$5.00		\$5.00				
If yes, list Event #			1						
Last Name	First			MI	Contribution ID #				
Washington		Beatrice			0226				
Residential Street Address	City			State	Zip Code				
45 Valley Ave	<u> </u>	Bridgeport		СТ	06606				
Principal Occupation CNA		Name of Employ	^{er} Home Asst						
			obbyist spouse or	Amou	int of Contribution				
Yes 🔼 N	О	dependent child of							
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
Tulidatising event instead in Section 71:									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	06/2	27/2012	\$5.00		\$5.00				
Last Name	First			MI	Contribution ID #				
Cook		Christal			0227				
Residential Street Address	City			State	Zip Code				
989 Lakeside Dr		Bridgeport		СТ	06606				
Principal Occupation		Name of Employ	er						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of	or a robbyist?						
government the contract is with: Executive	D-4	Danaiyad	X No						
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
If yes, list Event # X No X Cash Personal Check Money Order Credit/Debit Card	06/2	27/2012	\$5.00		\$5.00				

Page 60 of 145

I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	اد) د	ection A-1)	TYPE OF REPORT					
Gomes 2012 July 10 Filing - Original								
B. Itemized Contributions from Individuals								
		ii viuuui s		MI	Contribution ID#			
Last Name Kearney	First	Verna		MI	Contribution ID # 0228			
Residential Street Address	City			State	Zip Code			
989 Lakeside Dr		Bridgeport		СТ	06606			
Principal Occupation		Name of Employ	er					
Police Officer		City o	f Bridgeport					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a l dependent child of	obbyist, spouse, or	Amou	nt of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
Tundraising event listed in Section 31?								
If yes, list Event # Cash Personal Check Credit/Debit Card Cr	06/	27/2012	\$20.00		\$20.00			
-					[a . a			
Last Name	First			MI	Contribution ID #			
Adams		Etienne			0229			
Residential Street Address	City			State	Zip Code			
207 Sixth St	<u> </u>	Bridgeport		СТ	06607			
Principal Occupation		Name of Employ Self	er					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent child of	x No					
government the contract is with: In this contribution associated with a Method of contribution:	Doto	Received	Aggregate Contributions					
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions					
If yes, list Event # X No X Cash Personal Check Money Order Credit/Debit Card	06/	27/2012	\$5.00		\$5.00			
Last Name	First			MI	Contribution ID #			
Bonomo	First	Joanne		IVII	0230			
Residential Street Address	City			State	Zip Code			
129 Pleasantview Ave		Bridgeport		CT	06606			
Principal Occupation		Name of Employ	er	=	-			
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution			
If yes, indicate which branch or branches of government the contract is with:		1	x _{No}					
To this contribution are cited with a	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1? Yes Yes X Cash Personal Check								
If yes, list Event #	06/	27/2012	\$5.00		\$5.00			
T. AV	F: .				G (3 C D)			
Last Name DaGraca	First	Rosa		MI	Contribution ID # 0231			
Residential Street Address	City	Rusa		State	Zip Code			
248 Federal St	City	Bridgeport		CT	06606			
Principal Occupation	<u> </u>	Name of Employ	or	Ci	00000			
· · · · · · · · · · · · · · · · · · ·			ners Healthcare Imaging					
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of government the contract is with:		and the control of th	x No					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?			-					
If yes, list Event #	06/	27/2012	\$10.00		\$10.00			

Page 61 of 145

I. MONETARY RECEIPT	S (S	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT July 10 Filing - Original		
Gomes 2012					
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Jackson		Daren			0232
Residential Street Address	City			State	Zip Code
1383 Boston Ave		Bridgeport		СТ	06610
Principal Occupation Barber		Name of Employe	er		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a lo	obbyist, spouse, or	Amou	ant of Contribution
	0	dependent child o	f a lobbyist?		
If yes, indicate which branch or branches of government the contract is with:			x _{No}	_	
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
x Cash Personal Check					
If yes, list Event #	06/	27/2012	\$20.00		\$20.00
Last Name	First			MI	Contribution ID #
DaGraca		Pedro			0233
Residential Street Address	City			State	Zip Code
248 Federal St		Bridgeport		СТ	06606
Principal Occupation		Name of Employe	er	-	-
Patient Care Tech		Bridge	eport Hospital		
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a lo dependent child o	obbyist, spouse, or f a labbyist? Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of Executive Legislative		dependent child o	x No		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?					
If yes, list Event # X No X Cash Personal Check Money Order Credit/Debit Card	06/	27/2012	\$40.00		\$40.00
Last Name	First			MI	Contribution ID #
Alfonso		Maria		С	0234
Residential Street Address	City			State	Zip Code
256 Brimfield Rd		Wethersfield		СТ	06109
Principal Occupation		Name of Employe	er		
Union Service Representative			ME Council 4		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a lo dependent child o	obbyist, spouse, or f a lobbyist?	Amou	unt of Contribution
If yes, indicate which branch or branches of government the contract is with:		•	x No		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1	
Tunidiasing event listed in Section 31:					
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	06/	27/2012	\$90.00		\$20.00
Last Name	First			MI	Contribution ID #
Reyes		Jovanny			0235
Residential Street Address	City			State	Zip Code
943 Evers Street Ext		Bridgeport		СТ	06610
Principal Occupation		Name of Employe			
Teller		TP&CS			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a lo dependent child o	obbyist, spouse, or f a lobbyist?	Amou	unt of Contribution
If yes, indicate which branch or branches of government the contract is with:			x No		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1	
tundraising event listed in Section 31?					
If yes list Event # Credit/Debit Card	06/	27/2012	\$5.00		\$5.00

Page 62 of 145

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	(,	TYPE OF REPORT						
Gomes 2012	July 10 Filing - Original								
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Reyes		Zoraida			0236				
Residential Street Address	City			State	Zip Code				
943 Evers Street Ext		Bridgeport		СТ	06610				
Principal Occupation		Name of Employ							
Manager Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	1 111100	ant of Continuation				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
Tundraising event instead in Section 31:									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	06/2	27/2012	\$5.00		\$5.00				
	l			I					
Last Name	First	D: 1		MI	Contribution ID #				
Martinez Residential Street Address	City	Ricardo		State	0237 Zip Code				
119 Pheasant Rd	City	West Haven		CT	06516				
Principal Occupation		Name of Employ	er	CI	1 00310				
Mail Carrier		Post (
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of)	dependent child of	of a lobbyist?						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions						
Cash Personal Check									
If yes, list Event #	06/.	27/2012	\$5.00		\$5.00				
Last Name	First			MI	Contribution ID #				
Taylor	1 1150	Calvin			0238				
Residential Street Address	City			State	Zip Code				
129 Elmwood Pl		Bridgeport		СТ	06605				
Principal Occupation		Name of Employ	er	-	•				
		Retire							
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of Executive Legislative		dependent enna e	x No						
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Date	received	Aggregate Contributions						
x No Cash Personal Check	06/2	27/2012	\$5.00		\$5.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Sloan		Allison			0239				
Residential Street Address	City			State	Zip Code				
272 Newfield Ave		Bridgeport		СТ	06607				
Principal Occupation		Name of Employ							
Customer Service Rep Is contributor a principal of a state contractor or prospective state contractor?		Cable Is contributor a l	-1.1	Amou	unt of Contribution				
Yes X No)	dependent child of	Vac	Aillot	an or contribution				
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with a Mathed of contribution.	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1? Yes Yes Cash Personal Check									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	06/2	27/2012	\$5.00		\$5.00				

Page 63 of 145

L MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT						
Gomes 2012			July 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Carpenter		Antoinette		Α	0240				
Residential Street Address	City			State	Zip Code				
783 Norman St		Bridgeport		СТ	06605				
Principal Occupation		Name of Employ							
Educator		Retire							
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution				
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1? Yes X Cash Personal Check									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	06/	27/2012	\$5.00		\$5.00				
in yes, list Event #									
Last Name	First			MI	Contribution ID #				
Soares		Derrell			0241				
Residential Street Address	City			State	Zip Code				
319 Union Ave	L	Bridgeport		СТ	06607				
Principal Occupation Demolition		Name of Employ							
			Ready obbyist, spouse, or	Amou	ant of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child of	Vac	Amou	ant of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
If yes, list Event #	06/	27/2012	\$5.00		\$5.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Jackson		Jacqueline			0242				
Residential Street Address	City			State	Zip Code				
474 Columbus Ave	<u> </u>	Stratford		СТ	06615				
Principal Occupation		Name of Employ							
L			rol Corp.	A					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	V	Alliou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1? Yes X Cash Personal Check									
If yes, list Event #	06/	27/2012	\$5.00		\$5.00				
I you, is Event									
Last Name	First			MI	Contribution ID #				
Santos		Joanna			0243				
Residential Street Address	City			State	Zip Code				
153 Balk Hill Ln	<u> </u>	West Haven		СТ	06516				
Principal Occupation CNA		Name of Employ	er n Health						
			.1.1	Amou	unt of Contribution				
Yes X No	0	dependent child of	Vac						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1? Yes Yes Cash Personal Check									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	06/	27/2012	\$5.00		\$5.00				

Page 64 of 145

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT July 10 Filing - Original					
Gomes 2012 July 10 Filing - Original								
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Stewart		Jeffrey		С	0244			
Residential Street Address	City			State	Zip Code			
329 Union Ave		Bridgeport		СТ	06607			
Principal Occupation Information Systems Tech		Name of Employers	er					
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child o	a loodyist?					
government the contract is with: Is this contribution associated with a Method of contribution: Method of contribution:	Date	Received	Aggregate Contributions	-				
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions					
If yes, list Event # X Cash Personal Check Noney Order Credit/Debit Card	06/	27/2012	\$5.00		\$5.00			
Last Name	First			MI	Contribution ID #			
Soares	FIISt	Bryon		MII	0245			
Residential Street Address	City	Біубіі		State	Zip Code			
2191 Madison Ave		Bridgeport		СТ	06606			
Principal Occupation	•	Name of Employe	er					
Electrician		Local	488					
Is contributor a principal of a state contractor or prospective state contractor?	n		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative	,	dependent child of	of a lobbyist?					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	†				
fundraising event listed in Section J1?								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	06/	27/2012	\$5.00		\$5.00			
Last Name	First			MI	Contribution ID #			
Soares		Cassandra			0246			
Residential Street Address	City			State	Zip Code			
2191 Madison Ave		Bridgeport		СТ	06606			
Principal Occupation		Name of Employ	er					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child of	37	Amou	nt of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions					
tundraising event listed in Section 31?								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	06/	27/2012	\$5.00		\$5.00			
Last Name	First			MI	Contribution ID #			
Hooks		Dennis			0247			
Residential Street Address	City			State	Zip Code			
219 Hillside Ave		Bridgeport		СТ	06604			
Principal Occupation		Name of Employ	er					
Custodian			of Education					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with:	Date	Received	Aggregate Contributions	1				
fundraising event listed in Section J1?								
If yes list Event #	06/	27/2012	\$5.00		\$5.00			

Page 65 of 145

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT July 10 Filing - Original					
Gomes 2012 July 10 Filing - Original								
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Worrell		Axsie			0248			
Residential Street Address	City			State	Zip Code			
555 Trumbull Ave # 408		Bridgeport		СТ	06606			
Principal Occupation		Name of Employ	er					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	nt of Contribution			
)	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a	Date	Received	Aggregate Contributions					
Tunidasing event issed in Section 31:								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	06/	27/2012	\$5.00		\$5.00			
Last Name	First			MI	Contribution ID #			
Reyes	11130	Angel		1411	0249			
Residential Street Address	City	7.1.90.		State	Zip Code			
943 Evers Street Ext		Bridgeport		СТ	06610			
Principal Occupation		Name of Employ	er	•				
Owner		Self E	mployed					
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of	-	dependent child of	of a lobbyist?					
government the contract is with: Executive Legislative	_		x No					
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No Rersonal Check	06/	27/2012	\$100.00		\$100.00			
If yes, list Event #	00/.	27/2012	\$100.00		\$100.00 			
Last Name	First			MI	Contribution ID #			
Verds		Simon			0250			
Residential Street Address	City			State	Zip Code			
654 Park St # 3		Bridgeport		СТ	06608			
Principal Occupation		Name of Employ	er					
Disabled		Disab						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		1	x No					
government the contract is with.	Date	Received	Aggregate Contributions	1				
fundraising event listed in Section J1?								
If yes, list Event # X No X Cash Personal Check Money Order Credit/Debit Card	06/	27/2012	\$5.00		\$5.00			
					a . a			
Last Name	First	Donna		MI	Contribution ID # 0251			
Chirigos Residential Street Address	City	Donna		State	Zip Code			
24 Linda Dr	City	Bridgeport		CT	06606			
Principal Occupation		Name of Employ	er					
Waitress		New 0	Colony Diner					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		sependent ennu (x No					
government the contract is with:	Data	Received	Aggregate Contributions	-				
fundraising event listed in Section J1?	Date	received	115510gate Contitutions					
X No	06/	27/2012	\$10.00		\$10.00			
If yes_list Event # Money Order Credit/Debit Card								

Page 66 of 145

L MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	- (TYPE OF REPORT						
Gomes 2012	July 10 Filing - Original								
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Simpson		Amanda			0252				
Residential Street Address	City			State	Zip Code				
395 Merritt St		Bridgeport		СТ	06606				
Principal Occupation		Name of Employ	er		•				
Waitress		New (Colony Diner						
Is contributor a principal of a state contractor or prospective state contractor?	_	Is contributor a l	obbyist, spouse, or Yes	Amou	unt of Contribution				
If was indicate which beaugh as branches of	3	dependent child of	of a lobbyist?						
government the contract is with:			x _{No}						
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
tundraising event instead in Section 31:									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	06/	27/2012	\$5.00		\$5.00				
in yes, list Event #									
Last Name	First			MI	Contribution ID #				
Carpenter		LeRoy			0253				
Residential Street Address	City			State	Zip Code				
783 Norman St		Bridgeport		СТ	06605				
Principal Occupation		Name of Employ	er						
Mail Carrier		USPS							
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of	5	dependent child of	of a lobbyist?						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions						
iundraising event listed in Section J1?									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	06/	27/2012	\$5.00		\$5.00				
	<u> </u>			<u> </u>					
Last Name	First			MI	Contribution ID #				
Soares		Etrulia			0254				
Residential Street Address	City			State	Zip Code				
319 Union Ave	<u> </u>	Bridgeport		СТ	06607				
Principal Occupation		Name of Employ	er						
		N/A							
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.	0		obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of		dependent child of	n a loodyist:						
government the contract is with:			x _{No}						
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions						
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	06/	27/2012	\$5.00		\$5.00				
1	<u> </u>								
Last Name	First			MI	Contribution ID #				
Soares		Francisco		A	0255				
Residential Street Address	City	B : 1		State	Zip Code				
319 Union Ave		Bridgeport		СТ	06607				
Principal Occupation		Name of Employ							
Is contributed a minimal of a state contractor or prognostive state contractor?		Retire	-11	A may	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
Is this contribution associated with a Mathed of contribution.	Doto	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions						
x No Cash Personal Check	067	27/2012	\$5.00		\$5.00				
If yes, list Event #	00/.	21/2012	φ3.00		43.00				

Page 67 of 145

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT July 10 Filing - Original					
Gomes 2012			July 10 Filling - Original					
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Kearney		Yolanda			0256			
Residential Street Address	City			State	Zip Code			
75 Redwood Dr # 1006	<u> </u>	East Haven		СТ	06513			
Principal Occupation Social Worker		Name of Employe State						
			abbreigt anguag or	Amou	unt of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes X No	о	dependent child o	Voc	111100	and of Commodulon			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with a	Date	Received	Aggregate Contributions					
x Cash Personal Check								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	06/	27/2012	\$5.00		\$5.00			
Last Name	First			MI	Contribution ID #			
Santos		Jacinta			0257			
Residential Street Address	City			State	Zip Code			
254 Greenwich Ave # 2		New Haven		СТ	06519			
Principal Occupation		Name of Employe	er		•			
Business Clerical		Bridge	eport Hospital					
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a lo dependent child o	obbyist, spouse, or f a labbyist? Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		аеренаен сина о	x No					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1				
fundraising event listed in Section J1?								
If yes, list Event # Cash Credit/Debit Card	06/	27/2012	\$5.00		\$5.00			
Last Name	First			MI	Contribution ID #			
Santos		Juanita			0258			
Residential Street Address	City			State	Zip Code			
676 Columbus Ave		Stratford		СТ	06615			
Principal Occupation		Name of Employe	er					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a le dependent child o	obbyist, spouse, or f a lobbyist?	Amou	int of Contribution			
If yes, indicate which branch or branches of government the contract is with:			x No					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1				
tundraising event listed in Section 31?								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	06/	27/2012	\$5.00		\$5.00			
Last Name	First			MI	Contribution ID #			
Bullock		Gina			0259			
Residential Street Address	City			State	Zip Code			
242 Dover St		Bridgeport		СТ	06610			
Principal Occupation		Name of Employe						
Is contributor a principal of a state contractor or prospective state contractor?			ff, Koskoff, Bieder PC	Amou	ant of Contribution			
Yes X No	0	dependent child o	f a lobbyist?					
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1				
tundraising event listed in Section 31?								
If yes list Event # Cash Credit/Debit Card	06/	27/2012	\$5.00		\$5.00			

Page 68 of 145

I. MONETARY RECEIPT	S (S	ection A-I)	TYPE OF REPORT		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Gomes 2012					
Goines 2012			July 10 Filing - Original		
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Martins		Miguel		J	0260
Residential Street Address	City	Duideese		State	Zip Code
64 Hurd Ave Principal Occupation		Bridgeport Name of Employ	or	СТ	06604
Welder			Eng. Bpt.		
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of	0	dependent child of	of a lobbyist?		
government the contract is with:	Б.	D : 1			
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
X No Cash Personal Check	06/	27/2012	\$20.00		\$20.00
If yes, list Event #		, -	1		
Last Name	First			MI	Contribution ID #
Marketos		James		D	0261
Residential Street Address	City			State	Zip Code
277 Morehouse Dr	<u> </u>	Fairfield		СТ	06825
Principal Occupation Self Employed		Name of Employ			
			nterprises, Inc obbyist, spouse, or	Amou	ant of Contribution
Yes X N	0	dependent child of	Vac		
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
Tundraising event listed in Section J1?					
If yes, list Event # Cash Cash Cash Cash Cash Cash Cash Cash	06/	27/2012	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Collins	FIISt	William		IVII	0262
Residential Street Address	City	William		State	Zip Code
32 Allen Rd		Norwalk		СТ	06851
Principal Occupation	•	Name of Employ	er		
Writer		Self			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of		dependent enna e	I a loooyist:		
government the contract is with: Is this contribution associated with a Method of contribution: Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Dute	Received	riggiogue Controutions		
If yes, list Event # Cash X Personal Check Money Order Credit/Debit Card	06/	27/2012	\$50.00		\$50.00
Last Name	First			MI	Contribution ID #
Wells, III		Stuart		w	0263
Residential Street Address	City			State	Zip Code
224 W Norwalk Rd		Norwalk		СТ	06850
Principal Occupation		Name of Employ	er		
Registrar of Voters			f Norwalk	1	
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	ant of Contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1?			55 -5		
X No Cash X Personal Check If yes list Event # Card Order Credit/Debit Card	06/	27/2012	\$50.00		\$50.00

Page 69 of 145

I. MONETARY RECEIPT	S (Se	ection A-I)	1			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT July 10 Filing - Original						
Gomes 2012			July 10 1 ming Original			
B. Itemized Contributions from	m Ind	lividuals				
Last Name	First			MI	Contribution ID #	
Wells		Galen		W	0264	
Residential Street Address	City			State	Zip Code	
224 W Norwalk Rd		Norwalk Name of Employ	or.	СТ	06850	
Principal Occupation Attorney		Self	er			
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution	
If yes, indicate which branch or branches of Executive Legislative		dependent child of	x No			
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions			
fundraising event listed in Section J1?	Duic	received	Aggregate Contributions			
If yes, list Event #	06/2	27/2012	\$50.00		\$50.00	
Last Name	First			MI	Contribution ID #	
Ramos		Donald		F	0265	
Residential Street Address	City			State	Zip Code	
5414 Valley Green Dr # C3		Wilmington		DE	19808	
Principal Occupation		Name of Employ	er			
		Retire	ed			
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	ant of Contribution	
If yes, indicate which branch or branches of Executive Legislative		dependent enna (x No			
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions			
fundraising event listed in Section J1?	Duic	received	Aggregate Contributions			
If yes, list Event # Cash No Credit/Debit Card	06/2	27/2012	\$100.00		\$100.00	
Last Name	First			MI	Contribution ID #	
Fardy	1 1100	Andy			0266	
Residential Street Address	City	<u> </u>		State	Zip Code	
200 Nutmeg Rd		Bridgeport		СТ	06610	
Principal Occupation		Name of Employ	er	-	-	
		Retire	ed			
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution	
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}			
government the contract is with. Is this contribution associated with a fundamining event listed in Section 112.	Date	Received	Aggregate Contributions	1		
Tundraising event listed in Section 31?						
If yes, list Event # Cash Money Order Credit/Debit Card	06/2	27/2012	\$20.00		\$20.00	
Last Name	First			MI	Contribution ID #	
Paoletto		Richard			0267	
Residential Street Address	City			State	Zip Code	
76 Chambers Ave	L	Bridgeport		СТ	06604	
Principal Occupation		Name of Employ				
Parks Maintenance			f Bridgeport			
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	ant of Contribution	
If yes, indicate which branch or branches of Executive Legislative			x _{No}			
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions			
fundraising event listed in Section J1?						
If yes, list Event # Cash X Personal Check No Money Order Credit/Debit Card	06/2	27/2012	\$50.00		\$50.00	

Page 70 of 145

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)								
Gomes 2012			July 10 Filing - Original					
B. Itemized Contributions from	m Ind	lividuals						
Last Name Carr	First	Priscilla		MI A	Contribution ID # 0268			
Residential Street Address	City			State	Zip Code			
252 Yaremich Dr		Bridgeport		СТ	06606			
Principal Occupation		Name of Employ Retire						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	ant of Contribution			
If yes, indicate which branch or branches of	0	dependent child of	of a lobbyist?					
government the contract is with: Is this contribution associated with a Method of contribution.	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions					
If yes, list Event #	06/2	27/2012	\$25.00		\$25.00			
Last Name	First			MI	Contribution ID #			
Carr, Jr		Willie			0269			
Residential Street Address	City			State	Zip Code			
252 Yaremich Dr		Bridgeport		СТ	06606			
Principal Occupation		Name of Employ	er					
		Retire		1				
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes	o	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		•	x _{No}					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?								
If yes, list Event # Cash No Money Order Credit/Debit Card	06/2	27/2012	\$25.00		\$25.00			
Last Name	First			MI	Contribution ID #			
Young		Mary		D	0270			
Residential Street Address	City			State	Zip Code			
81 Bunnell St	<u> </u>	Bridgeport		СТ	06607			
Principal Occupation		Name of Employ	er					
Le contributor a principal of a state contractor or promochina state contractor?		None Is contributor at	obbyist spouse or	A max	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	o	dependent child of	V	Amot	ant of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1? Yes Cash Personal Check								
If yes, list Event # Cash Money Order Personal Check Money Order Credit/Debit Card	06/2	27/2012	\$20.00		\$20.00			
Last Name	First			MI	Contribution ID #			
Satawhite		Doris		Α	0271			
Residential Street Address	City			State	Zip Code			
22B Stoneridge Rd	L	Bridgeport		СТ	06606			
Principal Occupation		Name of Employ						
Clerk Is contributor a principal of a state contractor or prospective state contractor?			ost Office obbyist, spouse, or	Amou	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes N	0	dependent child of	Vac	Amot	an or Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1				
fundraising event listed in Section J1? Yes Cash Personal Check								
No Cash Personal Check	06/2	27/2012	\$25.00		\$25.00			

Page 71 of 145

I. MONETARY RECEIPTS (Section A-I) NAME OF COMMUTEE (Provide Complete Name of Projectored with Commission) TYPE OF REPORT								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Gomes 2012 July 10 Filing - Original								
B. Itemized Contributions from	m Ind	lividuals		_				
Last Name	First			MI	Contribution ID #			
Tatten		Maryellen			0272			
Residential Street Address	City	-		State	Zip Code			
1220 Old Town Rd Principal Occupation	L	Trumbull Name of Employe	or .	СТ	06611			
rindpa Occupation		Retire						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amo	unt of Contribution			
	0	dependent child o	if a lobbyist?	:S				
If yes, indicate which branch or branches of government the contract is with:			x _{No}	,				
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1? X No Cash Personal Check			425.00					
If yes, list Event # Money Order Credit/Debit Card	06/	27/2012	\$25.00		\$25.00			
Last Name	First	•		MI	Contribution ID #			
Philips	11130	Stephanie		1411	0273			
Residential Street Address	City			State	Zip Code			
41 Yarwood St		Stratford		СТ	06615			
Principal Occupation		Name of Employe	er		•			
Computer Consultant		SLR G	iroup					
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a le dependent child o	obbyist, spouse, or	Amou	ant of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent child o	x No					
Is this contribution associated with a Method of contribution.	Date	Received	Aggregate Contributions	-				
fundraising event listed in Section J1?			1-88-18					
If yes, list Event # Cash X Personal Check Money Order	06/	27/2012	\$25.00		\$25.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Maxwell		Margaret		<u> </u>	0274			
Residential Street Address	City	Duideanaut		State	Zip Code 06605			
129 Elmwood Pl Principal Occupation		Bridgeport Name of Employe	or	СТ	06605			
Timopai Occupation		Retire						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Ye	Amo	unt of Contribution			
Yes A No	0	dependent child o	i u loodyist:					
If yes, indicate which branch or branches of government the contract is with:			x No	,				
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1? X No Cash Personal Check			400.00					
If yes, list Event #	06/.	27/2012	\$20.00		\$20.00			
Last Name	First			MI	Contribution ID #			
Peluchette	1 1150	Gary		""	0275			
Residential Street Address	City	<u> </u>		State	Zip Code			
2675 Park Ave # 23		Bridgeport		СТ	06604			
Principal Occupation		Name of Employe	er	-	-			
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a lo	obbyist, spouse, or	Amor	unt of Contribution			
Yes X No	0	dependent child o	of a lobbyist?	es				
If yes, indicate which branch or branches of government the contract is with:			x No	,				
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	7				
tundraising event listed in Section 31?								
If yes list Event # Cash Credit/Debit Card	06/	27/2012	\$10.00		\$10.00			

Page 72 of 145

L MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	(,	TYPE OF REPORT						
Gomes 2012 July 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Gomes, Jr		Edwin		Р	0276				
Residential Street Address	City			State	Zip Code				
72 Martin L King Dr	L	Bridgeport		СТ	06608				
Principal Occupation		Name of Employ							
Air Frame Mech			sky Aircraft						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with a Serior H2 Yes Method of contribution:	Date	Received	Aggregate Contributions	1					
tundraising event instead in Section 31:									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	06/2	27/2012	\$50.00		\$50.00				
				l	1				
Last Name	First			MI	Contribution ID #				
Brewer Decident Address	City	Warren		C+-+-	0277 Zip Code				
Residential Street Address 28 Palmer St	City	Bridgeport		State CT	06606				
Principal Occupation		Bridgeport Name of Employ	er	CI	00000				
N/A		Retire							
			obbyist, spouse, or	Amou	ant of Contribution				
)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with:			x No						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
Tunidialising event instead in Section 31:									
If yes, list Event # Cash Cash Personal Check Money Order Credit/Debit Card	06/2	27/2012	\$5.00		\$5.00				
Last Name	First			MI	Contribution ID #				
Gomes	1 1150	Mary		L	0278				
Residential Street Address	City			State	Zip Code				
72 Martin Luther King Dr		Bridgeport		СТ	06608				
Principal Occupation		Name of Employ	er		•				
Upholster		Sikors	sky Aircraft UTC						
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of		dependent child of	x No						
government the contract is with: Executive Legislative		D : 1							
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash X Personal Check	06/	27/2012	\$50.00		\$50.00				
If yes, list Event #			7-2						
Last Name	First			MI	Contribution ID #				
Zimmerman		Stacey			0279				
Residential Street Address	City			State	Zip Code				
22 Bankside Trl		Sandy Hook		СТ	06482				
Principal Occupation		Name of Employ							
Organizer		SEIU-							
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			□ No						
Is this contribution associated with a Mathed of contribution	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?			· - -						
X No	06/2	27/2012	\$50.00		\$50.00				

Page 73 of 145

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT July 10 Filing - Original					
Gomes 2012								
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Tryon		Lisa			0280			
Residential Street Address	City			State	Zip Code			
2675 Park Ave # 23		Bridgeport		СТ	06604			
Principal Occupation Teacher		Name of Employ Stratf	er ord BOE					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution			
	0	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1? X No								
If yes, list Event # Money Order Credit/Debit Card	06/	27/2012	\$10.00		\$10.00			
Last Name	First			MI	Contribution ID #			
Pipkin	1 1130	Scarlett		M	0281			
Residential Street Address	City			State	Zip Code			
695 Lakeside Dr		Bridgeport		СТ	06610			
Principal Occupation	•	Name of Employ	er					
N/A		N/A						
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a le dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child c	a lobbyist:					
government the contract is with: Executive	Б.	D : 1		ŀ				
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No Cash X Personal Check	06/	27/2012	\$100.00		\$100.00			
If yes, list Event #	00,		Ψ100.00	<u> </u>				
Last Name	First			MI	Contribution ID #			
Seat		Howard			0282			
Residential Street Address	City			State	Zip Code			
235 Hillside Ave		Bridgeport		СТ	06604			
Principal Occupation		Name of Employ						
Tool Crib Attendant			sky Aircraft Corp	1	ınt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	dependent child of	obbyist, spouse, or	Amou	int of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
government the contract is with	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1? Yes Method of contribution: Yes Cash Personal Check								
If yes, list Event # Cash Cash Personal Check Money Order Credit/Debit Card	06/	27/2012	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Harp		Toni		N	0283			
Residential Street Address	City			State	Zip Code			
170 Conrad Dr		New Haven		СТ	06515			
Principal Occupation		Name of Employ						
Manager/State Senator			ell Scott-Hill Health Ctr/CT Ge		·			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a li dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?			<u> </u>					
X No Cash X Personal Check If yes list Event # Card Order Credit/Debit Card	06/	27/2012	\$100.00		\$100.00			

Page 74 of 145

I, MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	- (TYPE OF REPORT						
Gomes 2012			July 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Crowell		Maria			0284				
Residential Street Address	City			State	Zip Code				
179 Union Ave		Bridgeport		СТ	06607				
Principal Occupation		Name of Employ	er						
ННА		VNS o	of Connecticut						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		dependent china (x No						
government the contract is with: Is this contribution associated with a Method of contribution:	Doto	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions						
X No Cash Personal Check	06/	27/2012	\$5.00		\$5.00				
If yes, list Event # Money Order	00/	27/2012	ψ3.00		Ψ3.00				
Last Name	First			MI	Contribution ID #				
Lindsey		Curtis			0285				
Residential Street Address	City			State	Zip Code				
179 Union Ave		Bridgeport		СТ	06607				
Principal Occupation	•	Name of Employ	er		•				
		State	of Connecticut						
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of	5	dependent child of	of a lobbyist?						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a fundamining event listed in Section 112.	Date	Received	Aggregate Contributions						
Tunidialising event listed in Section 71:									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	06/	27/2012	\$5.00		\$5.00				
Last Name	First			MI	Contribution ID #				
Sloan	FIISt	Anthony		IVII	0286				
Residential Street Address	City	Anthony		State	Zip Code				
242 Dover St	,	Bridgeport		CT	06610				
Principal Occupation		Name of Employ	er						
Painter		Famil	y Re-Entry						
Is contributor a principal of a state contractor or prospective state contractor?	_		obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of	3	dependent child of	or a robbyist?						
government the contract is with:			x No						
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
Tundraising event listed in Section 31?									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	06/	27/2012	\$5.00		\$5.00				
T. O.	Б) d					
Last Name Workman	First	Robert		MI	Contribution ID # 0287				
Residential Street Address	City	Robert		State	Zip Code				
311 Bunnell St	City	Bridgeport		CT	06607				
Principal Occupation	<u> </u>	Name of Employ	er	<u>.</u>	1 00007				
Retired		None							
Is contributor a principal of a state contractor or prospective state contractor?	2	Is contributor a l	obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of	J	dependent child of	or a robbyist?						
government the contract is with:			x _{No}						
Is this contribution associated with a fundraising event listed in Section 112	Date	Received	Aggregate Contributions						
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	06/	27/2012	\$25.00		\$25.00				

Page 75 of 145

L MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Gomes 2012			July 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Johnson		Christine			0288				
Residential Street Address	City			State	Zip Code				
345 Newfield Ave		Bridgeport		СТ	06607				
Principal Occupation		Name of Employ							
Housekeeping Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	Vac	7 tinot	ant of Contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
Tundraising event instead in Section 31:									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	06/	27/2012	\$5.00		\$5.00				
	I								
Last Name	First			MI	Contribution ID #				
McGee Residential Street Address	City	Neal		State	0289 Zip Code				
393 Laurel Ave	City	Bridgeport		CT	06605				
Principal Occupation		Name of Employ	er	CI	1 00003				
Barber		Self							
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of	0	dependent child of	of a lobbyist?						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions						
Cash Personal Check									
If yes, list Event #	06/	27/2012	\$10.00		\$10.00				
Last Name	First			MI	Contribution ID #				
Fernandez	1 1100	Juan			0290				
Residential Street Address	City			State	Zip Code				
585 E Main St		Bridgeport		СТ					
Principal Occupation		Name of Employ	er	=	•				
Retired		Retire	ed						
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of		dependent ennu (x No						
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions						
X No Cash Personal Check	06/	27/2012	\$5.00		\$5.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Soares, Sr		John		Α	0291				
Residential Street Address	City			State	Zip Code				
329 Union Ave		Bridgeport		СТ	06607				
Principal Occupation		Name of Employ Retire							
Is contributor a principal of a state contractor or prospective state contractor?			-11	Amou	unt of Contribution				
Yes X No	0	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
Tundraising event insect in Section 71:									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	06/	27/2012	\$5.00		\$5.00				

Page 76 of 145

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	(,	TYPE OF REPORT						
Gomes 2012 July 10 Filing - Original									
B. Itemized Contributions from	m Ind	lividuals							
Last Name	First			MI	Contribution ID #				
Bush		Brian			0292				
Residential Street Address	City			State	Zip Code				
1235 North Ave		Bridgeport		СТ	06604				
Principal Occupation		Name of Employ	er						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution				
Yes X No	0	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Resonal Check	06/	27/2012	¢10.00		¢10.00				
If yes, list Event # Money Order Credit/Debit Card	06/.	27/2012	\$10.00		\$10.00				
Last Name	First			MI	Contribution ID #				
Williams		Cyprian			0293				
Residential Street Address	City	-71-		State	Zip Code				
76 Cottage St		Bridgeport		СТ	06605				
Principal Occupation	•	Name of Employ	er						
Technician		Norwa	alk Hospital						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of	U	dependent child of	of a lobbyist?						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1? X Cash Personal Check									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	06/	27/2012	\$40.00		\$40.00				
Last Name	First			MI	Contribution ID #				
Hernandez	1 1150	Gilberto		P	0294				
Residential Street Address	City			State	Zip Code				
225 Hough Ave		Bridgeport		СТ	06608				
Principal Occupation	•	Name of Employ	er	•					
		Retire	ed						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of		dependent child of	or a robbyist?						
government the contract is with:			x _{No}						
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Resonal Check	06/	27/2012	#F.00		+ F 00				
If yes, list Event # Money Order Credit/Debit Card	06/.	27/2012	\$5.00		\$5.00				
Last Name	First			MI	Contribution ID #				
Valle		Maria		I	0295				
Residential Street Address	City			State	Zip Code				
561 Brooks St		Bridgeport		СТ	06608				
Principal Occupation		Name of Employ							
Is contributor a principal of a state contractor or prospective state contractor?		Retire	44 1 4	Amou	unt of Contribution				
Yes X N	0	dependent child of	Vac	Amou	or contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a Mathed of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1? Yes X Cash Personal Check									
If yes, list Event #	06/	27/2012	\$5.00		\$5.00				

Page 77 of 145

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Gomes 2012			July 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name Ayala	First	Alberto		MI J	Contribution ID # 0296				
Residential Street Address	City			State	Zip Code				
773 Kossuth St		Bridgeport		СТ	06608				
Principal Occupation Teacher		Name of Employ Retire							
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution				
If yes, indicate which branch or branches of	0	dependent child of	of a lobbyist?						
government the contract is with:	D-4-	D i 4							
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
If yes, list Event # X No X Cash Personal Check Money Order Credit/Debit Card	06/	27/2012	\$30.00		\$5.00				
Last Name	First			MI	Contribution ID #				
Aranjo		Danisha			0297				
Residential Street Address	City			State	Zip Code				
1341 Fairfield Ave # 1		Bridgeport		СТ	06605				
Principal Occupation		Name of Employ	er						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of	0	dependent child of	of a lobbyist?						
government the contract is with:	1		x No						
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
If yes, list Event # X No X Cash Personal Check Money Order Credit/Debit Card	06/	27/2012	\$5.00		\$5.00				
Last Name	First			MI	Contribution ID #				
Aranjo		Joseph			0298				
Residential Street Address	City			State	Zip Code				
26 St Mathias St	<u> </u>	Bridgeport		СТ	06610				
Principal Occupation Sales		Name of Employ	^{er} ury Hyundai						
			obbyist, spouse, or	Amou	ant of Contribution				
Yes 🔼 N	0	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions	1					
fundraising event listed in Section J1? X No	06.0	27/2012	+10.00		+40.00				
If yes, list Event # No Money Order Credit/Debit Card	06/.	27/2012	\$10.00		\$10.00				
Last Name	First			MI	Contribution ID #				
Young		Claude			0299				
Residential Street Address	City			State	Zip Code				
139 Read St		Bridgeport		СТ	06607				
Principal Occupation Retired		Name of Employ Retire							
			-1.1	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes Note: The principal of a state contractor or prospective state contractor?	0	dependent child of	of a lobbyist?						
government the contract is with:			x _{No}						
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Personal Check	06/	27/2012	\$50.00		\$50.00				
I If you list Eyent # I Manay Order I Condit/Dubit Cond	1/	•	1	i					

Page 78 of 145

I. MONETARY RECEIPTS (Section A-I)									
	2 (20	ection A-1)	TWDE OF DEDONA						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Gomes 2012 July 10 Filing - Original									
Gomes 2012									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Soares		Lawrence			0300				
Residential Street Address	City			State	Zip Code				
329 Union Ave		Bridgeport		СТ	06607				
Principal Occupation		Name of Employ	er						
• •									
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	Vac						
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with:	Date	Received	Aggregate Contributions						
s this contribution associated with a fundraising event listed in Section J1?									
X No X Cash Personal Check	06/	27/2012	\$5.00		\$5.00				
If yes, list Event #	00,		Ψ3.00						
Last Name	First			MI	Contribution ID #				
Coiscou	1 1150	Marie			0301				
Residential Street Address	City	Harre		State	Zip Code				
356 Bursford Ave	City	Duideanaut		1	06606				
		Bridgeport		СТ	00000				
Principal Occupation		Name of Employ	er						
I. and the second of the secon		To contailent on a 1	-Mariat arrange		nt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist?	Alliou	iit of Collification				
If yes, indicate which branch or branches of									
government the contract is with: Executive Legislative									
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
x c p c									
If yes, list Event # Cash Credit/Debit Card	06/	27/2012	\$5.00		\$5.00				
				l					
Last Name	First			MI	Contribution ID #				
Savoid		Charles			0302				
Residential Street Address	City			State	Zip Code				
6 Rita Ave		Bridgeport		CT	06606				
Principal Occupation		Name of Employ	er						
		Retire	ed						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
)	dependent child of	·						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
rundraising event insect in Section 71:									
X No	06/	27/2012	\$5.00		\$5.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Savoid		Cynthia			0303				
Residential Street Address	City			State	Zip Code				
6 Rita Ave		Bridgeport		СТ	06606				
Principal Occupation		Name of Employ	er		00000				
Accounting Auditor			gton Coat						
			abbreigt anguag ar	Amou	nt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	Vac	Annou	or commonton				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with:	Dot-	Pagaiyad		-					
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Personal Check		27/2012	±5.00		* F 00				
If yes, list Event # Money Order Credit/Debit Card	06/	27/2012	\$5.00		\$5.00				

Page 79 of 145

L MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	(,	TYPE OF REPORT						
Gomes 2012 July 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Smith		Bessie			0304				
Residential Street Address	City			State	Zip Code				
142 Priscilla St	<u> </u>	Bridgeport		СТ	06610				
Principal Occupation		Name of Employ							
Is contributor a principal of a state contractor or prospective state contractor?			ployed obbyist, spouse, or	Amor	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	Vac	Amot	int of Contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
tundraising event instead in Section 31:									
X No Cash Personal Check If yes, list Event # Money Order Credit/Debit Card	06/	27/2012	\$5.00		\$5.00				
L AV	Б: /			L	Louis B"				
Last Name Miller	First	Victoria		MI	Contribution ID # 0305				
Residential Street Address	City	VICTORIA		State	Zip Code				
86 Sanford Ave		Bridgeport		CT	06604				
Principal Occupation		Name of Employ	er						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a lobbyist?						
government the contract is with:			x No						
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Zash Personal Check	06/	27/2012	\$5.00		\$5.00				
If yes, list Event #	007.	27/2012	\$5.00		\$3.00 				
Last Name	First			MI	Contribution ID #				
Brown		Marques			0306				
Residential Street Address	City			State	Zip Code				
121B Karen Ct		Bridgeport		СТ	06606				
Principal Occupation		Name of Employ							
		State							
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1? Yes X Cash Personal Check									
X No X Cash Personal Check If yes, list Event # Money Order Credit/Debit Card	06/	27/2012	\$5.00		\$5.00				
				<u> </u>					
Last Name	First			MI	Contribution ID #				
Whitaker Residential Street Address	City	Diane		Ct-t-	0307				
274 Texas Ave	City	Bridgeport		State CT	Zip Code 06610				
Principal Occupation		Name of Employ	er	<u> </u>	1 00010				
Secretary		BOE							
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of	-	dependent child of	or a robbyist?						
government the contract is with:	_	D	X No						
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash Personal Check	06/	27/2012	\$5.00		\$5.00				
If yes, list Event #	00/	-,,2012	φ3.00	1	43.00				

Page 80 of 145

L MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Gomes 2012 July 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Howell		Latia			0308				
Residential Street Address	City			State	Zip Code				
237 Grove St		Bridgeport		СТ	06605				
Principal Occupation		Name of Employ	er						
		St Vir		•					
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of Executive Legislative		dependent china (x No						
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions						
X No Cash Personal Check	06/	27/2012	\$5.00		\$5.00				
If yes, list Event #	00/	27/2012	\$5.00		45.00				
Last Name	First			MI	Contribution ID #				
Spears		Danielle			0309				
Residential Street Address	City	24		State	Zip Code				
174 Woodrow Ave	ا ا	Bridgeport		СТ	06606				
Principal Occupation		Name of Employ	er		1				
Teacher		New E	Beginnings Family Academy						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	ant of Contribution				
	D	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with:			x No						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1? Yes X Cash Personal Check									
X No	06/	27/2012	\$5.00		\$5.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Lindsay		Deidre			0310				
Residential Street Address	City			State	Zip Code				
1631 Old Town Rd		Bridgeport		CT	06606				
Principal Occupation		Name of Employ	er						
Homemaker		N/A							
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of		dependent child (x No						
government the contract is with: Executive Legislative									
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
X No Cash Personal Check	06/	27/2012	#F.00		* F 00				
If yes, list Event # Money Order Credit/Debit Card	06/.	27/2012	\$5.00		\$5.00				
Last Name	First			MI	Contribution ID #				
Spears	1 1100	Davida			0311				
Residential Street Address	City	541.44		State	Zip Code				
174 Woodrow Ave		Bridgeport		СТ	06606				
Principal Occupation		Name of Employ	er		!				
Manager		Webs	ter Bank						
Is contributor a principal of a state contractor or prospective state contractor?	2	Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution				
If yes, indicate which branch or branches of		dependent child of	or a robbyist?						
government the contract is with:			x _{No}						
Is this contribution associated with a fundraising event listed in Section 112	Date	Received	Aggregate Contributions						
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	06/	27/2012	\$5.00		\$5.00				

Page 81 of 145

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Gomes 2012			July 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Ramos		Marie-Elena			0312				
Residential Street Address	City			State	Zip Code				
30 Granfield Ave	L	Bridgeport		СТ	06612				
Principal Occupation		Name of Employ							
Secretary Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child of	Vac	7 tinot	ant of Contribution				
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
tundraising event listed in Section 31?									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	06/2	27/2012	\$5.00		\$5.00				
	I .			I					
Last Name	First			MI	Contribution ID #				
Mendenhall Residential Street Address	City	Lisa		State	O313 Zip Code				
316 Linwood Ave	City	Bridgeport		CT	06604				
Principal Occupation	<u>. </u>	Name of Employ	er	CI	1 00004				
Clerical Specialist			f Bridgeport BOE						
Is contributor a principal of a state contractor or prospective state contractor?		-	obbyist, spouse, or	Amou	unt of Contribution				
If yes, indicate which branch or branches of	0	dependent child of	of a lobbyist?						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions						
X Cash Personal Check									
If yes, list Event # Money Order Credit/Debit Card	06/2	27/2012	\$5.00		\$5.00				
Last Name	First			MI	Contribution ID #				
Williams	1 1150	Chaunte			0314				
Residential Street Address	City			State	Zip Code				
146 Ohio Ave		Bridgeport		СТ	06610				
Principal Occupation		Name of Employ	er	-	•				
Case Manager		Advar	nce Behavioral Health						
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of Executive Legislative		dependent enna e	x No						
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Dute	received	Aggregate Contributions						
X No Cash Personal Check	06/2	27/2012	\$5.00		\$5.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Fortson		Josephine			0315				
Residential Street Address	City			State	Zip Code				
291 Union Ave	L	Bridgeport		СТ	06607				
Principal Occupation		Name of Employ Retire							
Is contributor a principal of a state contractor or prospective state contractor?			-11	Amou	unt of Contribution				
Yes X No	0	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1					
Tulidasing event instead in Section 71:									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	06/2	27/2012	\$20.00		\$20.00				

Page 82 of 145

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Gomes 2012			July 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Kate		Joan		R	0316				
Residential Street Address	City			State	Zip Code				
22 Greenhurst Ln	<u> </u>	East Hartford		СТ	06118				
Principal Occupation		Name of Employ							
Retired Is contributor a principal of a state contractor or prospective state contractor?		Retire	11 1 ·	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	Vac	Amot	ant of Contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1					
Tundraising event instead in Section 31:									
If yes, list Event # Cash Cash Personal Check Money Order Credit/Debit Card	06/	27/2012	\$25.00		\$25.00				
				l	1				
Last Name	First			MI	Contribution ID #				
Piquette	a:	Ed		- C	0317				
Residential Street Address	City	Duideanaut		State	Zip Code				
32 Hackley St Principal Occupation		Bridgeport Name of Employ	er	СТ	06605				
Attorney		1 '	imployed						
			11.11	Amou	unt of Contribution				
Yes X N	0	dependent child of	Vac						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1? Yes X Cash Personal Check									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	06/	27/2012	\$5.00		\$5.00				
I you, is Event									
Last Name	First			MI	Contribution ID #				
Miranda		Awilda			0318				
Residential Street Address	City	B : 1		State	Zip Code				
51 Bunnell	<u> </u>	Bridgeport		СТ	06607				
Principal Occupation Oil Delivery Driver		Name of Employ	er lard Oil of CT						
·			obbyist snouse or	Amou	ant of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No	О	dependent child of							
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1					
fundraising event listed in Section J1? Yes X Cash Personal Check									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	06/	27/2012	\$10.00		\$10.00				
				l					
Last Name	First			MI	Contribution ID #				
O'Donnell Residential Street Address	City	Maura		State	O319 Zip Code				
505 W McKinley	City	Bridgeport		CT	06604				
Principal Occupation	<u> </u>	Name of Employ	er	<u> </u>	1 00001				
Manager			c American Club						
Is contributor a principal of a state contractor or prospective state contractor?	2	Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution				
If yes, indicate which branch or branches of		dependent child of	or a roodyrst?						
government the contract is with:			x _{No}						
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions						
Talliand and seed on S		27/2012			+5.00				
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	06/	27/2012	\$5.00		\$5.00				

Page 83 of 145

I. MONETARY RECEIPT	S (S	ection A-I)	1			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Gomes 2012 July 10 Filing - Original						
Gomes 2012 July 10 Filing - Original						
B. Itemized Contributions from	m Ind	lividuals				
Last Name	First			MI	Contribution ID #	
Manning		Darry			0320	
Residential Street Address	City			State	Zip Code	
195 Grovers Ave		Bridgeport		СТ	06605	
Principal Occupation Vice President		Name of Employ	^{er} ing International			
			obbyist, spouse, or	Amou	unt of Contribution	
Yes X N	О	dependent child of	Vac			
If yes, indicate which branch or branches of government the contract is with:			x _{No}			
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions	1		
Tundraising event listed in Section 31?						
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	06/	27/2012	\$10.00		\$10.00	
				l	1	
Last Name	First			MI	Contribution ID #	
Dreyer Residential Street Address	City	Suzanne		State	0321 Zip Code	
5 Harborview Pl	City	Bridgeport		CT	06605	
Principal Occupation		Name of Employ	er	<u> </u>	00003	
Massage Therapist			mployed			
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution	
	0	dependent child of	of a lobbyist?			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}			
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions			
fundraising event listed in Section J1? X No	l					
If yes, list Event # Money Order Credit/Debit Card	06/	27/2012	\$5.00		\$5.00	
Last Name	First			MI	Contribution ID #	
Iovino	l list	Frank		1411	0322	
Residential Street Address	City			State	Zip Code	
75 Clarkson St		Bridgeport		СТ	06605	
Principal Occupation		Name of Employ	er		•	
Greenskeeper		HVCC				
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution	
If yes, indicate which branch or branches of		dependent cinia (7 a 1000yist:			
government the contract is with: Is this contribution associated with a Method of contribution: Method of contribution:	Doto	Received	Aggregate Contributions			
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions			
X No Cash Personal Check	06/	27/2012	\$5.00		\$5.00	
If yes, list Event #		•				
Last Name	First			MI	Contribution ID #	
Nylen		Wendy			0323	
Residential Street Address	City			State	Zip Code	
85 Clarkson St		Bridgeport		СТ	06605	
Principal Occupation		Name of Employ	er			
Store Owner		Self	obbyjet anguag or	A.m.o.	unt of Contribution	
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	o	dependent child of	obbyist, spouse, or of a lobbyist?	Amot	unt of Contribution	
If yes, indicate which branch or branches of Executive Legislative			x _{No}			
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1		
fundraising event listed in Section J1?						
If yes, list Event #	06/	27/2012	\$5.00		\$5.00	

Page 84 of 145

I, MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Gomes 2012			July 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Laurie		Harry		С	0324				
Residential Street Address	City			State	Zip Code				
70 Clarkson St		Bridgeport		СТ	06605				
Principal Occupation		Name of Employ							
		Retire							
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a li dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		1	x No						
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions	1					
Tunidasing event instead in Section 31:									
If yes, list Event # Cash Personal Check No	06/	27/2012	\$5.00		\$5.00				
Lord Nama	First			MI	Contribution ID #				
Last Name Thieleu	FIISt	locoph		IVII	0325				
Residential Street Address	City	Joseph		State	Zip Code				
5 Harborview Pl	City	Bridgeport		CT	06605				
Principal Occupation		Name of Employ	er	1	00000				
Mediator		Self							
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?						
government the contract is with: Is this contribution associated with a Method of contribution: Method of contribution:	D-4-	Received	Aggregate Contributions						
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
If yes, list Event # X No X Cash Personal Check Money Order Credit/Debit Card	06/	27/2012	\$5.00		\$5.00				
If yes, list Event #					_				
Last Name	First			MI	Contribution ID #				
Manning		Tom			0326				
Residential Street Address	City			State	Zip Code				
195 Grovers Ave		Bridgeport		СТ	06605				
Principal Occupation None		Name of Employ None	er						
			obbyist, spouse, or	Amou	nt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of		Aimou	nt of Controlation				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions	1					
Table 1 and									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	06/	27/2012	\$5.00		\$5.00				
Last Name	First			MI	Contribution ID #				
Provey Provey	FIISt	Mary Ann		IVII	0327				
Residential Street Address	City	riary rum		State	Zip Code				
44 Hackley St		Bridgeport		СТ	•				
Principal Occupation		Name of Employ	er	l .					
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a foodyist?						
government the contract is with:			X No						
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
x No Resonal Check	06.5	27/2012	# F 00		¢5.00				
If yes, list Event # Money Order Credit/Debit Card	00/.	27/2012	\$5.00		\$5.00				

Page 85 of 145

I. MONETARY RECEIPT	S (S	ection A-I)	1						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Gomes 2012 July 10 Filing - Original									
Gomes 2012	July 10 1 lilling - Original								
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Steffen		L. Kraig			0328				
Residential Street Address	City			State	Zip Code				
120 Brittin Ave		Bridgeport		СТ	06605				
Principal Occupation Faculty		Name of Employ	er eld University						
				Amou	ant of Contribution				
Yes X N	О	dependent child of	Vac						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
Tundraising event listed in Section 31?									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	06/	27/2012	\$5.00		\$5.00				
	I .			l					
Last Name	First			MI	Contribution ID #				
Nemtzow Residential Street Address	City	Tema		State	0329 Zip Code				
120 Brittin Ave	City	Bridgeport		CT	06605				
Principal Occupation		Name of Employ	er	Ci	00003				
Clinical Social Worker		Self							
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	ant of Contribution				
	0	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1? X No	l								
If yes, list Event # Money Order Credit/Debit Card	06/	27/2012	\$5.00		\$5.00				
Last Name	First			MI	Contribution ID #				
Alphonso	1 1130	Gwendoline			0330				
Residential Street Address	City			State	Zip Code				
385 Brewster St		Bridgeport		СТ	06605				
Principal Occupation		Name of Employ	er	=	•				
Professor		Fairfie	eld University						
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of		dependent enna e	I a loooyist:						
government the contract is with: Is this contribution associated with a Method of contribution: Method of contribution:	Doto	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions						
X No Cash Personal Check	06/	27/2012	\$5.00		\$5.00				
If yes, list Event #			·						
Last Name	First			MI	Contribution ID #				
Leatherman		Jamie			0331				
Residential Street Address	City			State	Zip Code				
57 Wade Ter		Bridgeport		СТ	06604				
Principal Occupation		Name of Employ							
Professor			eld University	Amor	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	o	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amot	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
If yes, list Event #	06/	27/2012	\$10.00		\$10.00				

Page 86 of 145

I, MONETARY RECEIPTS (Section A-I)								
	2 (20	ection A-1)	TWDE OF DEDORT					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Gomes 2012 July 10 Filing - Original								
Gomes 2012								
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Arnold		Edward			0332			
Residential Street Address	City			State	Zip Code			
385 Brewster St		Bridgeport		CT	06605			
Principal Occupation		Name of Employ	er	-	-			
		N/A						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of	3	dependent child of	of a lobbyist?					
government the contract is with:			X No					
Is this contribution associated with a	Date	Received	Aggregate Contributions					
Tunidasing event instead in Section 31:								
× No □ □	06/2	27/2012	\$5.00		\$5.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Patton		Martha		J	0333			
Residential Street Address	City			State	Zip Code			
309 Courtland Ave		Bridgeport		СТ	06605			
Principal Occupation		Name of Employ	er					
Professor		Fairfie	eld University					
			obbyist, spouse, or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	Vac					
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1				
fundraising event listed in Section J1?	Buie	recerved	1 156. OBATO COMMITORIONS					
X No Zash Personal Check	06/	27/2012	\$5.00		\$5.00			
If yes, list Event # Money Order Credit/Debit Card	00/.	27/2012	φ3.00		\$3.00			
Last Name	First			MI	Contribution ID #			
Pierre-Charles	FIISt	Madinain		IVII	0334			
	C'i	Vladimir		Gr. i				
Residential Street Address	City	D : 1		State	Zip Code			
168 Ocean Ave	Ļ,	Bridgeport		СТ	06605			
Principal Occupation		Name of Employ						
Pesticide Applicator			Pest Control					
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a li dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of			x No					
government the contract is with:								
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	06/2	27/2012	\$5.00		\$5.00			
Last Name	First			MI	Contribution ID #			
Champagne		Jocelyn		Р	0335			
Residential Street Address	City			State	Zip Code			
195 Garden Dr	<u> </u>	Bridgeport		СТ	06606			
Principal Occupation		Name of Employ	er					
Chauffeur		Flag S	Star Limo					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a foodyist?					
government the contract is with: Executive Legislative			x _{No}]				
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?								
If yes, list Event # Cash Personal Check No	06/2	27/2012	\$5.00		\$5.00			

Page 87 of 145

I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT July 10 Filing - Original								
Gomes 2012 July 10 Filing - Original								
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Simon		Marie		L	0336			
Residential Street Address	City			State	Zip Code			
150 Rocton Ave		Bridgeport		СТ	06606			
Principal Occupation CNA		Name of Employe	er of Greenwich / Nathaniel W	ithered				
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	ant of Contribution			
)	dependent child of	<u> </u>	5				
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
Cash Personal Check								
If yes, list Event # No Money Order Credit/Debit Card	06/	27/2012	\$10.00		\$10.00			
Last Name	First			MI	Contribution ID #			
Pierre		Nadia		J	0337			
Residential Street Address	City			State	Zip Code			
33 Washington Pl		Bridgeport		СТ	06604			
Principal Occupation		Name of Employ	er	-	•			
		Walm	art	-				
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or for lobbyist? Ye	Amou	ant of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent child o	x No					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	-				
fundraising event listed in Section J1?	Duit	110001100	11881-08ate Containations					
If yes, list Event #	06/	27/2012	\$5.00		\$5.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Cleaveau		Luvene		J	0338			
Residential Street Address	City			State	Zip Code			
33 Washington Pl		Bridgeport		СТ	06604			
Principal Occupation		Name of Employ	er					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a le	obbyist, spouse, or	Amou	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	37 -	3				
If yes, indicate which branch or branches of government the contract is with:			x No					
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions					
tundraising event listed in Section 31?								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	06/	27/2012	\$5.00		\$5.00			
Last Name	First			MI	Contribution ID #			
Judith		Jean		R	0339			
Residential Street Address	City			State	Zip Code			
54B Clarence		Bridgeport		СТ	06608			
Principal Occupation		Name of Employ	er	•				
CNA		CT Ho	me Health Care					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or f a lobbyist? Ye	Amou	ant of Contribution			
If yes, indicate which branch or branches of		dependent einid (x No					
government the contract is with:	Dete	Received	Aggregate Contributions	-				
fundraising event listed in Section J1?	Date	ACCUIVEU	Asgregate Contributions					
x No Zash Personal Check	06/	27/2012	\$5.00		\$5.00			
If yes_list Event # Money Order Credit/Debit Card	I '		•	1				

Page 88 of 145

L MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Gomes 2012 July 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Rene		Carolle			0340				
Residential Street Address	City			State	Zip Code				
195 Garden Dr		Bridgeport		СТ	06606				
Principal Occupation		Name of Employ	er						
Child Care		Self							
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of Executive Legislative		перенает стпа с	x No						
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1					
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions						
X No Cash Personal Check	06/	27/2012	\$5.00		\$5.00				
If yes, list Event #	00/	27/2012	\$5.00		45.00				
Last Name	First			MI	Contribution ID #				
Speer		Patrick			0341				
Residential Street Address	City			State	Zip Code				
105 Pierce Ave		Bridgeport		СТ	06604				
Principal Occupation	•	Name of Employ	er		•				
Organizer									
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of	5	dependent child of	of a lobbyist?						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions						
iundraising event listed in Section J1?									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	06/	27/2012	\$25.00		\$25.00				
				l	1				
Last Name	First			MI	Contribution ID #				
Kelemen		Jennifer			0342				
Residential Street Address	City	Church to and		State	Zip Code				
6 Ward St	<u> </u>	Stratford Name of Employ	or.	СТ	06614				
Principal Occupation Teacher		1 '	of Bridgeport						
		-	obbvist spouse or	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	dependent child of		111100	an of controunon				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1? Yes X Cash Personal Check									
X No X Cash Personal Check If yes, list Event #	06/	27/2012	\$10.00		\$10.00				
in yes, list Event # I Money Order I Credit/Debit Card									
Last Name	First			MI	Contribution ID #				
Bochet		Cheryl			0343				
Residential Street Address	City			State	Zip Code				
520 Tashua Rd		Trumbull		СТ	06611				
Principal Occupation		Name of Employ							
La stillata a sincial of attacks and attac			eport BOE	۸					
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		-	x _{No}						
Is this contribution associated with a Mathed of contribution.	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
X No Cash Personal Check	06/	27/2012	\$10.00		\$10.00				
If yes, list Event #	I / .	*		I	•				

Page 89 of 145

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Gomes 2012 July 10 Filing - Original								
Gomes 2012 July 10 Filing - Original								
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Speer		Eamon			0344			
Residential Street Address	City			State	Zip Code			
105 Pierce Ave		Bridgeport		СТ	06604			
Principal Occupation Custodian		Name of Employe	er n Country Day School					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution			
	0	dependent child o	<u> </u>					
If yes, indicate which branch or branches of government the contract is with:			x No]				
Is this contribution associated with a Gundroicing event listed in Section 112	Date	Received	Aggregate Contributions					
x Cash Personal Check			45.00		45.00			
If yes, list Event #	06/	27/2012	\$5.00		\$5.00			
Last Name	First			MI	Contribution ID #			
Swain		Patricia			0345			
Residential Street Address	City			State	Zip Code			
500 Cleveland Ave		Bridgeport		СТ	06604			
Principal Occupation		Name of Employe	er	-	•			
Manager		Green	field Liquor					
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a lo dependent child o	obbyist, spouse, or f a labbyist? Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of		dependent enna o						
government the contract is with: Is this contribution associated with a Method of contribution: Method of contribution:	Doto	Received	Aggregate Contributions	-				
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions					
X No Zash Personal Check	06/	27/2012	\$5.00		\$5.00			
If yes, list Event #	00,		Ψ5.00		45.55			
Last Name	First			MI	Contribution ID #			
Speer		Diane			0346			
Residential Street Address	City			State	Zip Code			
105 Pierce Ave	<u> </u>	Bridgeport		СТ	06604			
Principal Occupation		Name of Employe						
Teacher — — — — — — — — — — — — — — — — — — —			eld Public Schools	1	ınt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child o	obbyist, spouse, or fa lobbyist? Yes	Amou	int of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1				
tundraising event listed in Section 31?								
If yes, list Event # Cash Credit/Debit Card	06/	27/2012	\$5.00		\$5.00			
	l				I			
Last Name	First	C :		MI	Contribution ID #			
O'Donnell Residential Street Address	City	Ciaran		State	0347 Zip Code			
505 W McKinley Ave	City	Bridgeport		CT	06604			
Principal Occupation		Name of Employe	er	1				
		Abbey	Tent & Party Rental					
Is contributor a principal of a state contractor or prospective state contractor?	`		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child o	i a lobbyist?					
government the contract is with:			x _{No}	1				
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No No Personal Check	06.7	27/2012	фГ О О		¢Ε 00			
If yes_list Event # No Money Order Credit/Debit Card	1 00/	27/2012	\$5.00	1	\$5.00			

Page 90 of 145

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Gomes 2012 July 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
O'Donnell		Caitlin			0348				
Residential Street Address	City			State	Zip Code				
505 W McKinley Ave		Bridgeport		СТ	06604				
Principal Occupation		Name of Employ	er						
Waitress		GAC							
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of Executive Legislative		dependent enna (x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?			86 .8						
X No Cash Personal Check	06/	27/2012	\$5.00		\$5.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
O'Donnell		Brendan			0349				
Residential Street Address	City			State	Zip Code				
505 W McKinley Ave		Bridgeport		СТ	06604				
Principal Occupation		Name of Employ	er						
Director of Ticket Operations		New E	Britain Rock Cats	_					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of		dependent child of	of a foodyist?						
government the contract is with:			x No						
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
X Cash Personal Check									
If yes, list Event # Money Order Credit/Debit Card	06/	27/2012	\$5.00		\$5.00				
Last Name	First			MI	Contribution ID #				
Gonzalez	FIISt	Joel		IVII	0350				
Residential Street Address	City			State	Zip Code				
909 Maplewood Ave	City	Bridgeport		CT	06605				
Principal Occupation	!	Name of Employ	er	<u> </u>	1 00000				
Service Assistant		City o	f Bridgeport						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution				
	0	dependent child of	-						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
Tundraising event listed in Section 31?									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	06/	27/2012	\$10.00		\$10.00				
Lad Name	E:t			M	Contribution ID#				
Last Name Barnes	First	Robert		MI	Contribution ID # 0351				
Residential Street Address	City	Robert		State	Zip Code				
8702 Elmdale Ter	City	Macedonia		OH	44056				
Principal Occupation	<u> </u>	Name of Employ	er	· · ·	1				
Liquidator		Self							
Is contributor a principal of a state contractor or prospective state contractor?	2	Is contributor a l	obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of		dependent child of	or a robbyist?						
government the contract is with:			x _{No}						
Is this contribution associated with a fundraising event listed in Section 112	Date	Received	Aggregate Contributions						
Tulidasing event instead in Section 71:									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	06/	27/2012	\$10.00		\$10.00				

Page 91 of 145

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Gomes 2012	July 10 Filing - Original								
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Sorrentino		Vincent			0352				
Residential Street Address	City			State	Zip Code				
220 Lake Ave	L	Trumbull		СТ	06611				
Principal Occupation Weigh Master		Name of Employ	^{er} f Bridgeport						
		-		Amor	ant of Contribution				
Yes X N	О	dependent child of	Vac						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a Section 119 Yes Method of contribution:	Date	Received	Aggregate Contributions						
Tundraising event listed in Section 31?									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	06/	27/2012	\$10.00		\$10.00				
				l	1				
Last Name	First	0.11		MI	Contribution ID #				
Eliacin Residential Street Address	City	Cathelina		V State	0353 Zip Code				
955 Main St # 815	City	Bridgeport		CT	06604				
Principal Occupation		Name of Employ	er	Ci	00004				
Associate Microbiologist			roducts Corporation						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	ant of Contribution				
	0	dependent child of	<u></u>						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1? X No	l								
If yes, list Event # Money Order Credit/Debit Card	06/	27/2012	\$10.00		\$10.00				
Last Name	First			MI	Contribution ID #				
Wasmer	l list	Ann		G	0354				
Residential Street Address	City			State	Zip Code				
201 Old Academy Rd		Fairfield		СТ	06824				
Principal Occupation		Name of Employ	er						
Retired		None							
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of		dependent child (I a loooyist:						
government the contract is with: Is this contribution associated with a Method of contribution: Method of contribution:	D-4-	Received							
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions						
X No Cash X Personal Check	06/	27/2012	\$100.00		\$100.00				
If yes, list Event #			4						
Last Name	First			MI	Contribution ID #				
Wasmer		Pedro		E	0355				
Residential Street Address	City			State	Zip Code				
201 Old Academy Rd		Fairfield		СТ	06824				
Principal Occupation		Name of Employ	er						
Retired		None	11 1 c						
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	o	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		-	x _{No}						
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1					
fundraising event listed in Section J1?									
If yes, list Event # Cash X Personal Check No Money Order Credit/Debit Card	06/	27/2012	\$100.00		\$100.00				

Page 92 of 145

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Gomes 2012			July 10 Filing - Original						
B. Itemized Contributions from	m Ind	lividuals							
Last Name	First			MI	Contribution ID #				
Lee		John		М	0356				
Residential Street Address	City			State	Zip Code				
30 Beacon St		Bridgeport		СТ	06605				
Principal Occupation Financial Listener		Name of Employ Self	er						
			obbyist, spouse, or	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	Vac	7 tinou	ant of Contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
Tundraising event instead in Section 31:									
If yes, list Event # Cash Cash Personal Check Money Order Credit/Debit Card	06/	27/2012	\$75.00		\$25.00				
	I				T				
Last Name	First			MI	Contribution ID #				
Sorrentino Residential Street Address	City	Valerie		State	0357 Zip Code				
220 Lake Ave	City	Trumbull		CT	06611				
Principal Occupation		Name of Employ	er	CI	1 00011				
Deputy Director			f Bridgeport						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	ant of Contribution				
If yes, indicate which branch or branches of	0	dependent child of	of a lobbyist?						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
Cash X Personal Check									
If yes, list Event # Money Order Credit/Debit Card	06/	27/2012	\$10.00		\$10.00				
Last Name	First			MI	Contribution ID #				
Coleman	1 1100	Pamela			0358				
Residential Street Address	City			State	Zip Code				
77 Wintonbury Ave		Bloomfield		СТ	06602				
Principal Occupation		Name of Employ	er	=	•				
Executive Assistant		State	of Connecticut						
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of		dependent ennu (x No						
government the contract is with: Is this contribution associated with a Method of contribution: Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions						
X No Cash X Personal Check	06/	27/2012	\$50.00		\$50.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Alfonso		Aleida			0359				
Residential Street Address	City			State	Zip Code				
633 Capitol Ave		Bridgeport		СТ	06606				
Principal Occupation		Name of Employ	er ed Teacher						
Is contributor a principal of a state contractor or prospective state contractor?			.1.1	Amou	unt of Contribution				
Yes X N	0	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
If yes, list Event # Cash Credit/Debit Card	06/	27/2012	\$50.00		\$50.00				

Page 93 of 145

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Gomes 2012 July 10 Filing - Original								
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Easley	a:	George		A	0360			
Residential Street Address 262 West Ave	City	Stratford		State	Zip Code 06615			
Principal Occupation	<u> </u>	Name of Employ	or .	СТ	00013			
Timerpai Occupation		Retire						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a le	obbyist, spouse, or	Amou	nt of Contribution			
Yes X No	0	dependent child of	if a lobbyist?					
government the contract is with: Executive Legislative			x No					
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions					
Cash Personal Check								
If yes, list Event # Money Order Credit/Debit Card	06/	27/2012	\$25.00		\$25.00			
Last Name	First			MI	Contribution ID #			
Baptista	11130	Albertina		1411	0361			
Residential Street Address	City	7.115-01-01-11-0		State	Zip Code			
145 Robin St		Bridgeport		СТ	06606			
Principal Occupation		Name of Employ	er	•	•			
Acting Deputy Director of Health		City o	f Bridgeport					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child o	·					
government the contract is with: Executive Legislative	D-4-	D d		-				
Is this contribution associated with a fundraising event listed in Section J1? X Yes Method of contribution:	Date	Received	Aggregate Contributions					
No Cash X Personal Check	06/	28/2012	\$25.00		\$25.00			
If yes, list Event # 06282012A	00/	20,2012	¥23.00		423.00			
Last Name	First			MI	Contribution ID #			
Hall		Yvette			0362			
Residential Street Address	City			State	Zip Code			
286 Sunshine Cir	<u> </u>	Bridgeport		СТ	06606			
Principal Occupation		Name of Employ						
Office Manager			Chem LLC obbyist, spouse, or	T				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child o	V	Amou	int of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with a fundricing agent listed in Section 112	Date	Received	Aggregate Contributions	1				
Tunidraising event insection 31:								
If yes, list Event # 06282012A Cash Credit/Debit Card	06/	28/2012	\$140.00		\$50.00			
Last Name	First			MI	Contribution ID #			
McCarthy Projection of Court Address	City	John		F	0363			
Residential Street Address 152 Morehouse St	City	Bridgeport		State	Zip Code 06605			
Principal Occupation		Name of Employe	er	1 01	00003			
. In confine		Retire						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a le	obbyist, spouse, or Yes	Amou	int of Contribution			
If we indicate which branch or branches of	υ	dependent child of	i a lobbyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
Tunidasing event issed in Section 31:		20/2012			+20.00			
If yes list Event # 06282012A	06/	28/2012	\$20.00		\$20.00			

Page 94 of 145

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Gomes 2012 July 10 Filing - Original									
B. Itemized Contributions from	n Ind	lividuals							
Last Name	First			MI	Contribution ID #				
Burgo	O.	Barbara		A	0364				
Residential Street Address 82B Yaremich Dr	City	Pridagnort		State	Zip Code 06606				
		Bridgeport Name of Employe	or .	СТ	00000				
Principal Occupation Name of Employer Cafe Aide Nutrition Center Bridgeport									
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le	obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		dependent cinia o	x _{No}						
government the contract is with:	Date	Received	Aggregate Contributions	1					
fundraising event listed in Section J1?			888						
If yes, list Event # 06282012A	06/2	28/2012	\$50.00		\$20.00				
Last Name	First			MI	Contribution ID #				
Jones, Jr		Lyle			0365				
Residential Street Address	City	, -		State	Zip Code				
89 Weber Ave		Bridgeport		СТ	06610				
Principal Occupation		Name of Employe	er	-					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a le	obbyist, spouse, or	Amou	unt of Contribution				
Yes X No)	dependent child of	Voc						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1					
Cash Rersonal Check		20/2012	400.00						
If yes, list Event # 06282012A No Money Order Credit/Debit Card	06/.	28/2012	\$20.00		\$20.00				
Last Name	First			MI	Contribution ID #				
Brantley		Gwen			0366				
Residential Street Address	City			State	Zip Code				
51 Yale St		Bridgeport		СТ	06605				
Principal Occupation Human Resources		Name of Employ	er						
			obbyist, spouse, or	Amor	unt of Contribution				
Yes A No)	dependent child o	3/						
If yes, indicate which branch or branches of government the contract is with:			x No						
Is this contribution associated with a fundamining event listed in Section 112	Date	Received	Aggregate Contributions]					
Tunidasing event instead in Section 31:									
If yes, list Event # 06282012A	06/2	28/2012	\$50.00		\$50.00				
Last Name	First			MI	Contribution ID #				
Desrosiers		Philippe			0367				
Residential Street Address	City			State	Zip Code				
640 Laurel Ave		Bridgeport		СТ	06605				
Principal Occupation		Name of Employer City o	^{er} f Bridgeport						
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or	Amou	ant of Contribution				
If yes, indicate which branch or branches of Executive Legislative		acpendent child to	x No						
government the contract is with:	Date	Received	Aggregate Contributions	-					
fundraising event listed in Section J1?			30 -0						
If yes list Event # 062820124	06/2	28/2012	\$5.00		\$5.00				

Page 95 of 145

I, MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Gomes 2012 July 10 Filing - Original									
Gomes 2012 July 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Czulada		Alfred		J	0368				
Residential Street Address	City			State	Zip Code				
101 High Meadow Rd Principal Occupation		Southport Name of Employe		СТ	06890				
Inspector		1 7	er rup Grumman						
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le	obbyist, spouse, or for lobbyist? Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		dependent cinia o	x No						
government the contract is with:	Date	Received	Aggregate Contributions	-					
fundraising event listed in Section J1?			88 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6 -						
If yes, list Event # 06282012A Cash Personal Check Money Order Credit/Debit Card	06/2	28/2012	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Mintz		George		М	0369				
Residential Street Address	City			State	Zip Code				
86 Ridgebrook Dr		Bridgeport		СТ	06606				
Principal Occupation		Name of Employe	er	-	•				
		Retire	d						
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		dependent cinia o	x No						
Is this contribution associated with a fundaming award listed in Section 112.	Date	Received	Aggregate Contributions	1					
No Cash Personal Check	06/2	28/2012	\$25.00		\$25.00				
If yes, list Event # 06282012A		,			·				
Last Name	First			MI	Contribution ID #				
Bailey		Janet			0370				
Residential Street Address	City			State	Zip Code				
825 Briarwood Ave		Bridgeport		СТ	06604				
Principal Occupation Printer, Etc		Name of Employer Self	er						
,			obbyist, spouse, or	Amou	nt of Contribution				
Yes A No)	dependent child of	•						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions	1					
tundralsing event listed in Section 31?									
If yes, list Event # Cash Credit/Debit Card Cash Personal Check Credit/Debit Card Credit/Debit Ca	06/2	28/2012	\$5.00		\$5.00				
Last Name	First			MI	Contribution ID #				
Blackwell-Todd		Nancy			0371				
Residential Street Address	City			State	Zip Code				
1656 Chopsey Hill Rd		Bridgeport		СТ	06606				
Principal Occupation		Name of Employe							
Teacher			Haven Public Schools						
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	Is contributor a le dependent child of	obbyist, spouse, or	Amou	nt of Contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1					
tundraising event listed in Section 31?									
If yes list Event # Cash Credit/Debit Card	06/	28/2012	\$15.00		\$15.00				

Page 96 of 145

I. MONETARY RECEIPT	S (S	ection A-I)	I ====================================			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Gomes 2012 July 10 Filing - Original						
B. Itemized Contributions from	n Ind	lividuals				
Last Name	First			MI	Contribution ID #	
Blackwell, Jr		Luther		А	0372	
Residential Street Address	City	D : 1		State	Zip Code	
955 Connecticut Ave # 1215 Principal Occupation	<u> </u>	Bridgeport Name of Employe	or.	СТ	06607	
Musician			mployed			
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a lo	obbyist, spouse, or Yes	Amou	int of Contribution	
If yes, indicate which branch or branches of Executive Legislative		dependent cinia o	x No			
government the contract is with: In this containation associated with a Mathed of containation.	Date	Received	Aggregate Contributions	1		
fundraising event listed in Section J1?			88 -8			
If yes, list Event # Cash X Personal Check Money Order Credit/Debit Card	06/	28/2012	\$25.00		\$25.00	
Last Name	First			MI	Contribution ID #	
George		Peter		J	0373	
Residential Street Address	City			State	Zip Code	
552 Maplewood Ave		Bridgeport		СТ	06605	
Principal Occupation		Name of Employe	er	-	•	
Teacher		Retire	d			
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a lo dependent child o	obbyist, spouse, or Yes	Amou	int of Contribution	
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		dependent child o	x No			
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1		
fundraising event listed in Section J1? X No	06/	28/2012	\$25.00		\$25.00	
If you, his Event in				<u> </u>		
Last Name	First			MI	Contribution ID #	
Caciopoli	a:	Edith		L	0374	
Residential Street Address 490 Woodside Ave	City	Bridgeport		State	Zip Code 06606	
Principal Occupation	<u> </u>	Name of Employe	er	1 01	00000	
Teacher Assistant (PT)			eighborhood House			
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution	
If yes, indicate which branch or branches of	0	dependent child o	i u loboyist:			
government the contract is with: Executive Legislative			x _{No}	_		
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions			
If yes, list Event # X No	06/	28/2012	\$50.00		\$50.00	
Lost Nama	First			MI	Contribution ID#	
Last Name Milner	FIISt	Brenda		MI	Contribution ID # 0375	
Residential Street Address	City	Dienda		State	Zip Code	
207 Park St	,	Bloomfield		CT	06002	
Principal Occupation		Name of Employe	er		ļ.	
		Retire	d			
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a lo dependent child o	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution	
If yes, indicate which branch or branches of Executive Legislative			x No			
government the contract is with.	Date	Received	Aggregate Contributions	1		
s this contribution associated with a fundraising event listed in Section J1? X Yes X Personal Check						
If yes list Event # 062820124	06/	28/2012	\$40.00		\$40.00	

Page 97 of 145

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	,	TYPE OF REPORT							
Gomes 2012		July 10 Filing - Original							
B. Itemized Contributions from Individuals									
Last Name Fi	First		MI	Contribution ID #					
Swilling	Nita			0376					
	City		State	Zip Code					
16 Lakeside Ave	Bridgeport		СТ	06606					
Principal Occupation Event Planner	Name of Employ	er Iling Event							
	_	11.11	Amou	unt of Contribution					
Yes X No	dependent child of	Vac							
If yes, indicate which branch or branches of government the contract is with:		x _{No}							
IXI vas I	Date Received	Aggregate Contributions							
Cook X Description of Check									
If yes, list Event # 06282012A No Money Order Credit/Debit Card 0	06/28/2012	\$100.00		\$100.00					
Last Name Fi	First		MI	Contribution ID #					
Palaia	Lawrence		IVII	0377					
	City		State	Zip Code					
120 Deerfield Dr	Easton		СТ	06612					
Principal Occupation	Name of Employ	er							
Sanitarian	City o	f Bridgeport							
Is contributor a principal of a state contractor or prospective state contractor?		obbyist, spouse, or General Advanced Yes	Amou	int of Contribution					
If yes, indicate which branch or branches of	dependent child of	a loodyist?							
government the contract is with: Executive Legislative		x _{No}							
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: D Method of contribution:	Date Received	Aggregate Contributions							
No Cash X Personal Check	06/28/2012	\$100.00		\$100.00					
If yes, list Event # 06282012A	30, 20, 2012	\$100.00		4100.00					
Last Name Fi	First		MI	Contribution ID #					
Murphy	Wilfred		Е	0378					
Residential Street Address C	City		State	Zip Code					
119 Karen Ct # B	Bridgeport		CT	06602					
Principal Occupation	Name of Employ								
Program Coordinator Is contributor a principal of a state contractor or prospective state contractor?		f Bridgeport obbyist, spouse, or	Amor	ant of Contribution					
Is contributor a principal of a state contractor or prospective state contractor? Yes No	dependent child of		Amot	ant of Contribution					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		x _{No}							
	Date Received	Aggregate Contributions							
Tundraising event instead in Section 31:									
	06/28/2012	\$100.00		\$100.00					
Last Name Fi	First		MI	Contribution ID #					
Hughes	Scott		IVII	0379					
	City		State	Zip Code					
144 Golden Hill St # 706	Bridgeport		СТ	06604					
Principal Occupation	Name of Employ	er		•					
Librarian	City o	f Bridgeport Library							
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution					
If yes, indicate which branch or branches of	dependent enité (
government the contract is with: Is this contribution associated with a Method of contribution: Description: Method of contribution: Description:									
IXI vas I	Date Received								
fundraising event listed in Section J1? Cash Regional Check	Date Received	Aggregate Contributions							

Page 98 of 145

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT								
Gomes 2012			July 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Kelly		Craig			0380				
Residential Street Address	City			State	Zip Code				
704 Iranistan Ave		Bridgeport		СТ	06605				
Principal Occupation		Name of Employ Retire							
Is contributor a principal of a state contractor or prospective state contractor?			11.14	Amou	unt of Contribution				
Yes X No	0	dependent child of	Vac						
If yes, indicate which branch or branches of government the contract is with:			x No						
Is this contribution associated with a X Voc Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1? Cash Personal Check									
If yes, list Event # 06282012A No Money Order Credit/Debit Card	06/	28/2012	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Prague	11130	Edith		IVII	0381				
Residential Street Address	City			State	Zip Code				
138 Route 87		Columbia		СТ	06237				
Principal Occupation		Name of Employ	er		•				
Senator		State	of CT						
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of		dependent ennu (
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions						
X No Cash X Personal Check	06/	28/2012	\$100.00		\$100.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Crespo		Luis			0382				
Residential Street Address	City			State	Zip Code				
82 Maplewood Dr	<u> </u>	Bridgeport		СТ	06468				
Principal Occupation Mechanic		Name of Employ	er O Transmissions						
			obbyist spouse or	Amou	ant of Contribution				
Yes 🔼 No	0	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with a fundamining event listed in Section 112	Date	Received	Aggregate Contributions						
Tunidialising event listed in Section 31?									
If yes, list Event # 06282012A No Money Order Credit/Debit Card	06/	28/2012	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Green		Kenneth			0383				
Residential Street Address	City			State	Zip Code				
223 Granby St		Hartford		СТ	06112				
Principal Occupation		Name of Employ	er						
Social Worker			is Chaffee School						
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
Is this contribution associated with a Mathed of contribution.	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
X No	06/	28/2012	\$100.00		\$100.00				

Page 99 of 145

I, MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT								
Gomes 2012 July 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Brewer		Gertrude		Н	0384				
Residential Street Address	City			State	Zip Code				
28 Palmer St		Bridgeport		СТ	06606				
Principal Occupation R.N.		Name of Employ	er ncent's Medical Center						
			obbyist, spouse, or	Amou	unt of Contribution				
Yes X No	0	dependent child of	Vac						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with a Society II2 Yes Method of contribution:	Date	Received	Aggregate Contributions						
Tundraising event instead in Section 31:									
If yes, list Event # Cash Cash Personal Check Money Order Credit/Debit Card	06/	28/2012	\$5.00		\$5.00				
Last Name	First			MI	Contribution ID #				
Vermont-Fuller	Tiist	Carolyn		IVII	0385				
Residential Street Address	City	Carolyn		State	Zip Code				
90 Dodd Ave		Bridgeport		СТ	06606				
Principal Occupation		Name of Employ	er		•				
Manager		Paren	t Leadership Training						
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of		dependent child (
government the contract is with: Is this contribution associated with a Method of contribution: Method of contribution:	Doto	Received		ļ					
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions						
X No Cash X Personal Check	06/	28/2012	\$50.00		\$50.00				
If yes, list Event #		-, -	1.1.1.1						
Last Name	First			MI	Contribution ID #				
Meekins		Ted		Α	0386				
Residential Street Address	City			State	Zip Code				
45 Iwanicki Cir		Bridgeport		СТ	06610				
Principal Occupation		Name of Employ							
Engineering Manager Is contributor a principal of a state contractor or prospective state contractor?			Cell Energy LLC obbyist, spouse, or	Amou	ant of Contribution				
Yes 🔼 N	0	dependent child of							
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
Tundraising event risted in Section 31?									
If yes, list Event # Cash Credit/Debit Card	06/	28/2012	\$25.00		\$25.00				
Last Name	First			MI	Contribution ID #				
Hart		Odis			0387				
Residential Street Address	City			State	Zip Code				
323 Fairfield Ave # 106		Bridgeport		СТ	06604				
Principal Occupation		Name of Employ	er						
None		Retire							
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		- "	x No						
government the contract is with:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
If yes, list Event # 06282012A	06/	28/2012	\$20.00		\$20.00				

Page 100 of 145

I. MONETARY RECEIPT	S (S	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Gomes 2012 July 10 Filing - Original					
Gomes 2012					
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Freddino		Michael			0388
Residential Street Address	City	Duidenne		State	Zip Code
31 Rusling Pl Principal Occupation		Bridgeport Name of Employe	or	СТ	06604
Tindpai Occupation			f Bridgeport		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	ınt of Contribution
	0	dependent child of		3	
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with a fundamining agent listed in Section 112	Date	Received	Aggregate Contributions		
Cash Personal Check					
If yes, list Event # 06282012A No Money Order Credit/Debit Card	06/	28/2012	\$25.00		\$25.00
Last Name	First			MI	Contribution ID #
Baptista	First	Albertina		IVII	0389
Residential Street Address	City	Albertina		State	Zip Code
145 Robin St		Bridgeport		СТ	06606
Principal Occupation		Name of Employ	er	•	•
Acting Deputy Director of Health		City o	f Bridgeport		
Is contributor a principal of a state contractor or prospective state contractor?	D		obbyist, spouse, or Yes	Amou	ınt of Contribution
If yes, indicate which branch or branches of		dependent child of	if a fobbyist?		
government the contract is with: Executive Legislative	L	D 1 1	X No	_	
Is this contribution associated with a fundraising event listed in Section J1? X Yes Method of contribution:	Date	Received	Aggregate Contributions		
No Cash X Personal Check	06/	28/2012	\$175.00		\$75.00
If yes, list Event # 06282012A	00/	20,2012	\$173.00		
Last Name	First			MI	Contribution ID #
Salonen		Neil			0390
Residential Street Address	City			State	Zip Code
409 Waldemere Ave		Bridgeport		СТ	06604
Principal Occupation		Name of Employ			
President			rsity of Hartford		
Is contributor a principal of a state contractor or prospective state contractor?	0	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of X Executive Legislative			x _{No}		
government the contract is with: Is this contribution associated with a fundricing over listed in Scotlon 112. X Yes Method of contribution:	Date	Received	Aggregate Contributions	1	
Tunidraising event insection 31:					
If yes, list Event # 06282012A Cash Credit/Debit Card	06/	28/2012	\$50.00		\$50.00
injus, inclusion in the contract of the contra				1	
Last Name	First			MI	Contribution ID #
Salonen Residential Street Address	Cit	Rebecca		J	0391
409 Waldemere Ave	City	Bridgeport		State CT	Zip Code 06604
Principal Occupation		Name of Employe	er	CI	00004
. In confine		None			
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a le	obbyist, spouse, or For labbridge Yes	Amou	ant of Contribution
If you indicate which brough or broughes of	υ	dependent child of	i a lobbyist?	· [
government the contract is with: X Executive Legislative			x _{No}	_	
Is this contribution associated with a fundraising event listed in Section 112	Date	Received	Aggregate Contributions		
Tunidasing event issed in Section 31:		20/2012	450.00		+50.00
If yes list Event # 06282012A	06/	28/2012	\$50.00	1	\$50.00

Page 101 of 145

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	o (o	ection A-1)	TYPE OF REPORT					
Gomes 2012 July 10 Filing - Original								
B. Itemized Contributions from Individuals								
	First	ii viuuuis		MI	Contribution ID #			
Last Name	FIISt	Thomas			0392			
McCarthy Residential Street Address	City	Thomas		C				
	City	Duideanaut			Zip Code			
135 Harlem Ave		Bridgeport		СТ	06606			
Principal Occupation		Name of Employ						
Deputy Director of Labor Relations			f Bridgeport					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	,	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with:	Dete	D i 4						
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
Cash X Personal Check	0.511	20 (2012	450.00					
If yes, list Event # 06282012A No Money Order Credit/Debit Card	06/.	28/2012	\$50.00		\$50.00			
Last Name	First			MI	Contribution ID #			
Coleman, Jr		Earl			0393			
Residential Street Address	City			State	Zip Code			
230 Carroll Ave Fl 3		Bridgeport		СТ	06607			
Principal Occupation		Name of Employ	er					
		City o	f Bridgeport					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	nt of Contribution			
	,	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with a fundamining quent listed in Section 112	Date	Received	Aggregate Contributions					
rundraising event risted in Section 31?								
U No F	06/2	28/2012	\$5.00		\$5.00			
If yes, list Event # 06282012A								
Last Name	First			MI	Contribution ID #			
Frazier		Jennifer			0394			
Residential Street Address	City			State	Zip Code			
814 Maplewood Ave Apt A		Bridgeport		СТ	06605			
Principal Occupation		Name of Employ	er					
Epidemioligical Investigator		1 ,	f Bridgeport					
			obbyist, spouse, or	Amou	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of						
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with.	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?	Dute	Received	Aggregate Contributions					
No Cash Personal Check	067	28/2012	\$5.00		\$5.00			
If yes, list Event # 06282012A	00/.	20/2012	\$5.00		\$3.00			
	Б			1.0	G (1 (ID#			
Last Name	First			MI	Contribution ID #			
Jackson, III		Primus			0395			
Residential Street Address	City			State	Zip Code			
36 Virginia Ave		Bridgeport		СТ	06610			
Principal Occupation		Name of Employ						
Custodial Supervisor			f Bridgeport					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	,	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		acpendent child (or a roodyrst?					
government the contract is with:			x _{No}					
Is this contribution associated with a Method of contribution: Section 112 Yes	Date	Received	Aggregate Contributions					
rundraising event listed in Section J1?								
If yes, list Event #	06/2	28/2012	\$5.00		\$5.00			

Page 102 of 145

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT July 10 Filing - Original						
Gomes 2012			July 10 Filling - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Gaines		Lauren			0396				
Residential Street Address	City			State	Zip Code				
30 Nautilus Rd	<u> </u>	Bridgeport		СТ	06606				
Principal Occupation Physical Thorapy Assistant		Name of Employ	er acents Special Needs						
Physical Therapy Assistant Is contributor a principal of a state contractor or prospective state contractor?			abbriet enauge or	Amor	unt of Contribution				
Yes X N	О	dependent child of	Voc						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with a	Date	Received	Aggregate Contributions	1					
fundraising event listed in Section J1? X Cash Personal Check									
If yes, list Event # 06282012A No Money Order Credit/Debit Card	06/	28/2012	\$10.00		\$10.00				
				l	1				
Last Name	First	_		MI	Contribution ID #				
Goldring Residential Street Address	City	Tom		State	0397 Zip Code				
5 Pinepoint Dr	City	Bridgeport		CT	06606				
Principal Occupation		Name of Employ	er	Ci	00000				
Health Admin.		GBAP							
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	ant of Contribution				
Yes X N If yes, indicate which branch or branches of	o	dependent child of	of a lobbyist?						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a fundamining quent listed in Section 112	Date	Received	Aggregate Contributions						
X Cash Personal Check									
If yes, list Event # 06282012A No Money Order Credit/Debit Card	06/	28/2012	\$25.00		\$25.00				
Last Name	First			MI	Contribution ID #				
Hill	1 1130	Alice			0398				
Residential Street Address	City			State	Zip Code				
410C Trumbull Ave		Bridgeport		СТ	06606				
Principal Occupation		Name of Employ	er	=	•				
Disabled		N/A							
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of		dependent ennu (I a loooyist:						
government the contract is with: Is this contribution associated with a Method of contribution: Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions						
No Sash Personal Check	06/	28/2012	\$5.00		\$5.00				
If yes, list Event # 06282012A									
Last Name	First			MI	Contribution ID #				
Andrews		Cowlis			0399				
Residential Street Address	City			State	Zip Code				
46 Jennifer Dr		Bridgeport		СТ	06610				
Principal Occupation		Name of Employ							
Bureaucrat Is contributor a principal of a state contractor or prospective state contractor?		State	obbriet enouge or	Amou	ant of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	о	dependent child of	Vac	Amot	iit of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with.	Date	Received	Aggregate Contributions						
Is this contribution associated with a fundraising event listed in Section J1? X Yes Method of contribution: X Cash Personal Check									
If yes, list Event # 06282012A No X Cash Personal Check	06/	28/2012	\$100.00		\$100.00				

Page 103 of 145

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT						
Gomes 2012			July 10 Filing - Original						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Middlemass		Marilyn			0400				
Residential Street Address	City			State	Zip Code				
119 Hickory St	<u> </u>	Bridgeport		СТ	06610				
Principal Occupation		Name of Employ	er nson Country Club						
Server Is contributor a principal of a state contractor or prospective state contractor?			abbyigt groups or	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	Vac	7 tinot	ant of Contribution				
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with a fundraising event listed in Section 112	Date	Received	Aggregate Contributions	1					
Tundraising event instead in Section 31:									
If yes, list Event # 06282012A No Money Order Credit/Debit Card	06/	28/2012	\$20.00		\$20.00				
	I			1					
Last Name	First	6		MI	Contribution ID #				
McBroom Residential Street Address	City	Gregory		M State	0401 Zip Code				
115 Yale St # B5	City	Bridgeport		CT	06605				
Principal Occupation		Name of Employ	er	<u> </u>	1 00003				
Director of Sales and Marketing		Pictur	e That LLC						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of	5	dependent child of	of a lobbyist?						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions						
Cash Personal Check	06.0	20/2012	+40.00		+10.00				
If yes, list Event # 06282012A No Money Order Credit/Debit Card	06/.	28/2012	\$10.00		\$10.00				
Last Name	First			MI	Contribution ID #				
Askew		Michael			0402				
Residential Street Address	City			State	Zip Code				
58 Ohio Ave		Bridgeport		СТ	06610				
Principal Occupation		Name of Employ	er						
Manager		CCAR							
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with.	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?			86 18						
No No Personal Check	06/	28/2012	\$40.00		\$40.00				
If yes, list Event # 06282012A									
Last Name	First			MI	Contribution ID #				
Roach		Daniel			0403				
Residential Street Address	City			State	Zip Code				
19 Quinlan Ave		Bridgeport		СТ	06608				
Principal Occupation Restaurant Owner		Name of Employ Self	er						
			obbyist, spouse, or	Amou	unt of Contribution				
Yes X No	0	dependent child of	Vac						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1					
Tunidialising event listed in Section 31:									
If yes, list Event # 06282012A No Money Order Credit/Debit Card	06/	28/2012	\$50.00		\$50.00				

Page 104 of 145

I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	5 (5 (ection A-1)	TYPE OF REPORT					
Gomes 2012 July 10 Filing - Original								
B. Itemized Contributions from Individuals								
		lividuals		<u> </u>				
Last Name	First			MI	Contribution ID #			
Roach		Bonnie			0404			
Residential Street Address	City			State	Zip Code			
19 Quinlan Ave		Bridgeport		СТ	06605			
Principal Occupation		Name of Employ						
Senior Center Coordinator		Depai	rtment of Aging, City of Bridg	geport				
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a fobbyist?					
government the contract is with:			X No]				
Is this contribution associated with a fundamining event listed in Section 112.	Date	Received	Aggregate Contributions					
Tanditaising event instead in section 31?								
If yes, list Event # 06282012A	06/2	28/2012	\$5.00		\$5.00			
If yes, list Event # OOZOZOTZA INfoncy Order I Credit Debit Cald								
Last Name	First			MI	Contribution ID #			
Todd		Ocre		С	0405			
Residential Street Address	City			State	Zip Code			
1656 Chopsey Hill Rd		Bridgeport		СТ	06606			
Principal Occupation		Name of Employ	er					
Retired		Retire	ed					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes X No	,	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1				
fundraising event listed in Section J1?			00 0000					
x No Cash Personal Check	067	28/2012	\$10.00		\$10.00			
If yes, list Event #	00/.	20/2012	\$10.00		\$10.00			
Last Name	First			MI	Contribution ID #			
	FIISt	Angolo		T	0406			
King Residential Street Address	City	Angelo						
	City	Duidenne		State	Zip Code			
1375 Chopsey Hill Rd		Bridgeport		СТ	06606			
Principal Occupation		Name of Employ	er					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	,	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of			x _{No}					
government the contract is with:								
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
x No Cash Personal Check								
If yes, list Event #	06/	28/2012	\$5.00		\$5.00			
-				1				
Last Name	First			MI	Contribution ID #			
Ray		Vincent			0407			
Residential Street Address	City			State	Zip Code			
115 Stuyvesant PI # 2-5		Staten Island	d .	NY	33103			
Principal Occupation		Name of Employ	er					
DJ		Self						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a foodyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
Tundraising event listed in Section J1?								
If yes, list Event # Personal Check Money Order Credit/Debit Card	06/2	28/2012	\$5.00		\$5.00			

Page 105 of 145

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT								
Gomes 2012 July 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Valentine		Daniel		J	0408				
Residential Street Address	City			State	Zip Code				
329 Griffin Ave		Bridgeport		СТ	06606				
Principal Occupation Consultant		Name of Employ Self	er						
			obbyist, spouse, or	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	Vac	111100	an or commount				
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with a X Voc Method of contribution:	Date	Received	Aggregate Contributions						
Tunidialising event listed in Section 31:									
If yes, list Event # 06282012A No Money Order Credit/Debit Card	06/	28/2012	\$65.00		\$20.00				
					T				
Last Name	First			MI	Contribution ID #				
Narolewski Residential Street Address	City	Andy		State	0409 Zip Code				
138 Court D	City	Bridgeport		CT	06610				
Principal Occupation		Name of Employ	er	CI	1 00010				
Carpenter		1 ,							
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of)	dependent child of	of a lobbyist?						
government the contract is with: Executive Legislative			x No						
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions						
x Cash Personal Check									
If yes, list Event # 06282012A No Money Order Credit/Debit Card	06/.	28/2012	\$10.00		\$10.00				
Last Name	First			MI	Contribution ID #				
Blackwell	1 1100	Manasseh			0410				
Residential Street Address	City			State	Zip Code				
100 Concord St		Hamden		СТ	06514				
Principal Occupation		Name of Employ	er	=	•				
Admin / Program Assistant			nal Works Inc						
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of Executive Legislative		dependent ennu (x No						
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions						
X No Cash Personal Check	06/	28/2012	\$5.00		\$5.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Davis		Jonathan			0411				
Residential Street Address	City			State	Zip Code				
48 Williamsburg Dr		Bridgeport		СТ	06606				
Principal Occupation Probation Officer		Name of Employ							
		State Is contributor a l	-1.1	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	Vac	7 tinot	ant of Contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a Mathod of contribution.	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1? Yes Yes X Cash Personal Check									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	06/	28/2012	\$5.00		\$5.00				

Page 106 of 145

I. MONETARY RECEIPT	S (S	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Gomes 2012 July 10 Filing - Original					
Gomes 2012					
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Griffin		Cynthia			0412
Residential Street Address	City			State	Zip Code
169 Holly St Principal Occupation	<u> </u>	Bridgeport Name of Employe		СТ	06607
Principal Occupation		Name of Employ	er		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a le	obbyist, spouse, or	Amou	unt of Contribution
Yes X No	0	dependent child of	if a lobbyist?	S	
government the contract is with: Executive Legislative			x _{No}		
Is this contribution associated with a fundamining agent listed in Section 112	Date	Received	Aggregate Contributions		
X Cash Personal Check					
If yes, list Event # 06282012A No Money Order Credit/Debit Card	06/	28/2012	\$20.00		\$20.00
Last Name	First			MI	Contribution ID #
Basone		Karl			0413
Residential Street Address	City			State	Zip Code
848 Holland Hill Rd		Fairfield		СТ	06824
Principal Occupation		Name of Employe	er		•
Retired		Retire	d - City of Norwalk		
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a le dependent child of	obbyist, spouse, or Ye	Amou	ant of Contribution
If yes, indicate which branch or branches of		dependent enna e			
government the contract is with: Is this contribution associated with a Method of contribution: Method of contribution:	Doto	Received	Aggregate Contributions	-	
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
X No Zash Personal Check	06/	28/2012	\$10.00		\$10.00
If yes, list Event #	00,	-0, -01-	¥10.00		410.00
Last Name	First			MI	Contribution ID #
Truini		Brian		Р	0414
Residential Street Address	City			State	Zip Code
70 Inca Dr	<u> </u>	Trumbull		СТ	06611
Principal Occupation		Name of Employe			
Union Rep			371 UFCW obbyist, spouse, or	1	
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child o	V-	s	ant of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No	,	
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	7	
tundraising event listed in Section 31?					
If yes, list Event # Cash Credit/Debit Card	06/	28/2012	\$25.00		\$25.00
	l				ı
Last Name	First	Th		MI	Contribution ID #
Wilkinson Residential Street Address	City	Thomas		A State	O415 Zip Code
880 Valley Rd	City	Fairfield		CT	06825
Principal Occupation	!	Name of Employ	er	1	
Union Official		Local	371 UFCW		
Is contributor a principal of a state contractor or prospective state contractor?	`		obbyist, spouse, or Ye	Amou	ant of Contribution
If we indicate which branch or branches of	5	dependent child of	i a lobbyist?		
government the contract is with:			x No	-	
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
X No No Personal Check	06.7	20/2012	#100.00		¢100.00
If yes_list Event # No Money Order Credit/Debit Card	1 00/	28/2012	\$100.00	1	\$100.00

Page 107 of 145

I, MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	<u>s (s</u> i	ection A-1)	TYPE OF REPORT					
Gomes 2012 July 10 Filing - Original								
B. Itemized Contributions from Individuals								
B. Itemized Contributions from	_	lividuals						
Last Name	First			MI	Contribution ID #			
Brown		Bobbi			0416			
Residential Street Address	City			State	Zip Code			
285 Hollister Ave		Bridgeport		СТ	06607			
Principal Occupation		Name of Employ						
Studio Manager			Radio					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child (·					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
Tunidiaising event instead in Section 31:								
If yes, list Event # 06282012A	06/2	28/2012	\$20.00		\$20.00			
				l				
Last Name	First			MI	Contribution ID #			
Sloan		Alonzo			0417			
Residential Street Address	City			State	Zip Code			
669 Central Ave	L	Bridgeport		СТ	06607			
Principal Occupation		Name of Employ	er					
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a foodyist?					
government the contract is with:			x _{No}					
Is this contribution associated with a Method of contribution: Yes Yes	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	06/2	28/2012	\$5.00		\$5.00			
				<u> </u>				
Last Name	First			MI	Contribution ID #			
Sloan		Waltecia			0418			
Residential Street Address	City			State	Zip Code			
234 Alex St		Bridgeport		СТ	06607			
Principal Occupation		Name of Employ	er					
Nursing		Equor	niox Home Care					
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes	,		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	or a roodyrst:					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a Hethod of contribution: Yes Yes	Date	Received	Aggregate Contributions					
Tandraising event insect in section 31:								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	06/2	28/2012	\$5.00		\$5.00			
Last Name	First			MI	Contribution ID #			
Blake		Tyrone			0419			
Residential Street Address	City			State	Zip Code			
50 Cottage St		Bridgeport		СТ	06605			
Principal Occupation		Name of Employ	er					
		N/A						
Is contributor a principal of a state contractor or prospective state contractor?	$\overline{}$		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	of a foodyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	06/2	28/2012	\$5.00		\$5.00			

Page 108 of 145

I. MONETARY RECEIPTS (Section A-I)								
	<u>s (s</u> i	ection A-1)	TYPE OF REPORT					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Gomes 2012 July 10 Filing - Original								
Goiles 2012								
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Sloan		Alicia			0420			
Residential Street Address	City			State	Zip Code			
243 Alex St		Bridgeport		СТ	06607			
Principal Occupation	•	Name of Employ	er					
Deli Clerk		Stop	and Shop					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	Vac					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
	Date	Received	Aggregate Contributions					
s this contribution associated with a fundraising event listed in Section J1?								
X No Cash Personal Check	06/	28/2012	\$5.00		\$5.00			
If yes, list Event #			4-1					
Last Name	First			MI	Contribution ID #			
	1 1130	lossica		1411	0421			
Knight	Cit	Jessica		Ct-t-				
Residential Street Address	City			State	Zip Code			
686 Capitol Ave	L	Bridgeport		СТ	06606			
Principal Occupation		Name of Employ						
Driver		Enter						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	of a foodyist?					
government the contract is with: Executive Legislative			x No					
Is this contribution associated with a Sociated With a Yes Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?								
X No T	06/	28/2012	\$5.00		\$5.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Robinson		Carlaesha			0422			
Residential Street Address	City			State	Zip Code			
272 Newfield Ave		Bridgeport		CT	06605			
Principal Occupation		Name of Employ	or	C.	00003			
Cashier			nalls / Stop and Shop					
			obbyist, spouse, or	A.m.o.v	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of		Amou	int of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with:		D : 1						
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
If yes, list Event #	06/	28/2012	\$5.00		\$5.00			
Last Name	First			MI	Contribution ID #			
Quezada		Lorena			0423			
Residential Street Address	City			State	Zip Code			
1672 Reservoir Ave		Bridgeport		СТ	06606			
Principal Occupation		Name of Employ	er					
			Shack					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	о	dependent child of	Vac					
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
Is this contribution associated with a Method of contribution:	Data	Received	Aggregate Contributions					
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions					
x No Cash Personal Check	0.5	20/2012	±E 00		4 F.00			
If yes, list Event # Money Order Credit/Debit Card	06/	28/2012	\$5.00		\$5.00			

Page 109 of 145

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Gomes 2012			July 10 Filing - Original					
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Moore		Millicent			0424			
Residential Street Address	City			State	Zip Code			
929 Central Ave		Bridgeport		СТ	06607			
Principal Occupation		Name of Employ	er					
		N/A	11.14					
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		•	x _{No}					
Is this contribution associated with a Mathod of contribution.	Date	Received	Aggregate Contributions	1				
fundraising event listed in Section J1?								
X No X Cash Personal Check	06/	28/2012	\$5.00		\$5.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Robinson		Casidee			0425			
Residential Street Address	City			State	Zip Code			
272 Newfield Ave		Bridgeport		СТ	06607			
Principal Occupation		Name of Employ						
Cashier			and Shop					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a li dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	ł				
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions					
X No Cash Personal Check	06/	28/2012	\$5.00		\$5.00			
If yes, list Event #			4		70.00			
Last Name	First			MI	Contribution ID #			
Sloan		Henry			0426			
Residential Street Address	City			State	Zip Code			
376 E Washington Ave # C112		Bridgeport		СТ	06607			
Principal Occupation		Name of Employ	er					
		None						
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If was indicate which branch or branches of		dependent enna e	x No					
government the contract is with: Is this contribution associated with a Method of contribution:	D-4-	Received	Aggregate Contributions					
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions					
x No Zash Personal Check	06/	28/2012	\$5.00		\$5.00			
If yes, list Event #	,		4		T			
Last Name	First			MI	Contribution ID #			
Foster		Brianna			0427			
Residential Street Address	City			State	Zip Code			
278 Newfield Ave		Bridgeport		СТ	06607			
Principal Occupation		Name of Employ	er					
N/A		N/A						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		acpendent ennu (x No					
government the contract is with:	Б.	D						
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No Personal Check	06/	28/2012	\$5.00		\$5.00			
If yes, list Event # Money Order Credit/Debit Card	Ι σογ.		45.00	I	₇ 5.55			

Page 110 of 145

I, MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	10 (3)	20011 A-1)	TYPE OF REPORT						
Gomes 2012			July 10 Filing - Original						
B. Itemized Contributions from Individuals									
	First			MI	Contribution ID #				
Last Name	FIISt	locanh			0428				
Jackson, Sr Residential Street Address	City	Joseph		A State					
255 Burnsford Ave	City	Duideanaut			Zip Code				
	<u> </u>	Bridgeport		СТ	06604				
Principal Occupation		Name of Employ	er						
None		None							
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child of	obbyist, spouse, or of a lobbyist?	Amou	nt of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with:	Date	Received	Aggregate Contributions						
s this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions						
X No Personal Check	06/	28/2012	\$5.00		\$5.00				
If yes, list Event # Money Order Credit/Debit Card	00/	26/2012	\$5.00		\$5.00				
Lad Name	First			MI	Contribution ID #				
Last Name	FIISt	CI :		IVII					
Garcia	a:	Gloria		a	0429				
Residential Street Address	City			State	Zip Code				
7 Warrington Round	L	Danbury		СТ	06810				
Principal Occupation		Name of Employ							
Restaurant			Γhelma's						
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of		dependent chira c	<u></u>						
government the contract is with:			x No						
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
X Cash Personal Chack									
If yes, list Event # 06282012A No Money Order Credit/Debit Card	06/	28/2012	\$100.00		\$100.00				
<u> </u>									
Last Name	First			MI	Contribution ID #				
Brantley		Yvonne			0430				
Residential Street Address	City			State	Zip Code				
49 Yale St		Bridgeport		CT	06605				
Principal Occupation		Name of Employ	er						
Is contributor a principal of a state contractor or prospective state contractor?	2		obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of	5	dependent child of	or a robbyist:						
government the contract is with:			x No						
Is this contribution associated with a	Date	Received	Aggregate Contributions						
Tunidasing event listed in Section 31:									
U No I ☐ □	06/	28/2012	\$5.00		\$5.00				
If yes, list Event # 06282012A									
Last Name	First			MI	Contribution ID #				
Kohut		Jeff			0431				
Residential Street Address	City			State	Zip Code				
30 Wickliffe Cir		Bridgeport		СТ	06606				
Principal Occupation		Name of Employ	er						
Consultant		Self-E	Employed						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
		dependent child of	of a foodyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a fundamining agent listed in Section 112	Date	Received	Aggregate Contributions						
rundraising event fisted in Section 31?									
No No Tollow Enter	06/	28/2012	\$10.00		\$10.00				
If yes, list Event # 06282012A	1			l					

Page 111 of 145

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT Gomes 2012 July 10 Filing - Original								
Golles 2012								
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Nolin		Kathleen			0432			
Residential Street Address	City			State	Zip Code			
30 Wickliffe Cir Principal Occupation		Bridgeport Name of Employe		СТ	06606			
Retired		Name of Employs	er					
			obbyist, spouse, or	Amou	ınt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	V	s				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with a fundaciona quent listed in Section 112	Date	Received	Aggregate Contributions	7				
X Cash Personal Check								
If yes, list Event # 06282012A No Money Order Credit/Debit Card	06/2	28/2012	\$10.00		\$10.00			
Last Name	First			MI	Contribution ID #			
Richardson	FIISt	Jacqueline		MI	0433			
Residential Street Address	City	Jacqueiiiie		State	Zip Code			
346 Spring St		Bridgeport		СТ	06608			
Principal Occupation		Name of Employ	er		!			
Anti Blight Specialist		City o	f Bridgeport					
Is contributor a principal of a state contractor or prospective state contractor?	`		obbyist, spouse, or See 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	Amou	ant of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	if a lobbyist?	3				
government the contract is with:			X No					
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
Cash Personal Check	06.1	20/2012	±20.00		+20.00			
If yes, list Event # 06282012A No Money Order Credit/Debit Card	06/	28/2012	\$20.00		\$20.00			
Last Name	First			MI	Contribution ID #			
Mintz		Melba			0434			
Residential Street Address	City			State	Zip Code			
86 Ridgebrook Dr		Bridgeport		СТ	06606			
Principal Occupation		Name of Employ	er	_				
Retired		N/A						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Ye	S Amou	ant of Contribution			
If yes, indicate which branch or branches of Government the contract is with: Executive Legislative		dependent enna e	x No					
government the contract is with.	Date	Received	Aggregate Contributions	<u>'</u>				
fundraising event listed in Section J1?			1-88-18					
If yes, list Event # 06282012A No S Cash Personal Check Money Order Credit/Debit Card	06/2	28/2012	\$20.00		\$20.00			
Last Name	First	_		MI	Contribution ID #			
Toms	G'i	Ray		Gr. i	0435			
Residential Street Address 285 Maplewood Ave	City	Bridgeport		State CT	Zip Code 06608			
Principal Occupation		Name of Employe	er	T C1	00008			
None		None	•					
Is contributor a principal of a state contractor or prospective state contractor?	,	Is contributor a le	obbyist, spouse, or So Johnwigt? Ye	Amou	unt of Contribution			
If yes, indicate which branch or branches of	,	dependent child of	i a lobbyist?					
government the contract is with:			x No	1				
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions	1				
x No Cash Personal Check		20/2012	45.00		* F 00			
If yes list Event # No Money Order Credit/Debit Card	J 06/2	28/2012	\$5.00	1	\$5.00			

Page 112 of 145

I. MONETARY RECEIPTS (Section A-I) NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)								
Gomes 2012 July 10 Filing - Original								
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Harden		Sandy			0436			
Residential Street Address	City			State	Zip Code			
210 Lenox Ave		Bridgeport		СТ	06605			
Principal Occupation		Name of Employ	er					
Administrator		ABCD						
Is contributor a principal of a state contractor or prospective state contractor?	o	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent enna e	·					
government the contract is with:	Б.	D : 1		-				
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No Rersonal Check	06/	28/2012	¢Ε.00		\$5.00			
If yes, list Event # Money Order	06/.	28/2012	\$5.00		\$5.00			
Last Name	First			MI	Contribution ID #			
Lawrence	1 1100	Richard			0437			
Residential Street Address	City	Tuchara		State	Zip Code			
23 E Thorme St	ا ا	Bridgeport		СТ	06606			
Principal Occupation		Name of Employ	er					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a le	obbyist, spouse, or Yes	Amou	nt of Contribution			
	3	dependent child of	if a lobbyist?					
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?								
If yes, list Event # Cash Credit/Debit Card	06/	28/2012	\$10.00		\$10.00			
	l							
Last Name	First			MI	Contribution ID #			
Lawrence		Richard			0438			
Residential Street Address	City	Duidessa		State	Zip Code			
24 E Thorme St	<u> </u>	Bridgeport Name of Employe		СТ	06606			
Principal Occupation			cents Medical Center					
Is contributor a principal of a state contractor or prospective state contractor?				Amou	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes No	о	dependent child of	37					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1				
fundraising event fisted in Section 31?								
X No T	06/	28/2012	\$10.00		\$10.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Lawrence		Sandy			0439			
Residential Street Address	City			State	Zip Code			
24 E Thorme St		Bridgeport		СТ	06606			
Principal Occupation		Name of Employe						
Secretary			cents Medical Center					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of			x No					
government the contract is with:	Dete	Received	Aggregate Contributions	-				
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions					
x No Zash Personal Check	06/	28/2012	\$10.00		\$10.00			
If yes_list_Event # Money_Order	I	-,	420.00		,			

Page 113 of 145

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Gomes 2012	July 10 Filing - Original								
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Lawrence		Demetra			0440				
Residential Street Address	City			State	Zip Code				
24 E Thorme St		Bridgeport		СТ	06606				
Principal Occupation Child Care Provider		Name of Employ Tutor							
			44 1 4	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	Vac	111100	an of controunon				
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
Tundraising event risted in Section 31:									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	06/	28/2012	\$10.00		\$10.00				
	I								
Last Name	First			MI	Contribution ID #				
Lawrence Residential Street Address	City	Megan		State	0441 Zip Code				
24 E Thorme St	City	Bridgeport		CT	06606				
Principal Occupation		Name of Employ	er	<u> </u>	1 00000				
Clerk		Madis	on Cleaners						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of	5	dependent child of	of a lobbyist?						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions						
Cash Personal Check	06.0	20/2012	+10.00		+40.00				
If yes, list Event # Money Order Credit/Debit Card	06/.	28/2012	\$10.00		\$10.00				
Last Name	First			MI	Contribution ID #				
Morong		Mary Lou			0442				
Residential Street Address	City	<u> </u>		State	Zip Code				
30 Beacon St		Bridgeport		СТ	06605				
Principal Occupation		Name of Employ	er						
Reading Teacher			ord Board of Ed						
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ınt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		dependent ennu (x No						
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Dute	Received	riggiogue Controutions						
X No Cash Personal Check	06/	28/2012	\$60.00		\$25.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Camilliere		Anthony		D	0443				
Residential Street Address	City			State	Zip Code				
60 Old Cmn	<u> </u>	Wethersfield		СТ	06109				
Principal Occupation Lobbyist		Name of Employ CCK	er						
			obbyist, spouse, or	Amor	unt of Contribution				
Yes X No	0	dependent child of	X Vac	711100	I commodition				
If yes, indicate which branch or branches of government the contract is with:			□ No						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	06/	30/2012	\$100.00		\$100.00				

Page 114 of 145

I, MONETARY RECEIPTS (Section A-I)									
	5 (5)	ection A-I)	TYPE OF REPORT						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Gomes 2012 July 10 Filing - Original									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Cloud		Chris			0444				
Residential Street Address	City			State	Zip Code				
242 Talcott Notch		Farmington		СТ	06032				
Principal Occupation		Name of Employ	er						
Lobbyist		CC&K							
		Is contributor a l	obbyist, spouse, or	Amou	int of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	IAI Vaa						
If yes, indicate which branch or branches of Executive Legislative			□ No						
government the contract is with:	Date	Received	Aggregate Contributions						
s this contribution associated with a fundraising event listed in Section J1?									
X No Cash X Personal Check	06/	30/2012	\$100.00		\$100.00				
If yes, list Event #	00,	30, 2012	Ψ100.00						
Last Name	First			MI	Contribution ID #				
Loffredo	1 1100	Vincent]]	0445				
Residential Street Address	City	VIIICEIIC		State	Zip Code				
90 Dora Dr	City	Middleteur			06457				
		Middletown		СТ	06457				
Principal Occupation		Name of Employ	er						
Director / Lobbyist		CEA							
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of		dependent enna (·						
government the contract is with:			□ No						
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1? Cash Personal Check									
If yes, list Event # Cash Credit/Debit Card	06/	30/2012	\$100.00		\$100.00				
,									
Last Name	First			MI	Contribution ID #				
Fernandez, III		Henry			0446				
Residential Street Address	City			State	Zip Code				
89 E Pearl St		New Haven		СТ	06513				
Principal Occupation		Name of Employ	er	-					
Consultant		Self/F	ernandez Advisors						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	nt of Contribution				
	,	dependent child of	or a roodyrst:						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with a fundraising event listed in Section 112	Date	Received	Aggregate Contributions	1					
Table 1 and									
× No	06/	30/2012	\$50.00		\$50.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Bruce		Tony		Е	0447				
Residential Street Address	City	,		State	Zip Code				
100 Poplar St	,	Bridgeport		СТ	06605				
Principal Occupation		Name of Employ	er						
Driver			ation House						
			abbriet anauga ar	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.)	dependent child of	Vac	7 111100					
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
Is this contribution associated with a Method of contribution:	Dota	Received	Aggregate Contributions	ŀ					
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions						
X No Personal Check	06.	20/2012	#F 00		¢E 00				
If yes, list Event # Money Order Credit/Debit Card	06/	30/2012	\$5.00	1	\$5.00				

Page 115 of 145

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Gomes 2012 July 10 Filing - Original								
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Soares		Jacqueline			0448			
Residential Street Address	City			State	Zip Code			
329 Union Ave		Bridgeport		СТ	06607			
Principal Occupation		Name of Employe						
Is contributor a principal of a state contractor or prospective state contractor?		Retire	obbyjet enouge or	Amou	nt of Contribution			
is contributor a principal of a state contractor or prospective state contractor?)	dependent child o	Vac	Amou	int of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions					
tundraising event listed in Section 31?								
If yes, list Event # Cash Credit/Debit Card	06/	30/2012	\$5.00		\$5.00			
Last Name	First			MI	Contribution ID #			
Soares, Sr		John		A	0449			
Residential Street Address	City			State	Zip Code			
329 Union Ave		Bridgeport		СТ	06607			
Principal Occupation		Name of Employ	er	•				
Retired		Retire	d					
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or Gallablaniet2 Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent child of	at a lobbyist?					
government the contract is with: Is this contribution associated with a Method of contribution:	Data	Received	Aggregate Contributions					
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions					
X No Cash X Personal Check	06/	30/2012	\$5.00		\$5.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Bruce		Linda		М	0450			
Residential Street Address	City			State	Zip Code			
174 Louisiana Ave		Bridgeport		СТ	06611			
Principal Occupation		Name of Employ	er					
Homemaker		None Is contributor at	shbyrigt amouga or	Amou	nt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes)	dependent child o	obbyist, spouse, or of a lobbyist? Yes	Aillou	nt of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a	Date	Received	Aggregate Contributions]				
Tunidasing event instead in Section 31:								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	06/	30/2012	\$5.00		\$5.00			
Last Name	First			MI	Contribution ID #			
Bruce		Charles			0451			
Residential Street Address	City			State	Zip Code			
266 Jackson Pl		Bridgeport		СТ	06610			
Principal Occupation		Name of Employ	er	•				
Driver		Halfw	ay House					
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or If a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		acpendent ennu (x No					
government the contract is with:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?	Date	10001100						
X No X Cash Personal Check	06/	30/2012	\$5.00		\$5.00			
If yes_list Event # Money Order Credit/Debit Card								

Page 116 of 145

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT July 10 Filing - Original								
Gomes 2012 July 10 Filing - Original								
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Goodchild-Watson		KenTwon			0452			
Residential Street Address	City			State	Zip Code			
180 Alpine St		Bridgeport		СТ	06610			
Principal Occupation Name of Employer College Student None								
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	nt of Contribution			
	0	dependent child of	if a lobbyist?					
If yes, indicate which branch or branches of government the contract is with:			x No]				
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution:	Date	Received	Aggregate Contributions					
Cash Personal Check	06.0	20/2012	+5.00		+5.00			
If yes, list Event #	06/.	30/2012	\$5.00		\$5.00			
Last Name	First			MI	Contribution ID #			
Powell		Carolyn			0453			
Residential Street Address	City			State	Zip Code			
208 Harriet St		Bridgeport		СТ	06608			
Principal Occupation		Name of Employ	er	-	•			
Nurse Aide			eport Community Center					
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent enna e	x _{No}					
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	-				
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions					
x No X Cash Personal Check	06/	30/2012	\$5.00		\$5.00			
If yes, list Event #			1					
Last Name	First			MI	Contribution ID #			
Bruce		Ronald		L	0454			
Residential Street Address	City			State	Zip Code			
870 Conn Ave		Bridgeport		СТ	06607			
Principal Occupation		Name of Employ						
Landscaper			d L Bruce obbyist, spouse, or	A	-t-f-Ct-ilti			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	V	Amou	nt of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1				
Tunidasing event instead in Section 31:								
If yes, list Event # Cash Credit/Debit Card	06/	30/2012	\$5.00		\$5.00			
	L			I				
Last Name	First	Doirdro		MI	Contribution ID #			
Goodchild Residential Street Address	City	Deirdre		R State	0455 Zip Code			
180 Alpine St	City	Bridgeport		CT	06610			
Principal Occupation	!	Name of Employ	er	1				
Secretary		City o	f Bridgeport					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or for lobbyist? Yes	Amou	nt of Contribution			
If yes, indicate which branch or branches of		dependent child of	i a lobbyist?					
government the contract is with:	-		x _{No}	1				
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No Resonal Check	06/	30/2012	\$5.00		\$5.00			
If yes, list Event # Money Order Credit/Debit Card	I 30/	/	Ψ3.00	1	+3.00			

Page 117 of 145

I. MONETARY RECEIPTS (Section A-I) NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)								
Gomes 2012 July 10 Filing - Original								
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
William		Vanessa		<u> </u>	0456			
Residential Street Address	City			State	Zip Code			
262 Thorme St	L	Bridgeport Name of Employe		СТ	06606			
Principal Occupation Sup. Bail Services		State						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of		dependent child o	a loodyist?					
government the contract is with:	Data	Received	Aggregate Contributions	-				
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions					
If yes, list Event # X No X Cash Personal Check Money Order Credit/Debit Card	06/3	30/2012	\$5.00		\$5.00			
	<u> </u>			<u> </u>				
Last Name	First			MI	Contribution ID #			
Teodoro Residential Street Address	City	Charlene		C	0457 Zip Code			
43 Minturn Rd	City	Bridgeport		State	06606			
Principal Occupation		Name of Employe	er	1 01	00000			
· In · · · · · · In			d Assn.					
Is contributor a principal of a state contractor or prospective state contractor?	`		obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of	5	dependent child o	of a lobbyist?					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	-				
fundraising event listed in Section J1?								
If yes, list Event # X No X Cash Personal Check Money Order Credit/Debit Card	06/3	30/2012	\$20.00		\$20.00			
Last Name	First			MI	Contribution ID #			
Silano		Michael			0458			
Residential Street Address	City			State	Zip Code			
99 Rooster River Blvd		Bridgeport		СТ	06606			
Principal Occupation		Name of Employe	er					
Busboy			'n' Rich's					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a le dependent child o	obbyist, spouse, or If a lobbyist? Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No					
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions	1				
tundraising event listed in Section 31?								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	06/3	30/2012	\$10.00		\$10.00			
Last Name	First			MI	Contribution ID #			
Silano		Jacqueline			0459			
Residential Street Address	City			State	Zip Code			
99 Rooster River Blvd	L.	Bridgeport		СТ	06606			
Principal Occupation		Name of Employe						
Hostess			'n' Rich's					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a lo dependent child o	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative			x _{No}					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	†				
fundraising event listed in Section J1? Yes Yes Responsible Check								
If yes list Event # Credit/Debit Card	06/3	30/2012	\$10.00		\$10.00			

Page 118 of 145

I. MONETARY RECEIPTS (Section A-I) NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)								
Gomes 2012 July 10 Filing - Original								
B. Itemized Contributions from	n Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Stevenson		Kristina			0460			
Residential Street Address	City			State	Zip Code			
153 Livingston Pl Principal Occupation	<u> </u>	Bridgeport		СТ	06610			
Career Counselor		Name of Employe Labor						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative		dependent child o	x No					
government the contract is with: Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	-				
fundraising event listed in Section J1?			1-80-18					
If yes, list Event # X Cash Personal Check Money Order Credit/Debit Card	06/	30/2012	\$20.00		\$20.00			
Last Name	First			MI	Contribution ID #			
Last Name Diaz	FIISt	Rafael		IVII	0461			
Residential Street Address	City	Karaei		State	Zip Code			
14 Daniel Dr		Bridgeport		СТ	06606			
Principal Occupation		Name of Employe	er	!				
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or	Amou	int of Contribution			
If yes, indicate which branch or branches of		dependent child o	at a lobbyist?					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	-				
fundraising event listed in Section J1?								
If yes, list Event # X No X Cash Personal Check Money Order Credit/Debit Card	06/	30/2012	\$20.00		\$20.00			
Last Name	First			MI	Contribution ID #			
Bruce		Mary		L	0462			
Residential Street Address	City			State	Zip Code			
115 Washington Ave # 6D		Bridgeport		СТ	06604			
Principal Occupation		Name of Employ	er					
Youth Advocate		Retire						
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			X No	,				
Is this contribution associated with a	Date	Received	Aggregate Contributions					
tundraising event listed in Section 31:								
If yes, list Event # Cash Credit/Debit Card	06/	30/2012	\$25.00		\$25.00			
Last Name	First			MI	Contribution ID #			
Eison		Vivian			0463			
Residential Street Address	City			State	Zip Code			
65 LI Patricia Rd		Bridgeport		СТ	06606			
Principal Occupation		Name of Employ						
RN			England Home Care					
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes No	0	Is contributor a le dependent child of	obbyist, spouse, or If a lobbyist?	:S Amou	unt of Contribution			
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No	,				
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	7				
tundraising event listed in Section 31?								
If yes list Event # Cash Credit/Debit Card	06/	30/2012	\$30.00		\$30.00			

Page 119 of 145

I, MONETARY RECEIPTS (Section A-I)									
	5 (50	ection A-I)	TYPE OF REPORT						
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Gomes 2012	July 10 Filing - Original								
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Silano		Sarah			0464				
Residential Street Address	City			State	Zip Code				
99 Rooster River Blvd		Bridgeport		СТ	06606				
Principal Occupation		Name of Employ	er						
		Ralph	'n' Rich's						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
is contributor a principal of a state contractor or prospective state contractor?)	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with:			x _{No}						
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
Tunidasing event instead in Section 31:									
No Same Same Same Same Same Same Same Same	06/3	30/2012	\$50.00		\$50.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Kelner		Marsha			0465				
Residential Street Address	City			State	Zip Code				
220 Reed St		Bridgeport		СТ	06614				
Principal Occupation		Name of Employ	er						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	nt of Contribution				
	,	dependent child of	of a lobbyist?						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
X No T	06/3	30/2012	\$50.00		\$50.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Cabral		Maria			0466				
Residential Street Address	City			State	Zip Code				
43 Minturn Rd		Bridgeport		СТ	06606				
Principal Occupation		Name of Employ	er						
Endo Tech		Bridge	eport Hospital						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	nt of Contribution				
)	dependent child of	*						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}						
government the contract is with: Is this contribution associated with a fundacion wort listed in Section 112. Yes Method of contribution:	Date	Received	Aggregate Contributions						
rundraising event insect in Section 71:									
× No F cash	06/3	30/2012	\$50.00		\$50.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Juliano		James			0467				
Residential Street Address	City			State	Zip Code				
36 Hundred Acres Rd		Newtown		СТ	06470				
Principal Occupation		Name of Employ	er						
		Retire	ed						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of	_	dependent child of	of a foodyist?						
government the contract is with: Executive Legislative			x No						
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions						
rundraising event listed in Section 31?	l								
If yes, list Event # Cash X Personal Check Money Order	06/3	30/2012	\$50.00		\$50.00				
ii yes, nsi Evenii #	i			i					

Page 120 of 145

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		,	TYPE OF REPORT					
Gomes 2012			July 10 Filing - Original					
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Brooks		Jourdan			0468			
Residential Street Address	City			State	Zip Code			
100 State St # 160		North Haven		СТ	06473			
Principal Occupation		Name of Employ MetLi						
Offset Management Is contributor a principal of a state contractor or prospective state contractor?			44 1 4	Amou	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0	dependent child of	Vac	1 111100	ant of Controllion			
If yes, indicate which branch or branches of government the contract is with:			x _{No}					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions					
tundraising event instead in Section 31:								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	06/	30/2012	\$100.00		\$100.00			
	I			I				
Last Name	First			MI	Contribution ID #			
Goodwin Residential Street Address	City	Rochelle		State	0469 Zip Code			
8 Beechwood Dr	City	North Haven		CT	06473			
Principal Occupation		Name of Employ	er	<u> </u>	00473			
Inside Sales			ar Products					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amount of Contribution				
	0	dependent child of	of a lobbyist?					
If yes, indicate which branch or branches of government the contract is with:			x No					
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions					
iundraising event listed in Section J1?								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	06/	30/2012	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Goodwin	First	Marquis		IVII	0470			
Residential Street Address	City	· iai quio		State	Zip Code			
8 Beechwood Dr		North Haven		СТ	06473			
Principal Occupation	•	Name of Employ	er					
Student								
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	0		obbyist, spouse, or Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of		dependent child of	or a robbyist?					
government the contract is with: Executive Legislative			x _{No}					
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No Cash Personal Check	06/	30/2012	\$100.00		\$100.00			
If yes, list Event #	00/.	30/2012	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Bradshaw-Ellis		Michelle			0471			
Residential Street Address	City			State	Zip Code			
8 Beechwood Dr		North Haven		СТ	06473			
Principal Occupation		Name of Employ	er					
Communications			ldings					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist?	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative								
Is this contribution associated with a Mathod of contribution.	Data	Received	Aggregate Contributions					
fundraising event listed in Section J1?	Date							
X No Cash Personal Check	06/	30/2012	\$100.00		\$100.00			
If yes, list Event #	Ι΄.		·	I				

Page 121 of 145

I. MONETARY RECEIPT	S (S	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT July 10 Filing - Original		
Gomes 2012			July 10 Filling - Original		
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Ellis		Dwayne			0472
Residential Street Address	City			State	Zip Code
8 Beechwood Dr		North Haven		СТ	06473
Principal Occupation Education		Name of Employ	er alk High School		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of	,	dependent child of	f a lobbyist?		
government the contract is with:	D-4-	D i d			
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
x No X Cash Personal Check	06/	30/2012	\$100.00		\$100.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
Kennedy		Robert			0473
Residential Street Address	City			State	Zip Code
127 Hallett St		Bridgeport Name of Employe		СТ	06608
Principal Occupation Supervisor		1 7	er f Bridgeport		
		,	obbyjet enouge or	Amou	nt of Contribution
Yes X No)	dependent child of	Voc		
If yes, indicate which branch or branches of government the contract is with:			x _{No}		
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?					
If yes, list Event # Cash Credit/Debit Card	06/	30/2012	\$100.00		\$100.00
Lad Nove	Pi			Lva	Contribution ID #
Last Name Miller	First	David		MI O	Contribution ID # 0474
Residential Street Address	City	David		State	Zip Code
3200 Madison Ave		Bridgeport		CT	06604
Principal Occupation		Name of Employ	er		
Pastor		New H	Hope Missionary Baptist Chui	rch	
Is contributor a principal of a state contractor or prospective state contractor?)		obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution
If was indicate which branch or branches of	-	dependent child of	i u lobbyist:		
government the contract is with:			X No		
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
If yes, list Event #	06/	30/2012	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Testa	1 1150	Mario			0475
Residential Street Address	City			State	Zip Code
1775 Madison Ave		Bridgeport		СТ	06606
Principal Occupation		Name of Employ	er	•	
Restauranteur		Self		_	
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a le dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	nt of Contribution
If yes, indicate which branch or branches of Executive Legislative			x _{No}		
government the contract is with:	Date	Received	Aggregate Contributions	1	
fundraising event listed in Section J1?			55 5		
If yes list Event # Cash X Personal Check Money Order	06/	30/2012	\$100.00		\$100.00

Page 122 of 145

I. MONETARY RECEIPT	S (S	ection A-I)				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		ĺ	TYPE OF REPORT			
Gomes 2012	July 10 Filing - Original					
B. Itemized Contributions from	m Inc	lividuals				
Last Name	First			MI	Contribution ID #	
Esperance		Wilson		Р	0476	
Residential Street Address	City			State	Zip Code	
1104 Wood Ave		Bridgeport		СТ	06604	
Principal Occupation		Name of Employ	er			
Supply Chain Manager		Victor	ianox			
Is contributor a principal of a state contractor or prospective state contractor?	o		obbyist, spouse, or Yes	Amou	ant of Contribution	
If yes, indicate which branch or branches of government the contract is with:		dependent child of	x No			
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1		
fundraising event listed in Section J1?						
If yes, list Event # Cash No Cash No Money Order Credit/Debit Card	06/	30/2012	\$10.00	\$10.00		
Last Name	First			MI	Contribution ID #	
Bruce	11130	Jacqulin		E	0477	
Residential Street Address	City	Jacquiii		State	Zip Code	
266 Judson Pl		Bridgeport		СТ	06610	
Principal Occupation		Name of Employ	er		1 00010	
Homemaker		None				
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	ant of Contribution	
	0	dependent child of	of a fobbyist?			
If yes, indicate which branch or branches of government the contract is with:			x No			
Is this contribution associated with a Yes Method of contribution:	Date	Received	Aggregate Contributions			
fundraising event listed in Section J1?	06/	30/2012	\$5.00		\$5.00	
If yes, list Event #	00/	30/2012	Ψ3.00		ψ3.00 	
Last Name	First			MI	Contribution ID #	
Allard		Linda			0478	
Residential Street Address	City			State	Zip Code	
42 Sheep Hill Dr		West Hartfor	d	СТ	06117	
Principal Occupation	-	Name of Employ	er	•	•	
Attorney		Great	er Hartford Legal Aid			
Is contributor a principal of a state contractor or prospective state contractor? Yes X No.	o	Is contributor a l dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	ant of Contribution	
If yes, indicate which branch or branches of		dependent cinia (x No			
government the contract is with: Executive Legislative		p : 1				
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions			
X No Cash X Personal Check	06/	30/2012	\$100.00		\$100.00	
If yes, list Event # Money Order	00/	30/2012	Ψ100.00		———	
Last Name	First			MI	Contribution ID #	
Paul		Koren			0479	
Residential Street Address	City			State	Zip Code	
215 Roosevelt Ave		Stratford		СТ	06615	
Principal Occupation		Name of Employ	er			
Principal			ord Board of Education			
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	Is contributor a l dependent child of	obbyist, spouse, or	Amou	unt of Contribution	
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}			
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1		
fundraising event listed in Section J1? Yes X Cash Personal Check						
X No X Cash Personal Check If yes, list Event #	06/	30/2012	\$75.00		\$75.00	

Page 123 of 145

I. MONETARY RECEIPT	S (S	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Gomes 2012			TYPE OF REPORT July 10 Filing - Original		
Goilles 2012					
B. Itemized Contributions from	n Ind	lividuals			
Last Name	First			MI	Contribution ID #
Paul		Sonia		<u> </u>	0480
Residential Street Address	City	C) 15 1		State	Zip Code
213 Roosevelt Ave		Stratford		СТ	06615
Principal Occupation Designer / Interior		Name of Employe Ethan			
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of	,	dependent child of	of a lobbyist?		
government the contract is with: Executive Legislative	_		x _{No}	_	
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
X No Cash Personal Check	06/	30/2012	\$100.00		\$100.00
If yes, list Event #	007	30/2012	Ψ100.00		4100.00
Last Name	First			MI	Contribution ID #
Blackwell		Kayla		М	0481
Residential Street Address	City			State	Zip Code
215 Roosevelt Ave		Stratford		СТ	06615
Principal Occupation		Name of Employe			
Intern - Component Integration			sky Aircraft		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		•	x _{No}		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	-	
fundraising event listed in Section J1?					
X No Zash Personal Check	06/	30/2012	\$95.00		\$95.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
Milner		Brenda			0482
Residential Street Address	City			State	Zip Code
207 Park Ave		Bloomfield		СТ	06002
Principal Occupation		Name of Employe			
Retired		Retire		Amor	ant of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child o	V	Amou	int of Contribution
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No		
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1	
Tunidasing event instead in Section 31:					
If yes, list Event # Cash Credit/Debit Card	06/	30/2012	\$60.00		\$60.00
Last Name	First			MI	Contribution ID #
Podolsky	11130	Raphael		1411	0483
Residential Street Address	City			State	Zip Code
104 Beacon St		Hartford		СТ	06105
Principal Occupation		Name of Employ	er	•	
Lawyer		LARCO	C		
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or	Amou	ant of Contribution
If yes, indicate which branch or branches of		sependent ennu e			
government the contract is with:	Doto	Received	Aggregate Contributions	-	
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
X No Cash X Personal Check	06/	30/2012	\$100.00		\$100.00
If yes_list Event # Money Order Credit/Debit Card				1	

Page 124 of 145

I.	MONE	TARY RECEI	PTS (S	ection A-I)				
NAME OF COMMITTEE (Provide Complete Name as				ĺ	TYPE O	F REPORT		
Gomes 2012					July 10 Filing -	Original		
R.	Itemize	d Contributions	from Inc	dividuals				
Last Name	Ttellille		First				MI	Contribution ID #
Monteiro			11131	Virginia				0484
Residential Street Address			City				State	Zip Code
207 Park Ave			City	Bloomfield			CT	06002
Principal Occupation				Name of Employ	er		<u> </u>	00002
Legislative Aide					of Connecticut			
Is contributor a principal of a state contractor or prospective state contractor	or?		1		lobbyist, spouse, or		An	nount of Contribution
is considered a principal of a same considered of prospective same considered		Yes	No	dependent child of		Yes		lount of Commounton
If yes, indicate which branch or branches of government the contract is with:	re \Box	Legislative				x No		
Is this contribution associated with a Method	of contributi	on:	Date	Received	Aggregate Contrib	utions	1	
fundraising event listed in Section J1?								
x No Cas		X Personal Check	06/	30/2012	\$:	100.00		\$100.00
If yes, list Event #	ney Order	Credit/Debit Car	d					
						Total of	Section B	¢12 205 00
						1 Otal Ol	Section B	\$13,305.00
TOTAL OF ALL CONTRIBUTIONS FROM IN	DIVIDU	ALS (S	Sections A	(To	tal on Line 14 of S	ummary Page)		\$13,305.00
I.	MONE	TARY RECE	PTS (S	ection A-I)				
NAME OF COMMITTEE (Provide Complete Name as I	Registered	d with Commission)			TYPI	E OF REI	PORT
Gomes 2012						July 10 Filing	g - Original	
30								
C1. C	ontribut	tions from Other	Commi	ttees				
None of Committee				N				
Name of Committee				Name of Treasur	er			
Address		I						
Address			Is this contr	ibution associated w	vith a	Yes	No	Amount of Contribution
			fundraisin	g event listed in Sec	etion J1?			
				If yes, list Event	#			
City	State	Zip Code	Date R	eceived	Aggregate Contr	ributions		
City								
_					,	Fotal of Sect	ion C1	
						LOTAL OF SECT	11111	

I. MONET	ARY RECI	EIPTS (S	Section 2	A-I)						
NAME OF COMMITTEE					Т	YPE OF REPOR	Т			
Gomes 2012					July 10 Filing - Original					
C2. Reimbursements, P	ayments, or S	Surplus D	istributi	ions from other Co	ommittees					
Name of Committee				Name of Treasurer						
Address					Date Received	l	Amount of Receipt			
City	State	Zip Code		Reimbursement for	shared expense					
				Payment for goods a	and services					
					To	tal of Section C2				
I. MO	NETARY R	RECEIPT	ΓS (Sect	tion A-I)						
NAME OF COMMITTEE					ТҮРЕ	OF REPORT				
Gomes 2012					July 10 Filing - Original					
D. Lo	D. Loans Received this Period									
Name of Lender			Source of				Date of Receipt			
Street Address		City	Bank	c Candidate	State State	1 Other Zip Code	Is there a cosigner or Guarantor of this loan?			
Name of Cosigner/Guarantor (if applicable)							Yes No Amount Received			
							Amount Received			
Street Address		City			State	Zip Code				
						Total of Section	D			
I. MO	NETARY R	ECEIPT	S (Sect	ion A-I)						
NAME OF COMMITTEE						TYPE OF REPO	RT			
Gomes 2012					July	10 Filing - Original				
E. Personal Funds of the Candidate l	Received this	Period (C	Candidat	e Committees ON	LY)					
Date of Receipt Method of Payment Cash	Pe	rsonal Check		Credit/Debit Card			Amount			
1					Total of	Section E				

I. Monetary Receipts (Section A-I)												
NAME OF COMMITTEE					TYPE OF REPOR	Γ						
Gomes 2012				July 1	10 Filing - Original							
G. Interest fr	om Deposits	in Authorized Accounts										
Name of Institution			Da	te Receive	d	Amount						
Street Address	City		State	2	Zip Code							
					Total of Section G							
I. MONI	ETARY RE	CEIPTS (Section A-K)										
NAME OF COMMITTEE					TYPE OF REPORT							
Gomes 2012	July	10 Filing - Original										
H. Public Grant Fu	nds Received	from the Citizen's Election l	Fund									
Purpose of Grant:	Grant Cycle:				Date Received	Amount						
Initial Grant Adjustment		O IFI 6			Sale received	· · · · · · · · · · · · · · · · · · ·						
Supplemental/Post Election Deficit	Primary	General Election S	Special Elec	tion								
					Total of Section H							
I. Mo	ONETARY	RECEIPTS (Section A-K))									
NAME OF COMMITTEE					TYPE OF REPOR	Γ						
Gomes 2012				July 1	10 Filing - Original							
I. Miscellaneous	Monetary Re	ceipts not Considered Contri	ibutions	3								
Name				Date o	of Transaction	Amount Received						
Street Address	City		State	I	Zip Code							
Description	•		•		•							
					Total of Section	1						

II. FUNDRAISING EVENT ACTIVITY (Sections J1 - J3)												
NAME OF COMMITTEE						TYPE OF	REPOI	RT				
Gomes 2012						July 10 Filing - Origin	nal					
	J1. Fundraising Event I	Informa	tion									
Fundraising Event # Date of Fundraiser 06/10/2012 Letter A	Description Meet and Greet Event											
Location: Street Address 235 Linen Ave					City Bridgepor	t		State CT	Zip Code 06604			
Was this fundraising event hosted at a personal resid	ence?	\equiv	Yes No			tions not Considered Con chases made by host(s) fo			nd			
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?			Yes No	complete required information.								
Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100?	of donated items with		Yes No	(If yes, enter Total Rec	eipts here.)				\$0.00			
Fundraising Event # Date of Fundraiser 06/28/2012 Letter A	Description Reception Event											
Location: Street Address 1042 Broad St					City Bridgepor	t		State CT	Zip Code 06604			
Was this fundraising event hosted at a personal resid	lence?	\equiv	Yes No			tions not Considered Con chases made by host(s) fo			nd			
Did this fundraiser include items donated by a busin donated by an individual of up to \$100?	ess entity of up to \$200 or items	\equiv	Yes No	If yes, to to Section J3 complete required infor		ions not Considered Con	tributions	and				
Subpart 1: Was this fundraiser a tag sale, auction, or other sale purchases from an individual of up to \$100?	of donated items with		Yes No	(If yes, enter Total Rec	eipts here.)				\$0.00			
					To	tal of Section J1			\$0.00			

	II. FUNDRAISI	NG EVE	ENT ACT	IVITY (Section	ons J1 - J3)			
NAME OF COMMITTEE (Provide	Complete Name as Reg	istered wit	th Commissi	ion)		TYPE OF REF	PORT	
Gomes 2012						July 10 Filing - Original		
	J3. In-Kind Donat	ions Not	Considere	d Contribution	S			
Name of the Donor								
Street Address				City			State	Zip Code
Donation Given by: Individual								Market Value of Donation
Business Entity Sole Proprietorship	Date Received	Event #			Aggrega	ate value for this event		
					•	Total of Section J3		
	III. NON	MONET	CARY RE	CEIPTS (Sec	ctions K - M)		
NAME OF COMMITTEE						TYPE OF RI	EPORT	
Gomes 2012						July 10 Filing - Original		
	K. 1	In-Kind	Contributi	ions				
Name								
Street Address					City		State	Zip Code
Is this contribution associated with a fundraising listed in Section J1? If yes, list Event#	event Y	es o	Description	of In-Kind Contributio	n		•	
Is Contributor a lobbyist, spouse, or dependent c of a lobbyist?	hild Yes No	contracte		l of a state contractor o ch branch or branches o ntract is with:	of	Yes No xecutive Legislative		arket Value of this Contribution
Type of Contributor:				Date Received		Aggregate contributions		
Individual Co	ommittee	Sole Propri	ietorship					
	-					Total of Section K		

Total of Section M

III. Non Monet	tarv Re	eceipts (Sections	K - M)					
NAME OF COMMITTEE (Provide Complete Name as Registered w	ith Comn	mission)			TYPE OF REPORT			
Gomes 2012		July 10 Filing - Original						
L. Refundable Deposit to	Telepho	one Company						
Last Name of Individual	First	First Name			MI Date I		deposit Made	
Residential Street Address	City			State			Amount of Deposit	
Name of Telephone company								
Street Address	City			State	Zip Code			
	ection L							
III. NONMON	ETAR	Y RECEIPTS (S	ections	K - M)				
NAME OF COMMITTEE					TYPE OF REPORT July 10 Filing - Original			
Gomes 2012					July 10 Filing -	· Original		
M. Non-Monetary Receipts of Organi Legislative Caucus, and Party Commi					eadership,			
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees	ONLY)		Name of	Treasurer				
Street Address			1		Date Notice	e Received	Fair Market Value of Donation	
City		State	Zip Code		Aggregate 1	Donations		
Description of Donation		•	Purpose o	of Expenditure	C	D	E	

	IV. EXPENDITURES (Sections N - S)					
NAME OF COMMITTEE (Prov	ride Complete Name as Registered with Commission)			ТҮРЕ С	OF REPORT		
Gomes 2012			July	y 10 Filing - (յ - Original		
	N. Expenses Paid By Com	nittee					
Name of Payee The Community's Bank			Date of Paymen 04/30/2012			ment neck # ebit Card	
Street Address 1087 Broad St		City Bridgeport			State CT	Zip Code 06604	
Purpose of Expend BNK	Description Account analysis service charge				Amount		
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co		\$12.00					
Name of Payee The Community's Bank	Date of Paymen 05/31/2012			ment neck# ebit Card			
Street Address 1087 Broad St		City Bridgeport			State CT	Zip Code 06604	
Purpose of Expend BNK	Description Account analysis service charge					Amount	
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	X No (if a	enditure # pplicable)	Event #			\$12.00	
Name of Payee Sweet Magnolia			Date of Paymen 06/29/2012			ment neck# <u>A</u> ebit Card	
Street Address 1042 Broad St		City Bridgeport			State CT	Zip Code 06604	
Purpose of Expend FNDR *	Description Hosting and catering					Amount	
Is this expenditure coordinated with a which reimbursement is sought?		enditure # pplicable)	Event #	^		\$800.00	

	IV. EXPENDITURES	S (Sec	ctions N - S)				
NAME OF COMMITTEE (Prov	ride Complete Name as Registered with Commission	on)			TYPE	OF REPORT	
Gomes 2012					July 10 Filing -	Original	
	N. Expenses Paid By Co	ommit	tee				
Name of Payee Marquis Goodwin				Date of Pays 06/29/20			ment neck# <u>B</u> ebit Card
Street Address 8 Beechwood Dr			City North Haven			State CT	Zip Code 06473
Purpose of Expend WAGE	Description June payment				Amount		
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	Event #	ŧ	\$470.00				
Name of Payee Edwin A Gomes	Date of Payr 06/29/20			ment neck# <u>C</u> ebit Card			
Street Address 243 Soundview Ave			City Bridgeport			State CT	Zip Code 06606
Purpose of Expend RCW	Description Postage and printing for fundraising communic	cations					Amount
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	X No	Expendit (if applic		Event #	ŧ		\$1,022.77
Name of Payee Matthew R Waggner				Date of Pays 06/29/20			ment neck# <u>D</u> ebit Card
Street Address 168 Grasmere Ave			City Fairfield			State CT	Zip Code 06824
Purpose of Expend RCW	Description Copying, Supplies, Etc						Amount
Is this expenditure coordinated with a which reimbursement is sought?	nother candidate for Yes X No	Expendit (if applic		Event #	ŧ		\$146.63

	IV	. EXPENDITUR	ES (Se	ctions N - S	5)					_
NAME OF COMMITTEE (Pr	rovide Complete Name as R	egistered with Commi	ssion)				TYPE	OF REPORT	,	
Gomes 2012							July 10 Filing -	Original		
	N.	. Expenses Paid By	Commit	tee						
Name of Payee The Community's Bank						Date of Pay 06/30/20		С	Method of Payment Check # Debit Card	
Street Address 1087 Broad St								State CT	Zip Code 06604	
Purpose of Expend BNK	Account analysis service charge								Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum							i	\$12.00		
							Total of	Section N	\$2,47	75.40
	IV.	. EXPENDITURI	ES (Sec	tions N - S)						
NAME OF COMMITTEE (D.							TV	PE OF REP	∩RT	
NAME OF COMMITTEE (Pr	ovide Complete Name as Re	egistered with Commis	ssion)				July 10 Filing			
	O Expe	enses Paid By Cand	idate							
	O. Expe	nises I aid by Cand	luate			1		-		
Name of Payee (Name of vendor who ca	andidate paid directly)					Date of Payn	ent	Is Reimburse	ement Claimed? Yes	No
Street Address		City			State	Zip Co	de		Amount	
Purpose of Expenditure Describer (by code)	iption	<u> </u>				Event #				
							TP - 4	al of Section (

IV. EXPENDITURES (Sections N - S)											
NAME OF COMMITTE	EE (P	rovide Complete Name as Registered	with Commissio	n)			TYPE OF	REPORT			
Gomes 2012						J	luly 10 Filing - Origin	al			
	P. Expenses Incurred on Committee Credit Card										
Name of Issuing Institution					Type of Credit Card: Visa	Master (Card Discov	er	American Express		
Name of Vendor					****			Date of Tra	nnsaction		
Street Address					City			State	Zip Code		
Purpose of Expenditure (by code)		Description		•					Amount		
Is this expenditure coordinated with another candidate for Yes Expenditure # (if applicable) Event # (if applicable)											
If yes, assign an Expenditure # and complete Itemization in Addendum											
Total of Section P											
		IV. EXPENDIT	TURES (Sect	tions N	- S)						
NAME OF COMMITTE	EE (Pı	rovide Complete Name as Registered v	vith Commission	n)			ТҮРЕ О	REPORT			
Gomes 2012							July 10 Filing - Origi	nal			
		Q. Expenses Incurred By Com	mittee but No	t Paid D	Ouring this Period		<u> </u>				
Name of Creditor								Date Incurre	ed		
Street Address				City				State	Zip Code		
Purpose of Expenditure (by code)	Descr	ription							unt Incurred aate or Actual)		
Is this expenditure coordinated reimbursement is sought?			Yes		Expenditure # (if applicable)	Event #					
If yes, assign an Expenditure #	and com	ppletes Itemization in Addendum Q									
						Tota	Lof Section O				

IV. EXPENDITURES (Sections N - S)								
NAME OF COMMITTEE (Provide O	Complete N	Iame as Registered with Comr	mission)			TYPE OF RE	PORT	
Gomes 2012						July 10 Filing - Original		
R.	Itemizatio	on of Reimbursements to	Committee Wo	orkers and (Consul	tants		
Last Name of Worker/Consultant Gomes					of Payment	l —	of Payment	
Secondary Payee Staples								
Street Address City						State	Zip Code	
900 Washington St Middletown					СТ	06457		
Purpose of Expenditure Description (by code) Printing/Folding PRNT							Amount	
Is this expenditure coordinated with another cand which reimbursement is sought? If yes, assign an Expenditure # and completes		Yes X No Addendum R	Expend (if appl			Event#		\$72.49
Last Name of Worker/Consultant Gomes		First Edwin		MI A		e of Payment 729/2012	X CI	of Payment heck # C Debit Card
Secondary Payee USPS							•	
Street Address			City				State	Zip Code
141 Weston St Hartford							СТ	06101
Purpose of Expenditure Description (by code) Stamps POST						Amount		
Is this expenditure coordinated with another cand which reimbursement is sought? If yes, assign an Expenditure # and completes		Yes X No Addendum R	Expend (if appl			Event#		\$99.00

IV. EXPENDITURES (Sections N - S)									
NAME OF COMMITTEE (Provide O	Complete N	lame as Registered with Comm	mission)			TYPE OF RE	PORT		
Gomes 2012						July 10 Filing - Original			
R.	Itemizatio	on of Reimbursements to C	Committee Wo	orkers and (Consul	tants			
Last Name of Worker/Consultant Gomes						e of Payment	l <u> </u>		
Secondary Payee USPS		Debit Card							
Street Address 145 Weston St			City Hartford				Method of Payment X Check # C		
Purpose of Expenditure Description (by code) Stamps POST							Amount		
Is this expenditure coordinated with another cand which reimbursement is sought? If yes, assign an Expenditure # and completes		Yes X No Addendum R	Expend (if appl			Event#			
Last Name of Worker/Consultant Gomes		First Edwin		MI A		e of Payment (29/2012	X Ch	neck # C	
Secondary Payee Staples									
Street Address			City				State	Zip Code	
2550 Albany Ave			West Hartford				СТ	06117	
Purpose of Expenditure Description (by code) Envelopes, Paper						Amount			
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes X No If yes, assign an Expenditure # and completes Itemization in Addendum R			Expend (if appl			Event#		\$107.42	
11 yes, assign an Expenditure # and completes		- radellulli IX	1				I		

IV. EXPENDITURES (Sections N - S)									
NAME OF COMMITTEE (Provide Comp	olete N	ame as Registered with Comm	mission)			TYPE OF RE	PORT		
Gomes 2012						July 10 Filing - Original			
R. Item	izatio	on of Reimbursements to (Committee Wo	rkers and (Consul	tants			
Last Name of Worker/Consultant		First		MI	Date	e of Payment	l —	Method of Payment	
Gomes		Edwin A 0			06/	29/2012			
Secondary Payee USPS					!				
Street Address City						State	Zip Code		
145 Weston St Hartfor							Method of Payment X Check # C Debit Card		
Purpose of Expenditure Description (by code) Stamps POST								Amount	
Is this expenditure coordinated with another candidate f which reimbursement is sought? If yes, assign an Expenditure # and completes Itemiz		Yes X No Addendum R	Expend (if appl			Event#	\$104.40		
Last Name of Worker/Consultant		First		MI	Date	e of Payment	Method o	of Payment	
Gomes		Edwin		A	06/	29/2012			
Secondary Payee Staples				•	!		· —		
Street Address			City				State	Zip Code	
2550 Albany Ave			West Hartford				СТ	06117	
(by anda)	escription Printing							Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? X No			Expenc (if appl			Event #		\$114.86	

		IV. EXPENDITURES	(Sections N -	· S)					
NAME OF COMMITTEE (Provide	Complete N	Name as Registered with Comr	mission)			TYPE OF RE	PORT		
Gomes 2012						July 10 Filing - Original			
R.	Itemizatio	on of Reimbursements to (Committee Wo	orkers and (Consul	tants			
Last Name of Worker/Consultant		First		MI	Date	e of Payment	Method o	of Payment	
Gomes		Edwin A 06/29/2012			/29/2012	X Check # C Debit Card			
Secondary Payee				<u> </u>				Debit Card	
Staples	Staples								
Street Address City						State	Zip Code		
2550 Albany Ave West Hartford							СТ	06117	
Purpose of Expenditure Description (by code) Toner								Amount	
Is this expenditure coordinated with another cand which reimbursement is sought? If yes, assign an Expenditure # and completes		Yes X No Addendum R	Expend (if appl	diture # licable)		Event#		\$89.86	
Last Name of Worker/Consultant				Ι			Method o	of Payment	
Last Ivalite of Worker/Consultant		First		MI	Date	e of Payment		heck # D	
Waggner		Matthew		R	06/	29/2012		Debit Card	
Secondary Payee Staples				•	•		•		
Street Address			City				State	Zip Code	
1201 Kings Hwy			Fairfield				СТ	06432	
Purpose of Expenditure (by code) OFFICE	Descripti Office S	on Supplies						Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes X No			Expend (if appl	diture # licable)		Event #		#20.01	
If yes, assign an Expenditure # and completes	Itemization in	Addendum R						\$30.81	

		IV. EXPENDITURES	(Sections N -	S)				
NAME OF COMMITTEE (Provide (Complete N	Name as Registered with Comr	mission)			TYPE OF RE	PORT	
Gomes 2012						July 10 Filing - Original		
R.	Itemizatio	on of Reimbursements to	Committee Wo	orkers and (Consul	tants		
Last Name of Worker/Consultant		First		MI	Date	e of Payment	Method o	f Payment
Waggner		Matthew R 06/29/2012			X Check # D Debit Card			
Secondary Payee				<u> </u>				Debit Card
Office Max							_	
Street Address City						State	Zip Code	
696 Post Rd Fairfield							СТ	06430
Purpose of Expenditure Description Amount (by code) Compliance photocopies								Amount
Is this expenditure coordinated with another cand which reimbursement is sought? If yes, assign an Expenditure # and completes		Yes X No Addendum R	Expend (if appl			Event#		\$1.82
Last Name of Worker/Consultant				l ,,,		an .	Method o	of Payment
East Name of Worker/Consultant		First		MI	Date	e of Payment	X C	heck # D
Waggner		Matthew		R	06/	29/2012		Debit Card
Secondary Payee Office Max				•	!		· —	
Street Address			City				State	Zip Code
696 Post Rd			Fairfield				СТ	06430
Purpose of Expenditure (by code) OVHD	Description Compli	on ance photocopies / supplies						Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes X No			Expend (if appl			Event #		¢12 24
If yes, assign an Expenditure # and completes	Itemization in	Addendum R						\$13.34

		IV. EXPENDITURES	(Sections N -	S)						
NAME OF COMMITTEE (Provide (Complete N	Name as Registered with Comr	mission)			TYPE OF RE	PORT			
Gomes 2012						July 10 Filing - Original				
R.	Itemizatio	on of Reimbursements to	Committee Wo	orkers and (Consul	tants				
Last Name of Worker/Consultant		First		MI	Date	e of Payment	Method o	f Payment		
Waggner		Matthew R 06/29/2012			X Check # D Debit Card					
Secondary Payee		ļ		<u> </u>				Debit Card		
Office Max	Office Max									
Street Address City						State	Zip Code			
696 Post Rd Fairfield						СТ	06430			
Purpose of Expenditure Description Amount (by code) Compliance photocopies								Amount		
Is this expenditure coordinated with another cand which reimbursement is sought? If yes, assign an Expenditure # and completes		Yes X No Addendum R	Expend (if appl			Event#		\$2.68		
L ON CONTROL OF							Method o	Method of Payment		
Last Name of Worker/Consultant		First		MI	Date	e of Payment	X C			
Waggner		Matthew		R	06/	29/2012		heck # D Debit Card		
Secondary Payee Office Max					!					
Street Address			City				State	Zip Code		
696 Post Rd			Fairfield				СТ	06430		
Purpose of Expenditure (by code) OVHD	Descripti Compli	on ance photocopies						Amount		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes X No			Expend (if appl			Event #		\$13.02		
If yes, assign an Expenditure # and completes	Itemization in	Addendum R						\$13.UZ		

		IV. EXPENDITURES	(Sections N -	S)				
NAME OF COMMITTEE (Provide 0	Complete N	lame as Registered with Comr	nission)			TYPE OF RE	PORT	
Gomes 2012						July 10 Filing - Original		
R.	Itemizatio	on of Reimbursements to	Committee Wo	orkers and (Consul	tants		
Last Name of Worker/Consultant		First		MI	Date	e of Payment	Method o	of Payment
Waggner		Matthew R 06/29/2012			/29/2012	X C	heck # D Debit Card	
Secondary Payee USPS		ļ		<u>I</u>	<u> </u>		<u>, </u>	Door Card
Street Address City							State	Zip Code
Middle St Bridgeport					СТ	06602		
Purpose of Expenditure (by code) POST Description PO Box Rental								Amount
Is this expenditure coordinated with another cand which reimbursement is sought? If yes, assign an Expenditure # and completes		Yes X No Addendum R	Expend (if appl			Event#		\$38.00
Last Name of Worker/Consultant		First		MI	Date	e of Payment	Method o	of Payment
Waggner		Matthew		R	06/	/29/2012	X C	heck # D Debit Card
Secondary Payee FedEx Office		1		!	ļ			
Street Address			City				State	Zip Code
1427 Post Rd			Fairfield				СТ	06824
Purpose of Expenditure (by code) PRNT	Description Printing							Amount
Is this expenditure coordinated with another cand which reimbursement is sought? If yes, assign an Expenditure # and completes	Expend (if appl			Event#		\$18.29		

IV. EXPENDITURES (Sections N - S)								
NAME OF COMMITTEE (Provide C	Complete N	lame as Registered with Comr	mission)			TYPE OF RE	PORT	
Gomes 2012						July 10 Filing - Original		
R. I	Itemizatio	on of Reimbursements to (Committee Wo	rkers and (Consul	tants		
Last Name of Worker/Consultant		First		MI	Date	of Payment	l	of Payment
Waggner		Matthew R 06/2			29/2012		Debit Card	
Secondary Payee FedEx Office								
Street Address			City				State	Zip Code
1427 Post Rd Fairfield						СТ	06824	
Purpose of Expenditure Description (by code) Printing PRNT								Amount
Is this expenditure coordinated with another cand which reimbursement is sought? If yes, assign an Expenditure # and completes		Yes X No Addendum R	Expend (if appl			Event#		\$18.72
Last Name of Worker/Consultant		First		MI	Date	e of Payment	Method o	of Payment
Waggner		Matthew		R	06/	29/2012		neck # D Debit Card
Secondary Payee Dreamhost, Inc								
Street Address			City				State	Zip Code
417 Associated Rd PMB 257 .	Brea				CA	92821		
Purpose of Expenditure (by code) WEB	Description Hosting							Amount
Is this expenditure coordinated with another cand which reimbursement is sought? If yes, assign an Expenditure # and completes		Yes X No Addendum R	Expend (if appl			Event#		\$9.95

IV. EXPENDITURES (Sections N - S)									
NAME OF COMMITTEE (Provide 0	Complete N	lame as Registered with Comr	mission)			TYPE OF REI	PORT		
Gomes 2012						July 10 Filing - Original			
R.	Itemizatio	on of Reimbursements to (Committee Wo	orkers and (Consul	tants			
Last Name of Worker/Consultant Gomes		First MI Date of Payment Edwin A 06/29/2012			•	Method of Payment X Check # C Debit Card			
Secondary Payee USPS									
Street Address City						State	Zip Code		
Boston Ave Bridgeport						СТ	06610		
Purpose of Expenditure Description (by code) Stamps POST							Amount		
Is this expenditure coordinated with another cand which reimbursement is sought? If yes, assign an Expenditure # and completes		Yes X No Addendum R	Expend (if appl	liture # licable)		Event#		\$45.00	
Last Name of Worker/Consultant		First		MI	Date	e of Payment	Method of Payment		
Gomes		Edwin		A	06/	29/2012	_	heck # C Debit Card	
Secondary Payee USPS									
Street Address			City				State	Zip Code	
Boston Ave Bridgeport							СТ	06610	
Purpose of Expenditure (by code) POST	Description Stamps							Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? X No			Expend (if appl			Event #		\$9.00	
If yes, assign an Expenditure # and completes	Itemization in	Addendum R	1					Ψ3.00	

IV. EXPENDITURES (Sections N - S)								
NAME OF COMMITTEE (Provide O	Complete N	lame as Registered with Comm	mission)			TYPE OF REI	PORT	
Gomes 2012						July 10 Filing - Original		
R.	Itemizatio	on of Reimbursements to (Committee Wo	rkers and (Consul	tants		
Last Name of Worker/Consultant Gomes					of Payment	X Ch	f Payment meck # C	
Secondary Payee Staples								
Street Address City						State	Zip Code	
4543 Main St Bridgeport					СТ	06606		
Purpose of Expenditure Description (by code) Envelopes							Amount	
Is this expenditure coordinated with another cand which reimbursement is sought? If yes, assign an Expenditure # and completes		Yes X No Addendum R	Expend (if appl			Event#		\$24.63
Last Name of Worker/Consultant		First		MI	Date	e of Payment	Method o	f Payment
Gomes		Edwin		А	06/	29/2012	_	neck # C Debit Card
Secondary Payee Staples								
Street Address			City				State	Zip Code
4543 Main St			Bridgeport				СТ	06606
Purpose of Expenditure Description (by code) Labels						Amount		
Is this expenditure coordinated with another candidate for which reimbursement is sought? X No			Expenc (if appl			Event #		\$26.58
If yes, assign an Expenditure # and completes	Itemization in	Addendum R						Ψ20.30

IV. EXPENDITURES (Sections N - S)									
NAME OF COMMITTEE (Provide Complete N	ame as Registered with Con	nmission)				TYPE OF REF	PORT		
Gomes 2012					July 10	Filing - Original			
R. Itemizatio	on of Reimbursements to	Committee Wo	rkers and	Consu	ltants				
Last Name of Worker/Consultant Gomes	First MI Date of Payment Edwin A 06/29/2012					Method of Payment X Check # C Debit Card			
Secondary Payee Staples									
Street Address City								Zip Code	
4543 Main St		Bridgeport					СТ	06606	
Purpose of Expenditure Description (by code) Printer Ink								Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and completes Itemization in	Yes X No Addendum R	Expend (if appl			Eve	nt #		\$59.53	
					Total o	of Section R		\$1,169.40	
	IV. EXPENDITUR	RES (Sectuibs	N - S)						
NAME OF COMMITTEE (Provide Complete N	ame as Registered with Con	nmission)				TYPE OF REP	ORT		
Gomes 2012					July 10 F	iling - Original			
S. S	Surplus Distribution of E	Equipment and I	Furniture						
Name of Recipient									
Street Address City State Zip Code								Original Purchase Amount of Item	
Description of Item	•			•					
Total of Section S									