SEEC FORM 30

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



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COVER PAGE

1.NAME OF COMMITTEE							E OF COMMITTEE
Ed Gomes Senate 2015	x	Candidate Committee Exploratory Committee					
3. TREASURER NAME							
First Gabrielle			MI A	Last Parisi			Suffix
4. TREASURER ADDRESS							
Street Address 151 Astoria Ave		City Bridge	eport		State CT		Zip Code 06604
5. ELECTION DATE	6. OFFICE SOUGHT (Ca	omplete oi	nly if Candidate	Committee)	•	7. DISTR	ICT NUMBER (if applicable
02/24/2015	State Senator					S023	
8. CANDIDATE NAME (Complete only if C	Candidate or Exploratory Co	ommittee	e)				
First Edwin			МІ А.	Last Gomes			Suffix
9. TYPE OF REPORT							
Itemized Statement accompanying application for Public Grant - Amendment							
10. PERIOD COVERED							
	Beginning Date Ending Date						
	01/09/2015 thru 02/05/2015						
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	Gabrielle Parisi			02/	06/2015 2	2:58:28PM	
SIGNATURE	PRINT NAME OF THE	E SIGNE	≧R	DAT	E CERTIFIED		
PENA	LTY FOR FALSE STATEM			E BY FINE NOT TO EXCEED \$ AN ONE YEAR, OR BOTH.	1,000, OR IM	1PRISONME	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	
Ed Gomes Senate 2015	Itemized Statement accompanying application Amendment	on for Public Grant -
	COLUMN A This Period	COLUMN B Aggregate
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)	\$11,663.00	\$11,663.00
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)	\$11,663.00	\$11,663.00
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$11,663.00	\$11,663.00
20. Expenses Paid by Committee (Section N)	\$5,040.00	\$5,040.00
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col	\$6,623.00	\$6,623.00
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 01 98	
I, N	MONETARY RECEIPT	S (Se	ection A-I)					
NAME OF COMMITTEE (Provide Complete Name as I	Registered with Commission)			TY	TYPE OF REPORT			
Ed Gomes Senate 2015				Itemized Statement accompanying application for Public Grant - Amendment				
A. Total Contributions from Small Contribu	itors-Received this Perio	d O	NLY		For Nonparti \$0.00	cipating Cand	lidates ONLY	
B. I	temized Contributions from	n Ind	lividuals					
Last Name		First				MI	Contribution ID #	
Emmel			David				0001	
Residential Street Address		City				State	Zip Code	
28 Henderson Dr			Avon			CT	06001	
Principal Occupation			Name of Employe	r				
Consultant			Self Er	nployed		_		
Is contributor a principal of a state contractor or prospective state contractor	? Yes X No)	Is contributor a lo dependent child of	-	se, or Ye		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?	ū							
X No Cash	Y Personal Check	01/	13/2015		\$100.00	\$100.00		
If yes, list Event #	ey Order			·				
Last Name First						MI	Contribution ID #	
Scarlett			Richard				0002	
Residential Street Address City					State	Zip Code		
11 Biltmore Ct	11 Biltmore Ct Avon					СТ	06001	
Principal Occupation			Name of Employe	r		•	•	
Surgeon			Grove	Hill Medic	cal Center			
Is contributor a principal of a state contractor or prospective state contractor	? Yes X No)	Is contributor a lo dependent child of	-	se, or Ye		unt of Contribution	
If yes, indicate which branch or branches of government the contract is with:	Legislative			,	x _{No}			
Is this contribution associated with a Method of	contribution:	Date	Received					
fundraising event listed in Section J1?	x Personal Check							
If yes, list Event # X No Mone	Personal Check y Order Credit/Debit Card	01/	13/2015		\$50.00		\$50.00	
Last Name		First				MI	Contribution ID #	
Conway			Richard				0003	
Residential Street Address		City				State	Zip Code	
80 Blue Ridge Blvd		Berlin				СТ	06037	
Principal Occupation	-		Name of Employe	r		-	•	
Lobbyist			Gaffne	y Bennet	t			
Is contributor a principal of a state contractor or prospective state contractor	? Yes X No)	Is contributor a lo dependent child of	-	se, or Ye	Amou	unt of Contribution	
If yes, indicate which branch or branches of government the contract is with:	Legislative		•	, ,	□ No			
Is this contribution associated with a Vas Method of	contribution:	Date	Received	Aggregate	Contributions			
randraising event instea in section 31:	X Personal Check							
X No I	ey Order Credit/Debit Card	01/	13/2015		\$100.00		\$100.00	

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L MONETARY RECEIPT	S (Se	ection A-D			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT					
Ed Gomes Senate 2015 Itemized Statement accompa					ion for Public
B. Itemized Contributions from	n Ind	lividuals	Grant - Amendment		
Last Name	First			MI	Contribution ID #
Coleman		Eric			0004
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?)		obbyist, spouse, or Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of		dependent child of	or a roodyrst?		
government the contract is with:	В.	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	01/	13/2015	¢100.00		¢100.00
If yes, list Event # Money Order Credit/Debit Card	01/	13/2015	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Garcia	1 1130	Edwin		1111	0005
Residential Street Address	City	Lawiii		State	Zip Code
30 Croydon Dr	City	Bloomfield		CT	06002
Principal Occupation		Name of Employ	er	<u> </u>	00002
Teacher			l Public Schools		
			obbyist, spouse, or	Amou	ant of Contribution
Yes X No)	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		
fundraising event listed in Section J1?					
X No Cash X Personal Check	01/	13/2015	\$25.00		\$25.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
Gooley		Antoinette			0006
Residential Street Address	City			State	Zip Code
10 Habitat Ln		Bloomfield		СТ	06002
Principal Occupation		Name of Employ	er	-	•
Realtor		Coldw	ell Banker		
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	,		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: Executive Legislative			x _{No}		
Is this contribution associated with a Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1? Cash Personal Check					
If yes, list Event # Cash Cash Personal Check Money Order Credit/Debit Card	01/	13/2015	\$25.00		\$25.00
I and Name	First				Contribution ID #
Last Name	FIISt	Vonnoth		MI	Contribution ID #
McClary Residential Street Address	City	Kenneth		State	Zip Code
77 Wittonbury Ave	City	Bloomfield		CT	06002
Principal Occupation		Name of Employ	er		00002
Student			rsity of Hartford		
			-1.1	Amou	unt of Contribution
Yes X No)	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 112	Date	Received	Aggregate Contributions	1	
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	01/	13/2015	\$10.00		\$10.00

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I. MONETARY RECEIPT	S (Se	ection A-I)	1			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT						
Ed Gomes Senate 2015 Itemized Statement accompanying application for Public Grant - Amendment						
B. Itemized Contributions from	m Ind	lividuals				
Last Name	First			MI	Contribution ID #	
Milner		Brenda			0008	
Residential Street Address	City			State	Zip Code	
207 Park Ave	L .	Bloomfield		СТ	06002	
Principal Occupation Retired		Name of Employer 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		dependent child of	of a lobbyist?			
government the contract is with: Is this contribution associated with a Method of contribution: Method of contribution:	Date	Received	Aggregate Contributions	ł		
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions			
If yes, list Event # Cash X Personal Check Money Order Credit/Debit Card	01/	13/2015	\$100.00		\$100.00	
Last Name	First			MI	Contribution ID #	
Wallace		Pekah			0009	
Residential Street Address	City			State	Zip Code	
14 Runde La		Bloomfield		СТ	06002	
Principal Occupation	•	Name of Employ	er			
Manager		State	of CT-CHRO			
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 o	x No			
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions			
fundraising event listed in Section J1? Yes Cash Regresonal Check						
If yes, list Event #	01/	13/2015	\$100.00		\$100.00	
Last Name	First			MI	Contribution ID #	
Zeff		Avram			0010	
Residential Street Address	City			State	Zip Code	
17068 Brookwood Dr		Boca Raton		FL	33496	
Principal Occupation		Name of Employ				
Attorney			nd Zeff			
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	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 Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions			
Tundraising event listed in Section 31?						
If yes, list Event # Cash A Personal Check Money Order Credit/Debit Card	01/	13/2015	\$100.00		\$100.00	
Last Name	First			MI	Contribution ID #	
Ayala		Christina			0011	
Residential Street Address	City			State	Zip Code	
506 Brooks St		Bridgeport		СТ	06608	
Principal Occupation		Name of Employ				
None			ployed			
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	Is contributor a le dependent child of	obbyist, spouse, or	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 # Credit/Debit Card	01/	13/2015	\$5.00		\$5.00	

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I. MONETARY RECEIPT	'S (Sc	ection A-D			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	- (TYPE OF REPORT		
Ed Gomes Senate 2015 Itemized Statement accompanying application for P Grant - Amendment					
B. Itemized Contributions from	m Ind	lividuals	Grant - Amendment		
Last Name	First			MI	Contribution ID #
Barker		Andre			0012
Residential Street Address	City			State	Zip Code
385 Stratford Ave		Bridgeport		СТ	06607
Principal Occupation	•	Name of Employ	er		•
Funeral Director		Barke	r-Isaacs Funeral Service		
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	<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 Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
Tundraising event instead in Section 31:					
X No	01/	13/2015	\$100.00		\$100.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
Baptista		Albertina			0013
Residential Street Address	City			State	Zip Code
145 Robin St .		Bridgeport		СТ	06606
Principal Occupation		Name of Employ	er		•
Acting Dir. of Health		City o	f Bridgeport		
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	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 Method of contribution:	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1? Yes X Cash Personal Check					
X No	01/	13/2015	\$10.00		\$10.00
If yes, list Event #					
Last Name	First			MI	Contribution ID #
Bennet		Robert			0014
Residential Street Address	City			State	Zip Code
31 Jewett Ave		Bridgeport		СТ	06606
Principal Occupation	-	Name of Employ	er	-	•
Barker		Chees	se Cake		
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	or a robbyist?		
government the contract is with:			x No		
Is this contribution associated with a Society 112 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	01/	13/2015	\$5.00		\$5.00
Last Name	First			MI	Contribution ID #
Boyd		Aiken			0015
Residential Street Address	City			State	Zip Code
31 Cleveland Ave		Bridgeport		СТ	06606
Principal Occupation		Name of Employ	er		
Student		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? Yes	Amou	unt of Contribution
If yes, indicate which branch or branches of		acpendent cinia (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		
- IX					
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	01/	13/2015	\$5.00		\$5.00

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Ed Gomes Senate 2015 Stremized Contributions from Individuals	I. MONETARY RECEIPT	rs (se	ection A-D			
But Name Secondary Secon	` ' I					
Last Name Bruce First Mary Mil Commission ID # O.015 O		ying applicat	ion for Public			
Bruce Residential Streat Address Sale Finding Average Stream Address Retired Ret	B. Itemized Contributions fro	m Ind	lividuals	Grant - Amendment		
Residential Street Address State	Last Name	First			MI	Contribution ID #
Second Description Second	Bruce		Mary			0016
Principal Occupation Retired Security S	Residential Street Address	City			State	Zip Code
Retired Securitivator a principal of a state contractor or prospective state contractor?	323 Fairfield Ave		Bridgeport		СТ	06604
So contributor a principal of a state contractor or prospective state contractor?	Principal Occupation		Name of Employ	er		
Yes Legislative Personal Check South South Personal Check	Retired		Retire	ed		
If yes, indicate which branch or branches of lescentive Legislative	Is contributor a principal of a state contractor or prospective state contractor?	lo		Vac	Amou	ant of Contribution
Last Name Personal Check Principal Occupation Personal Check South Personal Check Personal Check Personal Check Personal Check South Personal Check Personal Check Personal Check South Personal Check Personal Check South Personal Check Personal Check South Personal Check Persona	If yes, indicate which branch or branches of		dependent child (
Indiraising event listed in Section J1? If yes, list Event # Last Name Bruce Bruce Bruce Bruce Bruce Bruce Bruce Bruce Bridgeport City State S	government the contract is with:	Data	Dagaiyad			
Last Name First Ronald Mil Contribution ID # Ronald O017	Vac	Date	Received	Aggregate Contributions		
Last Name	X No Cash Personal Check	01/	18/2015	\$50.00		\$50.00
Bruce Ronald 0017 Residential Street Address S70 Connecticut Ave Bridgeport CT 05607 Principal Occupation Clergy Name of Employer State Zip Code CT O5607 Name of Employer None State Stat	If yes, list Event #	01/	10/2013	\$30.00		\$30.00
Residential Street Address 870 Connecticut Ave Bridgeport Clery Name of Employer None Is contributor a principal of a state contractor or prospective state contractor? Yes X No	Last Name	First			MI	Contribution ID #
Bridgeport CT 06607	Bruce		Ronald			0017
Principal Occupation Clergy 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? Last Name Caruso Residential Street Address 208 Beechmont Ave Apt B Principal Occupation Executive Legislative Le	Residential Street Address	City			State	Zip Code
Clergy None	870 Connecticut Ave		Bridgeport		СТ	06607
Is contributor a principal of a state contractor or prospective state contractor?	Principal Occupation	•	Name of Employ	er		•
Yes No dependent child of a lobbyist? Yes Ye	Clergy		None			
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? Yes Method of contribution: Date Received Aggregate Contributions	Is contributor a principal of a state contractor or prospective state contractor?	Io.		Vac	Amou	ant of Contribution
Executive Legislative Le		10	dependent child of	of a lobbyist?		
fundraising event listed in Section J1? If yes, list Event # X No	Evanutiva			x No		
Last Name	Vac	Date	Received	Aggregate Contributions		
If yes, list Event #	Tundraising event listed in Section J1?					
Last Name Caruso Christopher Christopher City State Zip Code Principal Occupation Executive Assistant Ct Dept of Labor 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? MI Contribution ID # 0019 Name of Employer Ct Dept of Labor Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Amount of Contribution Amount of Contribution Aggregate Contributions \$\frac{1}{2}\$ No \$\frac{1}{2}\$ No \$\frac{1}{2}\$ No \$\frac{1}{2}\$ No \$\frac{1}{2}\$ Aggregate Contributions \$\frac{1}{2}\$ No	Ŭ No │☐ ☐	01/	18/2015	\$10.00		\$10.00
Caruso Residential Street Address 208 Beechmont Ave Apt B Principal Occupation Executive Assistant 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? Cash Personal Check City State Zip Code CT Name of Employer Ct Dept of Labor Is contributor a lobbyist, spouse, or dependent child of a lobbyist? X No Amount of Contribution Aggregate Contributions \$\frac{1}{2} \text{ No} \text{ No} \text{ No} \text{ State } \text{ City Code} Aggregate Contributions \$\frac{1}{2} \text{ No} \text{ No} \text{ No} \text{ State } \text{ City Code} \text{ Amount of Contribution} \text{ Amount of Contribution} \text{ Amount of Contribution} \text{ State Zip Code} \text{ Amount of Contribution} \text{ State Zip Code} \text{ Amount of Contribution} Amou		1				·
Residential Street Address 208 Beechmont Ave Apt B Principal Occupation Executive Assistant 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 Date Received Aggregate Contributions \$100.00 \$100.00		First			MI	
Principal Occupation Executive Assistant 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? Principal Occupation Name of Employer Ct Dept of Labor Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a lobbyist? Amount of Contribution Aggregate Contributions \$\text{Ves}\$ \text{No}\$ \text{Amount of Contribution}\$ \text{Sundaising event listed in Section J1?} \text{Ves}\$ \text{Method of contribution:} \text{Date Received} \text{Aggregate Contributions} \text{\$\frac{1}{3}\text{00.00}}\$ \frac{1}{3}\text{00.00}\$ \frac{1}{3}\tex		C'i	Christopher		G	
Principal Occupation Executive Assistant 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 Ct Dept of Labor Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes Amount of Contribution Legislative Date Received Aggregate Contributions \$\frac{1}{2}\$ No \$		City	Bridgeport			Zip Code
Executive Assistant Ct Dept of Labor 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? Executive Legislative Legislative Ct Dept of Labor Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Date Received Aggregate Contributions \$\frac{1}{2}\$ No \$		1		or	CI	
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 contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution: Date Received Aggregate Contributions Amount of Contribution Yes No Strong Personal Check O1/18/2015 \$100.00						
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 No				obbyist spouse or	Amou	ant of Contribution
government the contract is with: Is this contribution associated with a fundraising event listed in Section J1? X No Cash Personal Check O1/18/2015 \$100.00		lo				
Is this contribution associated with a fundraising event listed in Section J1? Wes	Evacutiva I agislativa			x _{No}		
X No	Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
No	Tundraising event fisted in Section 31?					
	X No I Total and the control of the	01/	18/2015	\$100.00		\$100.00
Last Name First MI Contribution ID #		First			MI	
Coco Carol 0020			Carol			
Residential Street Address City State Zip Code		City				-
564 Brooklawn Ave Bridgeport CT 06604					CI	06604
Principal Occupation Name of Employer Medical Practice Self				er		
				obbyist spause or	Amou	unt 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	Is contributed a principal of a state contractor of prospective state contractor:	lo		Vac	Amou	ant of Contribution
If yes, indicate which branch or branches of Executive Legislative Legislative	L Tes L I			. □		
government the comment of with a Method of contribution.	If yes, indicate which branch or branches of			L△ No		
fundraising event listed in Section J1?	If yes, indicate which branch or branches of government the contract is with: Legislative Legislative Legislative	Date	Received			
X No Cash	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: Yes The product of the prod	Date	Received			

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NAMIO PCOMMITTHE (Provide Complete Name as Registered with Commission) E4 Gomes Senate 2015 Se	I. MONETARY RECEIPT	'S (S	ection A-I)			
Ed Gomes Sentate 2015 B. Remized Contributions from Individuals						
Last Name	Ed Gomes Senate 2015 Itemized Statement accompanying application for Public					
Covered Crossess Crossess Crossess Crossess Crossess Crossess Crosses	B. Itemized Contributions from	n Ind	lividuals	Grant - Amendment		
Recidental Server Address Norma Norm	Last Name	First			MI	Contribution ID #
Principal Coloraption Nome Principal Coloraption Nome Frequency	Crowell		Maria			0021
Procupal Occupations Name of Incipitors Name	Residential Street Address	City			State	Zip Code
Notice Unimplicityed Attack common or prospective state commone? Vis No Attack contribution of dependent shift of a state common or prospective state commone? Vis No Attack contribution of dependent shift of the behavior. Vis Attack contribution of dependent shift of the behavior. Vis Attack contribution of dependent shift of the behavior. Vis Attack common of the contribution of the contribut	179 Union Ave		Bridgeport		СТ	06607
Securitheur a principal of a state centractor or prospective state contractor Ven No Security Security Ven No Securi	Principal Occupation	•	Name of Employ	er	•	•
Ves No Appropries Ves No Aggregate Contributions Ves No Aggregate Contributions Ves No Aggregate Contributions Ves No Aggregate Contributions Ves No No No No No No No N	None		Unem	ployed		
Executive Legislative Le	Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	ınt of Contribution
Executive Expectative Expeditive Exp		0	dependent child of	of a lobbyist?		
Buth contribution succided with a find-inducing cent load in Section 17 Vis. Method of contributions Date Received Aggregate Contributions S5.00 S5.00	Evacutiva Lagislativa			x No		
Personal Check Prince Prince Personal Check Prince Prince Personal Check Prince Prince Personal Check Prince Pri	Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions		
Last Name Security State Security Securi	Tundraising event risted in Section 31?					
Edwards	× No = case = case	01/	18/2015	\$5.00		\$5.00
Edwards Mary Sinte Zip Code Residential Street Address City Bridgeport CT G6601 Principal Occupation Paraprofessional In countributor a principal of a state contractor or prospective state contractor? Yes No If yes, indicate which branch or branches of Contributor a principal of a state contractor or prospective state contractor? Yes No If yes, indicate which branch or branches of Contributor Contributor If yes, indicate which branch or branches of Yes Xes Xes If yes, indicate which branch or branches of Xes	it yes, list Event # Money Order					
Residential Stevet Address 68 Hudson St Principal Occupation Paragnofessional Is contributor a principal of a state contractor or prospective state contractor Principal Occupation Paragnofessional Is contributor a principal of a state contractor or prospective state contractor Principal Occupation Paragnofessional Is contributor a principal of a state contractor or prospective state contractor Principal Occupation Paragnofessional Is contributor a principal of a state contractor or prospective state contractor Principal Occupation Paragnofessional Is contributor a principal of a state contractor or prospective state contractor Principal Occupation Residential Street Address City No Date Received Aggregate Contributions Mill Commitmation of Contribution Paragnofession of Contribution State City Principal Occupation Residential Street Address City No Date Received Aggregate Contributions Paragnofession of Contribution Principal Occupation Residential Street Address City No Date Received Aggregate Contributions Principal Occupation Principal Occupation Nones Order Principal Occupation	Last Name	First			MI	Contribution ID #
Bridgeport	Edwards		Mary			0022
Principal Occupation Paraprofessional Is contributor a principal of a state contractor or prospective state contractors? If yes, laidcate which branch or branches of subcontractors or prospective state contractors? If yes, laidcate which branch or branches of subcontractors or prospective state contractors? If yes, laid cane which branch or branches of subcontractors or prospective state contractors? If yes, laid cane which branch or branches of subcontractors or prospective state contractors? If yes, laid cane which branch or branches of subcontractors or prospective state contractors? If yes, laid cane which branch or branches of subcontractors or prospective state contractors? If yes, laid cane which branch or branches of subcontractors or prospective state contractors? If yes, laid cane which branch or branches or subcontractors or prospective state contractors? If yes, laid cane which branch or branches or subcontractors or prospective state contractors. If yes, laid cane which branch or branches or subcontractors or prospective state contractors. If yes, laid cane which branch or branches or subcontractors or prospective state contractors. If yes, laid cane which branch or branches or subcontractors or prospective state contractors. If yes, laid cane which branch or branches or subcontractors. If yes, laid cane which branch or branches or subcontractors. If yes, laid cane which branch or branches or subcontractors. If yes, laid cane which branch or branches or subcontractors. If yes, laid cane which branch or branches or subcontractors. If yes, laid cane which branch or branches or subcontractors. If yes, laid cane which branch or branches or subcontractors. If yes, laid cane which branch or branches or subcontractors. If yes, laid can which branch or branches or subcontractors. If yes, laid contribution are principal of a state contractor or prospective state contractors. If yes, laid cane which branch or branches or subcontractors. If yes, laid cane which branch or branches or	Residential Street Address	City			State	Zip Code
Paraprofessional Bridgeport Bd of Ed	68 Hudson St		Bridgeport		СТ	06601
Is contributor a principal of a state contractor or prospective state contractor?	Principal Occupation		Name of Employ	er		
Yes Sourcement the contract is with: Source Sourcement the contract is with: Source Sourcement the contract is with: Source	Paraprofessional		Bridge	eport Bd of Ed		
If yes, indicate which branch or branches of lessecutive large contribution: Is this contribution associated with a fundraising event listed in Section J1? Lest Name Lest Name Gornes Residential Street Address 243 Soundview Ave Principal Occupation Rettred Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of soverment the contract is with: Amount of Contribution: If yes, indicate which branch or branches of soverment the contract is with: Amount of Contribution: Section Personal Cheek O1/18/2015 \$5.00 \$5.00 Soundview Ave Principal Occupation Rettred Soundview Ave Bridgeport CT O6606 Soundview Ave Bridgeport CT O6606 Principal Occupation Rettred Soundview Ave Bridgeport Soundview Ave Rettred Is contributor a principal of a state contractor or prospective state contractor? yes No If yes, indicate which branch or branches of soundwise with a fundraining event listed in Section J1? Yes Method of contribution: Date Received Aggregate Contributions Aggregate Contribution Soundwise Aggregate Contribution Soundwise Aggregate Contribution Yes Amount of Contribution Aggregate Contribution Yes Amount of Contribution Yes Amount of Contribution Aggregate Contribution Yes Amount of Contribution Yes Yes Amount	Is contributor a principal of a state contractor or prospective state contractor?	0		Vac	Amou	ınt of Contribution
Security Capital Street Address Security Legislative Legislati		5	dependent child of	of a lobbyist?		
fundraising event listed in Section J1? If yes, list Event # Last Name Gomes Residential Street Address City Principal Occupation Retired If yes, indicate which branches of soverament the contract is with: It seed a state contractor or prospective state contractor? It seed a state contractor or prospective state contractor? It seed a state contractor or prospective sta	Evacutiva Lagislativa			X No		
Last Name First State	Voc	Date	Received	Aggregate Contributions		
Last Name First Mil Contribution ID # Credit/Debit Card O1/18/2015 \$5.00 \$5.00	Tundraising event listed in Section J1?					
Last Name Gomes Residential Street Address 243 Soundview Ave Principal Occupation Retired Is contributor a principal of a state contractor or prospective state contractor? Yes X No State Zip Code		01/	18/2015	\$5.00		\$5.00
Residential Street Address 243 Soundview Ave Principal Occupation Retired Is contributor a principal of a state contractor or prospective state contractor? Yes No Seceived Aggregate Contributions					<u> </u>	
Residential Street Address 243 Soundview Ave Principal Occupation Retired 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 MI Contribution ID # Contribution I	Last Name	First			MI	
243 Soundview Ave Principal Occupation RetIred 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? Last Name Hennessy Retired Amount of Contribution Name of Employer Retired Retired Amount of Contribution Is contributed a lobbyjst, spouse, or dependent child of a lobbyjst? Yes Method of contribution: Cash Personal Check If yes, list Event # Date Received Aggregate Contributions MI Contribution ID # O028 Residential Street Address Soavoy St Principal Occupation Truck Driver If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: If yes, indicate which branch or branches of government the contract is with: Soarchibutor a principal of a state contractor or prospective state contractor: Yes Method of contribution: Legislative Retired Retired Retired Retired Retired Retired Soaton a bysis, spouse, or dependent child of a lobbyist; spouse, or dependent child of a lobbyist? Yes Amount of Contribution Name of Employer Fedex Fedex Amount of Contribution State Zip Code Truck Driver Soavormment the contract is with: If yes, indicate which branch or branches of government the contract is with: Soaton and the principal of a state contractor or prospective state contractor: Yes Method of contribution: Date Received Aggregate Contributions Amount of Contribution Amount of Contribution Amount of Contribution State Cash Appearance Contribution Appearance Contribution State Con			Edwin			
Principal Occupation Retired Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of sovernment the contract is with: Is this contribution associated with a fundraising event listed in Section J1? Last Name Hennessy Residential Street Address First Jack City Principal Occupation Name of Employer Retired Amount of Contribution Legislative Date Received Aggregate Contributions MII Contribution ID # O028 Residential Street Address State Zip Code CT 06606 Principal Occupation Truck Driver Is contributor a principal of a state contractor or prospective state contractor? Legislative Legislative Date Received Aggregate Contributions MII Contribution ID # O028 State Zip Code CT 06606 Truck Driver Fedex Is contributor a principal of a state contractor or prospective state contractor? Legislative Legislative Date Received Aggregate Contributions MII Contribution ID # O0606 Truck Driver Fedex Is contributor a principal of a state contractor or prospective state contractor? Legislative Date Received Aggregate Contributions Amount of Contribution dependent child of a lobbyist, spouse, or dependent child of a lobbyist, spouse, or dependent child of a lobbyist? Yes Amount of Contribution dependent child of a lobbyist, spouse, or dependent child of a l		City				I -
Retired Is contributor a principal of a state contractor or prospective state contractor?					СТ	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? Last Name Legislative Legislative Legislative Date Received Aggregate Contributions MII Contribution ID # Jack No D28 Residential Street Address Residential Street Address So So Savoy St Principal Occupation Truck Driver 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: Executive Legislative Date Received Aggregate Contributions MII Contribution ID # Jock D028 Residential Street Address City Bridgeport CT 06606 Principal Occupation Truck Driver Is contributor a principal of a state contractor or prospective state contractor? Yes No Is this contributor a principal of a state contractor or prospective state contractor? Amount of Contribution dependent child of a lobbyist, spouse, or dependent child of a lobbyist? Amount of Contribution dependent child of a lobbyist? No State Zip Code CT 06606 Principal Occupation Fedex Is contributor a principal of a state contractor or prospective state contractor? Yes No Amount of Contribution dependent child of a lobbyist, spouse, or dependent child of a lobbyist? X No State Zip Code CT 06606 Date Received Aggregate Contribution Service State Contribution Service State Sta						
If yes, indicate which branch or branches of government the contract is with: State Cash Method of contribution: If yes, list Event # Date Received Aggregate Contributions	Is contributor a principal of a state contractor or prospective state contractor?	0			Amou	int of Contribution
Section Sect	If yes, indicate which branch or branches of			-		
fundraising event listed in Section J1? If yes, list Event # Cash	government the contract is with:	Doto	Dagaiyad			
If yes, list Event #	Voc	Date	Received	Aggregate Contributions		
If yes, list Event #	X No Cash X Personal Check	01/	18/2015	\$100.00		\$100.00
Residential Street Address City State Zip Code	If yes, list Event #	01/	10, 2013	Ψ100.00		4100.00
Residential Street Address City State Zip Code	Last Name	First			мі	Contribution ID #
Residential Street Address 556 Savoy St Bridgeport Name of Employer Fedex 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 City State Zip Code CT 06606 Name of Employer Fedex Is contributor a lobbyist, spouse, or dependent child of a lobbyist? X No Date Received Aggregate Contributions State Zip Code CT 06606			lack			
Bridgeport CT 06606 Principal Occupation Truck Driver Is contributor a principal of a state contractor or prospective state contractor?	,	City	Julia		State	
Principal Occupation Truck Driver 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 Fedex Amount of Contribution Is contributor a lobbyist, spouse, or dependent child of a lobbyist? X No Date Received Aggregate Contributions \$\frac{1}{2}\$ Yes Amount of Contribution Aggregate Contributions \$\frac{1}{2}\$ Yes \$\frac{1}{2}\$ No \$\frac{1}{2}\$ Yes \$\frac{1}{2}\$ No \$\frac{1}{2}\$ Yes \$\frac{1}{2}\$ No \$\frac{1}{2}\$ Yes			Bridgeport			_
Truck Driver 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 Legislative Legislative Legislative Date Received Aggregate Contributions \$\frac{1}{2}\$ No \$\frac{1}{2}\$ No \$\frac{1}{2}\$ No \$\frac{1}{2}\$ No \$\frac{1}{2}\$ Personal Check \$\frac{1}{2}\$ No \$				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? 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? Yes X No				-11	Amou	unt of Contribution
government the contract is with: Is this contribution associated with a fundraising event listed in Section J1? Security Legislative L		0	dependent child of	of a lobbyist?		
Is this contribution associated with a fundraising event listed in Section J1? Wes Method of contribution: Date Received Aggregate Contributions	Evacutiva Lagislativa			x _{No}		
fundraising event listed in Section J1? Yes X No Cash Personal Check 01/18/2015 \$75.00 \$75.00	Is this contribution associated with a Mathed of contribution.	Date	Received		1	
X No	Talliand and special in Section 31:					
	If yes, list Event # Cash Cash Personal Check Money Order Credit/Debit Card	01/	18/2015	\$75.00		\$75.00

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L MONETARY RECEIPT	'S (Sc	ection A-D			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT					
Ed Gomes Senate 2015	ying applicat	tion for Public			
B. Itemized Contributions from	m Ind	lividuals	Grant - Amendment		
Last Name	First			MI	Contribution ID #
Hennessy		Jack			0029
Residential Street Address	City			State	Zip Code
556 Savoy St		Bridgeport		СТ	06606
Principal Occupation		Name of Employ	er		
Truck Driver		Fedex			
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			
government the contract is with: Is this contribution associated with a Method of contribution: Method of contribution:	D-4-	Received	Aggregate Contributions		
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
X No Cash Personal Check	01/	18/2015	\$25.00		\$25.00
If yes, list Event # Money Order Credit/Debit Card	01/	10/2013	\$25.00		\$23.00
Last Name	First			MI	Contribution ID #
Hennessy		Meisha			0030
Residential Street Address	City			State	Zip Code
556 Savoy St		Bridgeport		СТ	06606
Principal Occupation	•	Name of Employ	er		
Student		None			
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 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	01/	18/2015	\$10.00		\$10.00
				L	
Last Name	First	Linds.		MI	Contribution ID #
Hennessy Residential Street Address	City	Lindy		State	0031 Zip Code
556 Savoy St	City	Bridgeport		CT	06606
Principal Occupation		Name of Employ	er	Ci	00000
Retired		Retire			
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	ant of Contribution
Yes 🔼 No	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		
Tundraising event listed in Section 31?					
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	01/	18/2015	\$10.00		\$10.00
				L	
Last Name	First	\A/:II:		MI	Contribution ID #
Garrett Residential Street Address	City	Williams		State	0024 Zip Code
520 Savoy St	City	Bridgeport		CT	06606
Principal Occupation		Name of Employ	er	<u> </u>	1 00000
Consultant		Self			
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	unt of Contribution
	υ	dependent child of	or a robbyist?		
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	01/	18/2015	\$15.00		\$15.00

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I. MONETARY RECEIPT	'S (Se	ection A-D			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT					
Ed Gomes Senate 2015 Itemized Statement accompanying application					
B. Itemized Contributions from	m Ind	lividuals	Grant - Amendment		
Last Name	First			MI	Contribution ID #
Garrett		Josephine			0025
Residential Street Address	City			State	Zip Code
520 Savoy St		Bridgeport		СТ	06606
Principal Occupation		Name of Employ	er		
RN		State	of CT		
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 child (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 Personal Check	01/	18/2015	\$5.00		\$5.00
If yes, list Event #	01/	10/2013	Ψ3.00		Ψ3.00
Last Name	First			MI	Contribution ID #
Nachem		Ira			0047
Residential Street Address	City			State	Zip Code
155 Brewster St # 5L		Bridgeport		СТ	06605
Principal Occupation	•	Name of Employ	er	•	•
Commercial Lender		Amalo	gamated Bank		
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 Yes Method of contribution:	Date	Received	Aggregate Contributions		
Tundraising event listed in Section J1?					
If yes, list Event # Cash Cash Personal Check Money Order Credit/Debit Card	01/	18/2015	\$10.00		\$10.00
				l	
Last Name	First			MI	Contribution ID #
Moore Residential Street Address	City	Michelle		State	0045
622 Soundview Ave	City	Bridgeport		CT	Zip Code 06606
Principal Occupation	<u> </u>	Name of Employ	er	<u> </u>	00000
Site Coordinator		1 ,	eport Hospital		
		_	obbyist snouse or	Amou	ant of Contribution
Yes 🔼 No	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		
fundraising event listed in Section J1? Yes X Cash Personal Check					
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	01/	18/2015	\$25.00		\$25.00
				l	 T
Last Name	First			MI	Contribution ID #
Pivirotto	C'i	Elaine		G	0053
Residential Street Address 2625 Park Ave	City	Bridgeport		State CT	Zip Code 06604
Principal Occupation	<u> </u>	Bridgeport Name of Employ	er	Ci	00004
Process Server		Self	Ci		
			obbyist, spouse, or	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		
Talliand and special in Section 31:					
If yes, list Event # Cash Credit/Debit Card	01/	18/2015	\$100.00		\$100.00

L MONETARY RECEIPT	'S (Sc	ection A-D			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT					
Ed Gomes Senate 2015 Itemized Statement accompanying application					
B. Itemized Contributions from	n Ind	lividuals	Grant - Amendment		
Last Name	First			MI	Contribution ID #
Medina		Maximino			0042
Residential Street Address	City			State	Zip Code
140 Hickory St		Bridgeport		СТ	06610
Principal Occupation		Name of Employ	er		
Attorney		Zelde	s Needle & Cooper		
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 child (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 X Personal Check	01/	18/2015	\$75.00		\$75.00
If yes, list Event #	,		7.5.55		
Last Name	First			MI	Contribution ID #
Medina		Nancy			0043
Residential Street Address	City			State	Zip Code
140 Hickory St		Bridgeport		СТ	06610
Principal Occupation		Name of Employ	er	-	
Receptionist		R.D S		-	
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	nnt 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		
Cash X Personal Check					
If yes, list Event # Money Order Credit/Debit Card	01/	18/2015	\$75.00		\$75.00
Last Name	First			MI	Contribution ID #
Pittston	FIISt	Jospehine		IVII	0052
Residential Street Address	City	эоэрение		State	Zip Code
291 Union Ave	,	Bridgeport		СТ	06607
Principal Occupation		Name of Employ	er		
Retired		Retire	ed		
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	01/	18/2015	\$25.00		\$25.00
Last Name	First			MI	Contribution ID #
Foster	11130	Maary-Jane		IVII	0023
Residential Street Address	City	riddi y saire		State	Zip Code
40 Anchorage Dr	ا ا	Bridgeport		СТ	06605
Principal Occupation		Name of Employ	er		!
Administration		Unive	rsity of Bridgeport		
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	-	dependent child 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		
	_	4.0.40.0:-			
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	01/	18/2015	\$100.00		\$100.00

L MONETARY RECEIPT	S (Se	ection A-D			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT					
Ed Gomes Senate 2015	ying applicat	tion for Public			
B. Itemized Contributions from	n Ind	lividuals	Grant - Amendment		
Last Name	First			MI	Contribution ID #
McGregor McGregor		Jack			0040
Residential Street Address	City			State	Zip Code
40 Anchorage Dr		Bridgeport		СТ	06605
Principal Occupation		Name of Employ	er	-	•
Retired		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	or a robbyrst?		
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 X Personal Check	01/	10/2015	±100.00		±100.00
If yes, list Event # Money Order Credit/Debit Card	01/	18/2015	\$100.00		\$100.00
Last Name	First			MI	Contribution ID #
Morton	1 1130	James		1111	0046
Residential Street Address	City	James		State	Zip Code
93 Holland Rd		Bridgeport		СТ	06610
Principal Occupation		Name of Employ	er	!	
Case Manager					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	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 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	01/	18/2015	\$20.00		\$20.00
				l	
Last Name	First	14		MI	Contribution ID #
Gomes Residential Street Address	City	Karen		State	0027
71 Cole St	City	Bridgeport		CT	Zip Code 06604
Principal Occupation		Name of Employ	er	<u> </u>	00004
Teacher		1 ,	eport Bd of Ed		
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	ant of Contribution
Yes 🔼 No)	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		
Tundraising event listed in Section J1?					
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	01/	18/2015	\$100.00		\$100.00
T. O.	г			 \	
Last Name Parisi	First	Gabrielle		MI	Contribution ID # 0049
Residential Street Address	City	Gabrielle		State	Zip Code
151 Astoria Ave	City	Bridgeport		CT	06604
Principal Occupation		Name of Employ	er	<u> </u>	1 0000
HR Consultant		Custo	m HR Solutions		
Is contributor a principal of a state contractor or prospective state contractor?		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: Executive Legislative			x _{No}		
Is this contribution associated with a fundraising event listed in Section 112	Date	Received	Aggregate Contributions		
	_	4.0.40.0 : =			
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	01/	18/2015	\$100.00		\$100.00

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	- (TYPE OF REPORT					
Ed Gomes Senate 2015 Itemized Statement accompanying application for F								
B. Itemized Contributions from	m Ind	lividuals	Grant - Amendment					
Last Name	First			MI	Contribution ID #			
Parisi		Virginia			0050			
Residential Street Address	City			State	Zip Code			
151 Astoria Ave		Bridgeport		СТ	06604			
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 le dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of		dependent child c	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	01/	18/2015	\$5.00		\$5.00			
If yes, list Event #	01/	10, 2010	Ψ5.00					
Last Name	First			MI	Contribution ID #			
Parisi		Stephen			0051			
Residential Street Address	City			State	Zip Code			
151 Astoria Ave		Bridgeport		СТ	06604			
Principal Occupation		Name of Employ	er		•			
Carpenter		Lusar	do Builders					
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 Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1? X Cash Personal Check								
If yes, list Event # Cash Personal Check No	01/	18/2015	\$5.00		\$5.00			
Last Name	First			MI	Contribution ID #			
Linsey	First	Curtis		IVII	0037			
Residential Street Address	City			State	Zip Code			
179 Union Ave		Bridgeport		СТ	06607			
Principal Occupation		Name of Employ	er					
Retired		Retrie	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	0	dependent child of	or a robbyist?					
government the contract is with:			x No					
Is this contribution associated with a fundraicing event listed in Section 112	Date	Received	Aggregate Contributions					
Tunding event insect in Section 31:								
If yes, list Event # Cash Personal Check No	01/	18/2015	\$5.00		\$5.00			
Last Name	First	•		MI	Contribution ID #			
Kristy	First	Joshua		IVII	0034			
Residential Street Address	City			State	Zip Code			
485 Savoy St	,	Bridgeport		CT	06606			
Principal Occupation		Name of Employ	er	<u>. </u>				
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:			x _{No}					
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
					45.00			
If yes, list Event # Cash Credit/Debit Card	01/	18/2015	\$5.00		\$5.00			

I. MONETARY RECEIPT	S (S	ection A-I)	1		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT		ion for Dublic
Ed Gomes Senate 2015 Itemized Statement accompanying application for Public Grant - Amendment					
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Jones		Pamela			0032
Residential Street Address	City			State	Zip Code
89 Weber Ave	L	Bridgeport		СТ	06606
Principal Occupation Unemployed		Name of Employ	^{er} ployed		
			11.11	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 Credit/Debit Card	01/	18/2015	\$10.00		\$10.00
Last Name	First			MI	Contribution ID #
Kelly	FIISt	Thomas		IVII	0033
Residential Street Address	City	THOMAS		State	Zip Code
155 Brewster St # 2H		Bridgeport		СТ	06605
Principal Occupation		Name of Employ	er		
Business 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: Is this contribution associated with a Method of contribution:	D-4-	Received			
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions		
X No Cash X Personal Check	01/	18/2015	\$100.00		\$100.00
If yes, list Event #	01/	10, 2010	Ψ100.00		
Last Name	First			MI	Contribution ID #
Kristy		Fiona			0035
Residential Street Address	City			State	Zip Code
485 Savoy		Bridgeport		СТ	06606
Principal Occupation		Name of Employ	er		
La contributa and con		I	-11	A	
Is contributor a principal of a state contractor or prospective state contractor?	o	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: Executive Legislative			x _{No}		
government the contract is with.	Date	Received	Aggregate Contributions		
fundraising event listed in Section J1? Yes Yes The Cash Responsible to the Responsibl					
If yes, list Event # Cash No Money Order Credit/Debit Card	01/	18/2015	\$5.00		\$5.00
Last Name	First			MI	Contribution ID #
Lancia		Anthony			0036
Residential Street Address	City	-		State	Zip Code
157 Suburban Ave		Bridgeport		СТ	06605
Principal Occupation		Name of Employ	er	-	
Retired		Retire			
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	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?			<u> </u>		
If yes, list Event #	01/	18/2015	\$50.00		\$50.00

I. MONETARY RECEIPT	S (S	ection A-I)	TWIE OF REPORT		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Ed Gomes Senate 2015			TYPE OF REPORT Itemized Statement accompan	ving applicat	ion for Public
			Grant - Amendment	, 3 - 11	
B. Itemized Contributions from	_				
Last Name Mackenhimer	First	Carolyn		MI	Contribution ID # 0038
Residential Street Address	City	Carolyli		State	Zip Code
208 Harriet St		Bridgeport		CT	06605
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 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		
fundraising event listed in Section J1? X No	01/	18/2015	\$5.00		\$5.00
If yes, list Event #	01/	16/2015	\$5.00		\$3.00
Last Name	First			MI	Contribution ID #
Marshall		Mary			0039
Residential Street Address	City			State	Zip Code
81 White St		Bridgeport		СТ	06610
Principal Occupation		Name of Employ			
Electrical Installer		Sikors	,		
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	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 # Cash Personal Check Money Order Credit/Debit Card	01/	18/2015	\$5.00		\$5.00
Last Name	First			MI	Contribution ID #
Oden		Margie			0048
Residential Street Address	City			State	Zip Code
1070 Chospey Hill Rd		Bridgeport		СТ	06606
Principal Occupation		Name of Employ			
Retired		Retire		Amou	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child of		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 Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions		
Tunidialising event listed in Section 31:	l				
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	01/	18/2015	\$5.00		\$5.00
Last Name	First			MI	Contribution ID #
Meyer		Christopher			0044
Residential Street Address	City			State	Zip Code
435 Midland St		Bridgeport		СТ	06605
Principal Occupation		Name of Employ	er		
Lawyer Is contributor a principal of a state contractor or prospective state contractor?		Self Is contributor a l	obbyist, spouse, or	Amou	ant 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		
Tundraising event risted in Section 31?					
If yes, list Event # Cash Credit/Debit Card	01/	18/2015	\$100.00		\$100.00

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	(,	TYPE OF REPORT					
Ed Gomes Senate 2015			Itemized Statement accompan Grant - Amendment	ying applicat	ion for Public			
B. Itemized Contributions fro	m Ind	lividuals	Grant - Amendment					
Last Name	First			MI	Contribution ID #			
Olson		John			0153			
Residential Street Address	City			State	Zip Code			
25 Cartright-5H	L.,	Bridgeport		СТ	06604			
Principal Occupation		Name of Employ						
Retired		Retire	11.14		ant of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	o	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 Section 112 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	01/2	20/2015	\$100.00		\$100.00			
				l				
Last Name	First			MI	Contribution ID #			
Keller Residential Street Address	City	Sarah		State	0155 Zip Code			
12 Jetland	City	Bridgeport		CT	06605			
Principal Occupation		Name of Employ	er	Ci	00003			
Attorney			y, Janosov, Roche					
Is contributor a principal of a state contractor or prospective state contractor? Yes X N			obbyist, spouse, or	Amou	ant 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 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	01/2	21/2015	\$5.00		\$5.00			
Last Name	First			MI	Contribution ID #			
Miller	Titst	Patricia		IVII	0137			
Residential Street Address	City			State	Zip Code			
95 Libert St # A4		Stamford		СТ	06902			
Principal Occupation		Name of Employ	er	•	•			
Legislator		State	of Ct					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ınt 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 fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No Cash X Personal Check	01/	22/2015	\$100.00		\$100.00			
If yes, list Event #	01/.	22/2013	Ψ100.00		ψ100.00			
Last Name	First			MI	Contribution ID #			
DePina		Joao, Jr			0296			
Residential Street Address	City			State	Zip Code			
423 Wayne St	<u> </u>	Bridgeport		СТ	06606			
Principal Occupation		Name of Employ						
Retired		Retire						
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 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 Mothod of contribution	Date	Received	Aggregate Contributions	1				
fundraising event listed in Section J1?			30 0					
If yes, list Event #	01/2	23/2015	\$10.00		\$10.00			

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	- (TYPE OF REPORT					
Ed Gomes Senate 2015			Itemized Statement accompan	ying applicat	ion for Public			
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Santos		Joao F.			0295			
Residential Street Address	City			State	Zip Code			
2530 Madison Ave		Bridgeport		СТ	06606			
Principal Occupation		Name of Employ	er					
Fire Fighter		BPT F	ire Dept					
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 child (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	01/	23/2015	\$100.00		\$100.00			
If yes, list Event #	01/		Ψ100.00					
Last Name	First			MI	Contribution ID #			
De Pina		Josefa			0297			
Residential Street Address	City			State	Zip Code			
3205 Old Town 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?	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 Section 112 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	01/	23/2015	\$50.00		\$50.00			
Last Name	First			MI	Contribution ID #			
Burnett	First	Damian		IVII	0293			
Residential Street Address	City	Damian		State	Zip Code			
675 Central Ave	,	Bridgeport		СТ	06607			
Principal Occupation		Name of Employ	er					
Maintenance		CRT						
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	or a roodyrst?					
government the contract is with:			x No					
Is this contribution associated with a Society 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
Tundraising event risted in Section 31?								
If yes, list Event # Cash Personal Check No	01/	23/2015	\$5.00		\$5.00			
Last Name	First			MI	Contribution ID #			
Marketos	11130	JAmes		IVII	0338			
Residential Street Address	City	37 111103		State	Zip Code			
1312 Stratford Ave		Bridgeport		СТ	06607			
Principal Occupation		Name of Employ	er					
Manager		Self						
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 roodyrst?					
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					
Talliand and special in Section 31:		20 (201 =			.50.00			
If yes, list Event # Cash Credit/Debit Card	01/	23/2015	\$50.00		\$50.00			

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	(,	TYPE OF REPORT					
Ed Gomes Senate 2015			Itemized Statement accompan	ying applicat	ion for Public			
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Hughes		Scott			0154			
Residential Street Address	City			State	Zip Code			
366 Gramfield Apt A	L	Bridgeport		СТ	06610			
Principal Occupation		Name of Employ						
Librarian Is contributor a principal of a state contractor or prospective state contractor?			eport Public Library 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	37	Alliot	ant of Contribution			
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	1				
tundraising event instead in Section 31:								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	01/2	24/2015	\$100.00		\$100.00			
				I				
Last Name	First	5 11		MI	Contribution ID #			
Pierre-Charles Residential Street Address	City	Donald		State	0294 Zip Code			
221 High Ridge Dr	City	Bridgeport		CT	06606			
Principal Occupation	<u>. </u>	Name of Employ	er	CI	1 00000			
Engineer Engineer			ron Electronics					
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? Yes Method of contribution:	Date	Received	Aggregate Contributions					
X Cash Personal Check								
If yes, list Event # Money Order Credit/Debit Card	01/.	24/2015	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Thompson	1 1150	Patrice			0292			
Residential Street Address	City			State	Zip Code			
85 Judson Pl		Bridgeport		СТ	06610			
Principal Occupation		Name of Employ	er	-	•			
Student		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 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	01/2	24/2015	\$5.00		\$5.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Thompson		Calvin			0284			
Residential Street Address	City			State	Zip Code			
85 Judson Pl	L	Bridgeport		СТ	06610			
Principal Occupation Technician		Name of Employ ATT	er					
			obbyist, spouse, or	Amou	unt of Contribution			
Yes X No	0	dependent child of	Vac	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	1				
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	01/2	24/2015	\$10.00		\$10.00			

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Ed Gomes Senate 2015 Itemized Statement accompanying application for Grant - Amendment								
B. Itemized Contributions from	m Ind	lividuals	Grant - Amendment					
Last Name	First			MI	Contribution ID #			
Cruz		Antonio			0289			
Residential Street Address	City			State	Zip Code			
683 Brooks St	L	Bridgeport		СТ	06608			
Principal Occupation		Name of Employ						
La satisfaction with the first term of the state of the s			ployed	A	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amot	int of Contribution			
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 instead in Section 31:								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	01/	24/2015	\$5.00		\$5.00			
I you, is a treat to the control of								
Last Name	First			MI	Contribution ID #			
Silva	ļ	Iolanda			0287			
Residential Street Address	City			State	Zip Code			
66 Cleveland 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 X No	o	dependent child of	Vac	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					
fundraising event listed in Section J1? Yes X Cash Personal Check								
X No	01/	24/2015	\$5.00		\$5.00			
If yes, list Event #	<u> </u>							
Last Name	First			MI	Contribution ID #			
Silva		Filomena			0286			
Residential Street Address	City			State	Zip Code			
620 Wood Ave	<u> </u>	Bridgeport		СТ	06604			
Principal Occupation		Name of Employ	er					
Coonsultant		Self	obbyist spouse or	A				
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	dependent child of	V	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? Yes X Cash Personal Check								
X No X Cash Personal Check If yes, list Event # Money Order Credit/Debit Card	01/	24/2015	\$5.00		\$5.00			
in yes, list Event #								
Last Name	First			MI	Contribution ID #			
DePina		Augusto			0282			
Residential Street Address	City			State	Zip Code			
48 Hart 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	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 J1? Yes Method of contribution:	Date	Received	Aggregate Contributions					
X No D Personal Check		24/2015	* F 00		¢E 00			
If yes, list Event # Money Order Credit/Debit Card	1 01/	24/2015	\$5.00		\$5.00			

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I. MONETARY RECEIPT	'S (S	notion A D			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	10 (01	ction A-1)	TYPE OF REPORT		
Ed Gomes Senate 2015			Itemized Statement accompan	ying applicat	ion for Public
B. Itemized Contributions from	m Ind	lividuals			
Last Name	First			MI	Contribution ID #
Wilbert		Gideaon			0283
Residential Street Address	City			State	Zip Code
850 Laurel Ave	L	Bridgeport		СТ	06606
Principal Occupation		Name of Employe	er		
IT Architecht		IBM			
Is contributor a principal of a state contractor or prospective state contractor?	o		obbyist, spouse, or	Amou	unt of Contribution
If yes, indicate which branch or branches of		dependent child o	<u> </u>		
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 Personal Check Money Order Credit/Debit Card	01/2	24/2015	\$5.00		\$5.00
				<u> </u>	
Last Name	First			MI	Contribution ID #
Montiero		Isabel			0288
Residential Street Address	City			State	Zip Code
650 Atlantic St	L.,	Bridgeport		СТ	06606
Principal Occupation		Name of Employe	er		
			cents Medical Center		
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	o	Is contributor a lo dependent child o	obbyist, spouse, or Yes	Amou	ant of Contribution
If yes, indicate which branch or branches of		dependent cinia o	<u></u>		
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		
Tundraising event listed in Section 31:					
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	01/2	24/2015	\$5.00		\$5.00
		!		l	
Last Name	First			MI	Contribution ID #
Silva		Ana Maria			0290
Residential Street Address	City			State	Zip Code
622 Wood Ave	<u> </u>	Bridgeport		СТ	06604
Principal Occupation		Name of Employe	er		
Consultant		Self			
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	unt of Contribution
If yes, indicate which branch or branches of Executive Legislative		acpendent enna o			
government the contract is with:		n : 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	04.7	24/2045	+5.00		±5.00
If yes, list Event # Money Order Credit/Debit Card	01/2	24/2015	\$5.00		\$5.00
		'		l	
Last Name	First			MI	Contribution ID #
Soares		Eugenio			0291
Residential Street Address	City	D:1		State	Zip Code
418 Center St	Ь.,	Bridgeport		СТ	06606
Principal Occupation		Name of Employe			
		Retire			
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	unt of Contribution
If yes, indicate which branch or branches of			x No		
government the contract is with:		Pagaine 4			
Is this contribution associated with a fundraising event listed in Section J1? Yes Method of contribution:	Date	Received	Aggregate Contributions		
X No Personal Check	01.	24/2015	#F 00		¢E 00
If yes list Event # No Money Order Credit/Debit Card	I 01/4	24/2015	\$5.00	I	\$5.00

L MONETARY RECEIPT	'S (Sc	ection A-D					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	- (TYPE OF REPORT				
Ed Gomes Senate 2015			Itemized Statement accompan	ying applicat	ion for Public		
B. Itemized Contributions from Individuals							
Last Name	First			MI	Contribution ID #		
Scinto		Dennis			0148		
Residential Street Address	City			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		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: 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	01/	24/2015	\$50.00		\$50.00		
If yes, list Event # Money Order	01/	24/2013	\$50.00				
Last Name	First			MI	Contribution ID #		
Hadley		Mary Ann			0138		
Residential Street Address	City			State	Zip Code		
133 Prospect St		Manchester		СТ	06040		
Principal Occupation	•	Name of Employ	er		•		
Retired		Retire	ed				
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:			x _{No}				
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions				
fundraising event listed in Section J1? Cash Personal Check							
If yes, list Event # Cash Cash Personal Check Money Order Credit/Debit Card	01/	24/2015	\$100.00		\$100.00		
Last Name	First			MI	Contribution ID #		
Wells	FIISt	Galen		IVII	0140		
Residential Street Address	City	Guich		State	Zip Code		
224 W Norwalk Rd	,	Norwalk		CT	06850		
Principal Occupation		Name of Employ	er				
Attorney		Self					
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	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 Cash Personal Check Money Order Credit/Debit Card	01/	25/2015	\$100.00		\$100.00		
Lad Name	Einst			\/I	Contribution ID #		
Last Name Balzano	First	Lisa		MI	0258		
Residential Street Address	City	Lisa		State	Zip Code		
74 Cole St	City	Bridgeport		CT	06606		
Principal Occupation		Name of Employ	er	<u> </u>	1 00000		
Teacher			eport BOE				
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	U	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	01/	26/2015	\$5.00		\$5.00		

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) Ed Gomes Senate 2015 B. Hemized Contributions from Individuals Last Name Traber B. Hemized Contributions from Individuals Last Name Traber Rathleen MI Contribution ID # Kathleen O260 Residential Steed Address 8221 Garland Ave Apt 203 Principal Occupation Assistant to President If yes, Indiate which branch or branches of word money Order Wes Supposed Aggregate Contributions First Last Name First Amount of Contribution Name of Employer ATIV Too 689 Activate a principal of a state contractor or prospective s
Last Name First Mil Contribution Difference Credit Debit Card Credit Debit Card Name of Employer State Zip Code Meaney Order Credit Debit Card Name of Employer State Zip Code Name of Employer State Zip Code Name of Employer Name of Employe
Last Name
Traber Residential Street Address City Takoma Park MD 20912
Residential Street Address 8221 Garland Ave Apt 203 Principal Occupation Assistant to President Same of Employer Advisor a principal of a state contractor or preospective state contractor? Yes No No No No No No No N
Residential Street Address State Contractor or prospective state contractor? Yes No Legislative Date Received Aggregate Contributions State Name of Employer State Name of Employer
Principal Occupation Assistant to President Assistant to President Is contributor a principal of a state contractor or prospective state contractor? Yes No If yes, indicate which branch or branches of covernment the contract is with Is this contributor associated with a fundraising event listed in Section J1? Amount of Contribution Personal Check Principal Occupation
Assistant to President Secontributor a principal of a state contractor or prospective state contractor?
Secontributor a principal of a state contractor or prospective state contractor?
If yes, indicate which branch or branches of sovernment the contract is with: Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #
Severament the contract is with: Executive Legislative Legislati
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # If yes, indicate which branch or branches of soverment the contract is with: Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # Method of contribution: Date Received Aggregate Contributions
Last Name First Contribution Section J1? Yes No Name of Employer State Contribution Section J1? Yes State St
Last Name
Taylor Residential Street Address City Bridgeport Teacher 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 # Legislative Legislative Legislative Legislative Date Received Aggregate Contributions Amount of Contribution dependent child of a lobbyist; % spouse, or dependent contract is with: Amount of Contribution dependent child of a lobbyist; % spouse, or dependent contract is with: Amount of Contribution dependent child of a lobbyist; % spouse, or dependent contract is with: Amount of Contribution dependent child of a lobbyist; % spouse, or dependent child of a lobbyist; % sp
Taylor Residential Street Address City Bridgeport CT 06604 Principal Occupation Teacher 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
Residential Street Address 117 Burnham St Bridgeport Name of Employer Bridgeport BOE 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 # Perez-Almantar Residential Street Address 1112 Noble Ave Principal Occupation Name of Employer Bridgeport Bridgeport BOE Is contributor a lobbyist; spouse, or dependent child of a lobbyist? Yes Amount of Contribution Date Received Aggregate Contributions 4 Spous Sp
Principal Occupation Name of Employer Bridgeport BOE
Principal Occupation Teacher 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? Last Name Perez-Almantar Residential Street Address Principal Occupation Name of Employer Bridgeport BOE Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes Amount of Contribution Agregate Contributions \$5.00 \$5.00 \$5.00 Last Name Perez-Almantar Residential Street Address City Bridgeport Credit/Debit Card Name of Employer
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 contribution a lobbyist? Yes X No Is contribution a lobbyist? Yes X No Is contribution a lobbyist? Yes X No Yes X No Is contribution a lobbyist? Yes X No X No Yes X Cash Yes Yes Yes X Cash Yes
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? Last Name Perez-Almantar Residential Street Address 1112 Noble Ave Principal Occupation Legislative Legislative Legislative Legislative Legislative Date Received Aggregate Contributions Ves X No X No Yes X No 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? If yes, list Event # Legislative Date Received Aggregate Contributions \$5.00 \$5.00 Aggregate Contributions \$5.00 \$5.00 Last Name First Personal Check Credit/Debit Card First Perez-Almantar Residential Street Address City Bridgeport CT 06608 Principal Occupation Name of Employer
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 Method of contribution: Date Received Aggregate Contributions
fundraising event listed in Section J1? If yes, list Event # Ves
If yes, list Event #
If yes, list Event #
Perez-Almantar Ricardo 0265 Residential Street Address City State Zip Code 1112 Noble Ave Bridgeport CT 06608 Principal Occupation Name of Employer
Residential Street Address City State Zip Code 1112 Noble Ave Bridgeport CT 06608 Principal Occupation Name of Employer
1112 Noble Ave Bridgeport CT 06608 Principal Occupation Name of Employer
Principal Occupation Name of Employer
l Teacher I Bridgeport BOE
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 Executive Legislative Legislative
government the contract is with. In this contribution associated with a Method of contribution. Data Received Aggregate Contributions
fundraising event listed in Section J1? Yes X Cash Personal Check
If yes, list Event # Personal Check O1/26/2015 \$5.00 \$5.00
Last Name First MI Contribution ID # Charlery Michelle 0266
Residential Street Address City State Zip Code
235 Marilyn Dr Bridgeport CT 06606
Principal Occupation Name of Employer
Bridgeport BOE
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 comment is with.
fundraising event listed in Section J1?
If yes, list Event #

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	- (TYPE OF REPORT					
Ed Gomes Senate 2015 Itemized Statement accompanying application for								
B. Itemized Contributions from	m Ind	lividuals	Grant - Amendment					
Last Name	First			MI	Contribution ID #			
Monteiro		Dean			0269			
Residential Street Address	City			State	Zip Code			
110 Hancock Ave		New Haven		СТ	06519			
Principal Occupation		Name of Employ	er					
Carpenter		Ip Co	nstruction					
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 child (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	01/	26/2015	\$5.00		\$5.00			
If yes, list Event #	01/		Ψ5.00					
Last Name	First			MI	Contribution ID #			
Evans		Leonard			0273			
Residential Street Address	City			State	Zip Code			
61 Elm St		Bridgeport		СТ	06604			
Principal Occupation		Name of Employ	er	-	•			
		Metro	North RR					
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 Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1? X No X Cash Personal Check								
If yes, list Event # Money Order Credit/Debit Card	01/	26/2015	\$5.00		\$5.00			
Last Name	First			MI	Contribution ID #			
Soares	FIISt	Maria		IVII	0267			
Residential Street Address	City	riaria		State	Zip Code			
418 Center St	,	Bridgeport		CT	06604			
Principal Occupation		Name of Employ	er					
		Unem	ployed					
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: Executive Legislative			x No					
Is this contribution associated with a fundraicing event listed in Section 112	Date	Received	Aggregate Contributions					
Tunding event insect in Section 31:								
If yes, list Event # Cash Personal Check No	01/	26/2015	\$5.00		\$5.00			
T. M	F: /) d	Contribution ID #			
Last Name Santos	First	Jose		MI	0280			
Residential Street Address	City	J056		State	Zip Code			
415 Lincoln Ave	City	Bridgeport		CT	06606			
Principal Occupation	<u> </u>	Name of Employ	er	<u> </u>	1 00000			
			ployed					
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: Executive Legislative			x _{No}					
Is this contribution associated with a fundraicing event listed in Section 112	Date	Received	Aggregate Contributions					
Tunding event insect in Section 71:								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	01/	26/2015	\$5.00		\$5.00			

I, MONETARY RECEIPT	S (Se	ection A-D			
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT					
Ed Gomes Senate 2015			Itemized Statement accompan Grant - Amendment	ying applicat	ion for Public
B. Itemized Contributions from	m Ind	lividuals	Oranic Fundinament		
Last Name	First			MI	Contribution ID #
Maignan		Cynthia			0262
Residential Street Address	City			State	Zip Code
518 N Summerfield Ave		Bridgeport		СТ	06610
Principal Occupation		Name of Employ			
Social Worker			of Ct- DCF	A	unt of Contribution
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amot	int of Contribution
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	1	
tundraising event instead in Section 31:					
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	01/	26/2015	\$25.00		\$25.00
				l	1
Last Name	First			MI	Contribution ID #
Vereen	G:	Elijah		G: :	0263
Residential Street Address	City	Duideanaut		State	Zip Code
518 N Summerfield Ave Principal Occupation		Bridgeport Name of Employ	or	СТ	06610
Student		None	ci		
			obbyist, spouse, or	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	01/	26/2015	\$5.00		\$5.00
				<u> </u>	
Last Name	First			MI	Contribution ID #
Monthly	G:	Theron		G: :	0270
Residential Street Address 425 Wayne St	City	Pridagnort		State CT	Zip Code 06606
Principal Occupation		Bridgeport Name of Employ	or	CI	00000
Student		None			
			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 Method of contribution:	Date	Received	Aggregate Contributions		
Tulidasing event instead in Section 71:					
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	01/	26/2015	\$5.00		\$5.00
Last Name	First			MI	Contribution ID #
DiPina	First	Carlos		IVII	0271
Residential Street Address	City	Carlos		State	Zip Code
425 Wayne St		Bridgeport		СТ	06606
Principal Occupation		Name of Employ	er		1
		Unem	ployed		
Is contributor a principal of a state contractor or prospective state contractor?	o		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:	١.	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	017	26/2015	\$5.00		\$5.00
If yes, list Event # Money Order Credit/Debit Card	I 01/.	20/2013	φο.υυ		φ J .00

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Ed Gomes Senate 2015			Itemized Statement accompan	nying applicat	ion for Public				
B. Itemized Contributions from	m Ind	ividuals	Grant - Amendment						
Last Name	First	ividuais		МІ	Contribution ID #				
DiPina	1 1130	Daishaw		1411	0272				
Residential Street Address	City	241011411		State	Zip Code				
425 Wayne St		Bridgeport		СТ	06606				
Principal Occupation		Name of Employe	er	•	•				
		Unem	ployed						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or General Administration Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of		dependent child o	Ta lobbyist?						
government the contract is with:	لــــا		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	01/	06/2015	#F.00		+ F 00				
If yes, list Event # Money Order Credit/Debit Card	01/2	26/2015	\$5.00		\$5.00				
Last Name	First			MI	Contribution ID #				
DiPina	1 1150	Victor			0268				
Residential Street Address	City			State	Zip Code				
425 Wayne St		Bridgeport		СТ	06606				
Principal Occupation		Name of Employe	er	•	•				
		Unem	ployed						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or General Administration Yes	Amou	ınt of Contribution				
If yes, indicate which branch or branches of		dependent child o	i a loodyist?						
government the contract is with:	لــــا		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	01/	06/2015	#F.00		+ F 00				
If yes, list Event # Money Order Credit/Debit Card	01/2	26/2015	\$5.00		\$5.00				
Last Name	First			MI	Contribution ID #				
DiPina		Veronica			0275				
Residential Street Address	City			State	Zip Code				
425 Wayne St		Bridgeport		СТ	06606				
Principal Occupation		Name of Employe	er	-	-				
		St Vin	cents Medical Center						
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a le dependent child o	obbyist, spouse, or fallobbyist? Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of		dependent cinia o	a loodyist:						
government the contract is with: Executive Legislative		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	01/3	26/2015	\$5.00		\$5.00				
If yes, list Event #	01/2	10, 2013	45.00		43.00				
Last Name	First			MI	Contribution ID #				
Landson-Long		Tiffany			0259				
Residential Street Address	City			State	Zip Code				
275 Pasadena Pl		Bridgeport		СТ	06610				
Principal Occupation		Name of Employe	er						
Teacher		Bridge	eport BOE						
Is contributor a principal of a state contractor or prospective state contractor?	0	Is contributor a le dependent child o	obbyist, spouse, or f a lobbyist? Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of		асрениені сина о	a loobyist?						
government the contract is with: Executive Legislative		ni 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	01/	26/2015	\$50.00		\$50.00				
If yes list Event # Money Order Credit/Debit Card	I 51/4	-0, 2013	Ψ30.00	I	400.00				

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L MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Ed Gomes Senate 2015			TYPE OF REPORT Itemized Statement accompan	ying applicat	ion for Public				
			Grant - Amendment						
B. Itemized Contributions from	m Ind	lividuals			1				
Last Name	First			MI	Contribution ID #				
Barros		Maria			0285				
Residential Street Address	City			State	Zip Code				
650 Grand St	L	Bridgeport		СТ	06604				
Principal Occupation		Name of Employ	er						
		Retire							
Is contributor a principal of a state contractor or prospective state contractor?	o		obbyist, spouse, or Galablasista	Amou	unt of Contribution				
If yes, indicate which branch or branches of		dependent child of	<u> </u>						
government the contract is with:			x _{No}						
Is this contribution associated with a fundraicing event listed in Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
Tulidialising event insection 31:									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	01/2	26/2015	\$5.00		\$5.00				
				l					
Last Name	First			MI	Contribution ID #				
DeBarros		Joao			0274				
Residential Street Address	City			State	Zip Code				
650 Grand St	Щ.	Bridgeport		СТ	06604				
Principal Occupation		Name of Employ	er						
Retired		Retire	d						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Galablasista	Amou	unt of Contribution				
If yes, indicate which branch or branches of		dependent child of	i a loodyist?						
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 Money Order Credit/Debit Card	01/2	26/2015	\$5.00		\$5.00				
				<u> </u>					
Last Name	First			MI	Contribution ID #				
Cruz		Maria			0278				
Residential Street Address	City			State	Zip Code				
683 Brooks St	L	Bridgeport		СТ	06608				
Principal Occupation		Name of Employe	er						
		St Vin	cents Medical Center						
Is contributor a principal of a state contractor or prospective state contractor?	o		obbyist, spouse, or Yes	Amou	unt 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 Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
Tunidiasing event instead in Section 71?									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	01/2	26/2015	\$5.00		\$5.00				
Last Name	First			MI	Contribution ID #				
DiPina		Anna Maria			0276				
Residential Street Address	City			State	Zip Code				
425 Wayne St	<u> </u>	Bridgeport		СТ	06606				
Principal Occupation		Name of Employe	er						
Dietary Aide		Bpt H	ospital						
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	i 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 No Money Order Credit/Debit Card	01/2	27/2015	\$5.00		\$5.00				

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L MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)									
Ed Gomes Senate 2015			Itemized Statement accompan	ying applicat	tion for Public				
B. Itemized Contributions from	m Ind	lividuale	Grant - Amendment						
Last Name	First	iiviuuais		MI	Contribution ID #				
DiPina	First	Anthony		IVII	0277				
Residential Street Address	City	7 thenony		State	Zip Code				
425 Wayne St		Bridgeport		СТ	06606				
Principal Occupation		Name of Employ	er						
		Unem	ployed						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or General Physics 2 Yes	Amou	unt of Contribution				
If was indicate which branch or branches of	0	dependent child of	if a lobbyist?						
government the contract is with:			x _{No}						
Is this contribution associated with a Service U2 Yes Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1? X No									
If yes, list Event #	01/2	27/2015	\$5.00		\$5.00				
Lad Norma	First			MI	Contribution ID#				
Last Name Sierau	FIISt	Michelle		MII	Contribution ID # 0059				
Residential Street Address	City	Michelle		State	Zip Code				
151 Astoria Ave		Bridgeport		СТ	06604				
Principal Occupation		Name of Employe	er		1 0000				
Operations Director		Smart	: Start Education						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a le	obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of	0	dependent child of	if a lobbyist?						
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 Money Order Credit/Debit Card	01/2	29/2015	\$5.00		\$5.00				
				l	La . a . a . p. "				
Last Name	First	Douglas		MI	Contribution ID #				
McCrory Residential Street Address	City	Douglas		State	Zip Code				
235 Blue Hills Ave	City	Hartford		CT	06112				
Principal Occupation		Name of Employe	er		1 00111				
Educator		CREC							
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a le	obbyist, spouse, or	Amou	unt 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 Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
Tundraising event listed in Section 31?									
If yes, list Event # Cash Cash Personal Check Money Order Credit/Debit Card	01/2	29/2015	\$100.00		\$100.00				
T. O.	г				[C () () [D				
Last Name Smith	First	Jennifer		MI	Contribution ID # 0130				
Residential Street Address	City	Jennie		State	Zip Code				
191 Warrenton Ave	City	West Hartfor	d	CT	06119				
Principal Occupation	_	Name of Employe			1				
Vice President		SEIU-							
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a le	obbyist, spouse, or So Johnwigt? Yes	Amou	unt of Contribution				
	0	dependent child of	a loodyist?						
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						
Table 1 Table 2 Tabl									
If yes, list Event # Cash Cash Personal Check No Money Order Credit/Debit Card	01/2	29/2015	\$40.00		\$40.00				

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Ed Gomes Senate 2015 Itemized Statement accompanying application for Public Grant - Amendment								
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Murphy		John			0078			
Residential Street Address	City			State	Zip Code			
205 Westerly Ter	<u> </u>	East Hartford		СТ	06118			
Principal Occupation		Name of Employ						
Asst Business Manager			Local 1228	A				
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes	0	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amot	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 Section 112 Yes 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	01/	29/2015	\$100.00		\$100.00			
I story out Citables and				l				
Last Name	First			MI	Contribution ID #			
Rodriguez		Arninda			0056			
Residential Street Address	City	5		State	Zip Code			
543 Savoy St Principal Occupation	<u> </u>	Bridgeport		СТ	06606			
Foreman		Name of Employ	er Construction					
			11 14	Amor	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes 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 X Cash Personal Check								
If yes, list Event #	01/	29/2015	\$10.00		\$10.00			
in yes, list Event #								
Last Name	First			MI	Contribution ID #			
Samuel		Tyelissa			0057			
Residential Street Address	City			State	Zip Code			
1115 Lindley St	<u> </u>	Bridgeport		СТ	06606			
Principal Occupation		Name of Employ						
Purchasing 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 No	о	dependent child of		Amot	int 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? Yes X Cash Personal Check								
If yes, list Event #	01/	29/2015	\$5.00		\$5.00			
				l				
Last Name	First			MI	Contribution ID #			
Slocum Residential Street Address	City	April		Ctoto	0060			
152 Jackson Ave	City	Bridgeport		State CT	Zip Code 06606			
Principal Occupation		Name of Employ	er	<u> </u>	1 00000			
None		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		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 11? Yes Method of contribution:	Date	Received	Aggregate Contributions					
- IX	_	aa (aa : =			45.00			
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	01/	29/2015	\$5.00		\$5.00			

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L MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Ed Gomes Senate 2015 Itemized Statement accompanying application									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Hartley		Joan			0123				
Residential Street Address	City			State	Zip Code				
206 Columbia Blvd		Waterbury		СТ	06710				
Principal Occupation		Name of Employ	er						
Legislator		State	of Ct						
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 chird (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 X Personal Check	01/	29/2015	\$100.00		\$100.00				
If yes, list Event #	01/		Ψ100.00						
Last Name	First			MI	Contribution ID #				
Donovan		Christopher			0091				
Residential Street Address	City			State	Zip Code				
188 Atkins St		Meriden		СТ	06450				
Principal Occupation		Name of Employ	er	-	•				
Union Rep		CEA							
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 fundaciona event licted in Section 112.	Date	Received	Aggregate Contributions						
Tunidraising event instead in Section 71:									
If yes, list Event # Cash Credit/Debit Card	01/	29/2015	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Gerratana	FIISt	Frank		IVII	0094				
Residential Street Address	City	TIGHK		State	Zip Code				
674 Lincoln St	City	New Britain		CT	06052				
Principal Occupation	!	Name of Employ	er	<u> </u>	1 00002				
Physician		Grove	Hill Medical Center						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution				
If yes, indicate which branch or branches of	0	dependent child of	· · · · · · · · · · · · · · · · · · ·						
government the contract is with:			x _{No}						
Is this contribution associated with a Society 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
Tundraising event risted in Section 31?									
If yes, list Event # Cash Credit/Debit Card	01/	29/2015	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Gerratana	11130	Terry		1411	0095				
Residential Street Address	City	Terry		State	Zip Code				
674 Lincoln St	ا ا	New Britain		СТ	06052				
Principal Occupation		Name of Employ	er						
Legislator		State	of Ct						
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:			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		20/2015	+100.00		±100.00				
If yes, list Event # No Money Order Credit/Debit Card	01/	29/2015	\$100.00		\$100.00				

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Ed Gomes Senate 2015	ying applicat	tion for Public						
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Prague		Edith			0073			
Residential Street Address	City			State	Zip Code			
138 Route 87		Columbia		СТ	06237			
Principal Occupation		Name of Employ	er	-	•			
Retired		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	or a robbyist?					
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 X Personal Check	01/	29/2015	\$100.00		\$100.00			
If yes, list Event # Money Order Credit/Debit Card	01/.	29/2013	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Sampson	1 1100	Patrick			0071			
Residential Street Address	City			State	Zip Code			
82 Couture Dr		Bristol		СТ	06010			
Principal Occupation	•	Name of Employ	er	!				
Asst Director CB&O		Counc	cil 4 Afscme					
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	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 Cash Personal Check Money Order Credit/Debit Card	01/	29/2015	\$25.00		\$25.00			
T. AV	F: .				Louis B"			
Last Name	First			MI	Contribution ID # 0072			
Malcynsky Residential Street Address	City	Jay		State	Zip Code			
25 Parker Point Rd	City	Chester		CT	06412			
Principal Occupation	<u> </u>	Name of Employ	er	<u> </u>	1 00 112			
Lobbyist		Gaffn	ey Bennett					
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	of a lobbyist?					
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					
Tundraising event listed in Section 31?								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	01/	29/2015	\$100.00		\$100.00			
T. O.	F: .			 \	Louis B"			
Last Name	First	Edwin		MI	Contribution ID # 0087			
Vargas Residential Street Address	City	LUWIII		State	Zip Code			
141 Douglas St	City	Hartford		CT	06114			
Principal Occupation		Name of Employ	er	<u> </u>	1 00221			
Legislator		State						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution			
	υ	dependent child of	or a robbyist?					
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				
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	01/	29/2015	\$50.00		\$50.00			

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Ed Gomes Senate 2015 Itemized Statement accompanying application for Public Grant - Amendment									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Simon		Alan			0133				
Residential Street Address	City			State	Zip Code				
66 Wilton Rd		Windsor		СТ	06095				
Principal Occupation		Name of Employ	er						
Business Consulting		Simor	n Consulting						
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 chird (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 X Personal Check	01/	29/2015	\$50.00		\$50.00				
If yes, list Event #	01/	25,2015	Ψ30.00						
Last Name	First			MI	Contribution ID #				
Soares		John			0064				
Residential Street Address	City			State	Zip Code				
81 White St		Bridgeport		СТ	06610				
Principal Occupation		Name of Employ	er		•				
None		None							
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 Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
If yes, list Event # Cash Cash Personal Check Money Order Credit/Debit Card	01/	29/2015	\$5.00		\$5.00				
Last Name	First			MI	Contribution ID #				
Ricci	First	John		IVII	0054				
Residential Street Address	City	301111		State	Zip Code				
2675 Park Ave		Bridgeport		СТ	06604				
Principal Occupation		Name of Employ	er						
Realtor		Self							
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 Cash Personal Check Money Order Credit/Debit Card	01/	29/2015	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Sheffield	First	Robin		IVII	0058				
Residential Street Address	City	RODIII		State	Zip Code				
100 Poplar St	City	Bridgeport		CT	06605				
Principal Occupation		Name of Employ	er	<u>. </u>					
Machinist		Sikors							
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 J1? Method of contribution: Yes	Date	Received	Aggregate Contributions						
	_	aa (aa : =			140.05				
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	01/	29/2015	\$10.00		\$10.00				

I, MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Ed Gomes Senate 2015 Itemized Statement accompanying application for Public Grant - Amendment									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Soares		Bryon			0063				
Residential Street Address	City			State	Zip Code				
2191 Madison Ave		Bridgeport		СТ	06606				
Principal Occupation		Name of Employ							
Electrician			Electric						
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		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	01/	29/2015	\$5.00		\$5.00				
If yes, list Event #	01/	25,2015	43.00		43.00				
Last Name	First			MI	Contribution ID #				
Soares		Jaqueline			0062				
Residential Street Address	City			State	Zip Code				
329 Union Ave		Bridgeport		СТ	06607				
Principal Occupation		Name of Employ	er		•				
Retired		Retire	ed	_					
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: 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 Personal Check	01/	20/2015	#F.00		+ F 00				
If yes, list Event # No Money Order Credit/Debit Card	01/.	29/2015	\$5.00		\$5.00				
Last Name	First			MI	Contribution ID #				
Soares Jr	l list	John		· · · ·	0065				
Residential Street Address	City			State	Zip Code				
329 Union Ave		Bridgeport		СТ	06607				
Principal Occupation	•	Name of Employ	er	•					
Retired		Retire	ed						
Is contributor a principal of a state contractor or prospective state contractor?	0		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: 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	01/	20/201E	¢Ε.00		\$5.00				
If yes, list Event # Money Order Credit/Debit Card	017.	29/2015	\$5.00		\$3.00				
Last Name	First			MI	Contribution ID #				
Soares		Lovely			0061				
Residential Street Address	City	,		State	Zip Code				
319 Union Ave		Bridgeport		СТ	06607				
Principal Occupation	•	Name of Employ	er						
None		None							
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 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						
Tundraising event fisted in Section 31?		20/2015							
If yes, list Event #	01/	29/2015	\$10.00		\$10.00				

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Ed Gomes Senate 2015 Itemized Statement accompanying application for Public Grant - Amendment									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Roach		Daniel			0055				
Residential Street Address	City			State	Zip Code				
19 Quinlan Ave	L	Bridgeport		СТ	06605				
Principal Occupation Restaurant Owner		Name of Employ self	er						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	unt 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?	١								
If yes, list Event # Money Order Credit/Debit Card	01/	29/2015	\$20.00		\$20.00				
Last Name	First			MI	Contribution ID #				
Ray	l list	Mary		1411	0118				
Residential Street Address	City	1.0.7		State	Zip Code				
85 Canaan Ct		Stratford		СТ	06614				
Principal Occupation		Name of Employ	er	•					
Retired		Retire	ed	-					
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		dependent child (
government the contract is with: Legislative Legislative	Dete	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	01/	29/2015	\$20.00		\$20.00				
If yes, list Event #	01/		Ψ=0.00						
Last Name	First			MI	Contribution ID #				
Dunleavy		Martin			0098				
Residential Street Address	City			State	Zip Code				
97 W Prospect St	<u> </u>	New Haven		СТ	06515				
Principal Occupation		Name of Employ							
House Clerk			neral Assembly	A					
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	dependent child of	obbyist, spouse, or of a lobbyist? Yes	Amot	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 fundamining event listed in Section 112.	Date	Received	Aggregate Contributions						
Tundraising event listed in Section 31?									
If yes, list Event # Cash Cash Personal Check Money Order Credit/Debit Card	01/	29/2015	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Melita	l list	August		1411	0102				
Residential Street Address	City			State	Zip Code				
5 Maplewood Rd		New Haven		СТ	06515				
Principal Occupation	-	Name of Employ	er	-	•				
Political Associate		CEA							
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 Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of		acpendent child (
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	01/	29/2015	\$30.00		\$30.00				
If yes_list Event # Money Order Credit/Debit Card	1								

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Ed Gomes Senate 2015 Itemized Statement accompanying application for Public									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Heimer		Winston			0126				
Residential Street Address	City			State	Zip Code				
799 Prospect Ave		West Hartfor	d	СТ	06105				
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	ant of Contribution				
If yes, indicate which branch or branches of		dependent chird (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 X Personal Check	01/	29/2015	\$20.00		\$20.00				
If yes, list Event #	01/		Ψ20.00						
Last Name	First			MI	Contribution ID #				
Hatcher		Elaine			0083				
Residential Street Address	City			State	Zip Code				
83 E Morningside St		Hartford		СТ	06112				
Principal Occupation		Name of Employ	er	-	-				
Retired		Retire	ed						
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 Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1? Cash Personal Check									
If yes, list Event # Cash Cash Personal Check Money Order Credit/Debit Card	01/	29/2015	\$50.00		\$50.00				
Last Name	First			MI	Contribution ID #				
Haviland	FIISt	Suzanne		IVII	0074				
Residential Street Address	City	Juzanne		State	Zip Code				
155 Standish Rd	City	Coventry		CT	06238				
Principal Occupation		Name of Employ	er		1				
Staff Rep		CEA							
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	ant of Contribution				
If yes, indicate which branch or branches of	0	dependent child 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 Cash Personal Check Money Order Credit/Debit Card	01/	29/2015	\$100.00		\$100.00				
T. O.	F: /) d	G (3 (B)				
Last Name Swan	First	Thomas		MI	Contribution ID # 0075				
Residential Street Address	City	THOMas		State	Zip Code				
155 Standish Rd	City	Coventry		CT	06238				
Principal Occupation	<u> </u>	Name of Employ	er	<u>.</u>	00200				
Executive Director		CCAG							
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution				
If yes, indicate which branch or branches of	U	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 insect in Section 71:									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	01/	29/2015	\$100.00		\$100.00				

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Ed Gomes Senate 2015 Itemized Statement accompanying application for Public Grant - Amendment									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Scott		Charles			0135				
Residential Street Address	City			State	Zip Code				
880 North Ave	L .	Bridgeport		СТ	06606				
Principal Occupation Name of Employer Realtor Tristate Realty									
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a le	obbyist, spouse, or	Amou	unt of Contribution				
If yes, indicate which branch or branches of	U	dependent child o	Ta 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	01/	29/2015	\$100.00		\$100.00				
If yes, list Event #	01/.	29/2013	\$100.00		4100.00				
Last Name	First			MI	Contribution ID #				
Lebeau		Gary			0077				
Residential Street Address	City			State	Zip Code				
19 Garvan St	<u></u>	East Hartford		СТ	06108				
Principal Occupation		Name of Employe							
Retired		Retire							
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	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	01/2	29/2015	\$100.00		\$100.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
McClusky		David			0128				
Residential Street Address	City			State	Zip Code				
251 Westpoint Ter Principal Occupation	<u>. </u>	West Hartford		СТ	06107				
Legislative Liaison		State							
				Amou	ınt of Contribution				
Yes A No	0	dependent child o							
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	01/2	29/2015	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Loffredo	1 1130	Vincet		1411	0092				
Residential Street Address	City			State	Zip Code				
90 Dora Dr		Middletown		СТ	06457				
Principal Occupation		Name of Employe	er						
Lobbyist									
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 fallohbyist?	Amou	int of Contribution				
If yes, indicate which branch or branches of		acpendent ennu 0	·						
government the contract is with: Is this contribution associated with a Method of contribution: Method of contribution:	Data	Received	Aggregate Contributions	1					
fundraising event listed in Section J1?	Date		. 1551 Contributions						
X No Cash X Personal Check If yes list Event # Money Order Credit/Debit Card	01/2	29/2015	\$100.00		\$100.00				

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I, MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Ed Gomes Senate 2015 Itemized Statement accompanying application for Public Grant - Amendment									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Kinney		Stephen			0109				
Residential Street Address	City			State	Zip Code				
20 Cromwell Pl	L.	Old Saybrook	(СТ	06475				
Principal Occupation		Name of Employe							
Lobbyist			ey Bennett						
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes	o	Is contributor a lo dependent child o	obbyist, spouse, or f a lobbyist? Yes	Amou	int of Contribution				
If yes, indicate which branch or branches of		dependent enna o	·						
government the contract is with:	l B.	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	01/	29/2015	\$100.00		\$100.00				
If yes, list Event # Money Order	01/.	29/2013	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Malitsky		William			0089				
Residential Street Address	City			State	Zip Code				
200 Gilead St		Hebron		СТ	06248				
Principal Occupation		Name of Employe	er		•				
Lobbyist		Hallov	vay & Sage						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or For labbridge Yes	Amou	nt of Contribution				
If yes, indicate which branch or branches of	0	dependent child o	f a lobbyist?						
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 Cash Personal Check Money Order Credit/Debit Card	01/2	29/2015	\$100.00		\$100.00				
	I			l					
Last Name	First			MI	Contribution ID #				
Zimmerman Residential Street Address	City	Stacey		State	O111 Zip Code				
22 Bankside Trl	City	Sandy Hook		CT	06482				
Principal Occupation		Name of Employe	er	<u> </u>	00102				
Associate Director			State Council						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a le	obbyist, spouse, or f a lobbyist? Yes	Amou	nt of Contribution				
Yes 🔼 N	0	dependent child o	- u 1000y1st:						
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 Cash Personal Check Money Order Credit/Debit Card	01/2	29/2015	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Anderson		Brian			0114				
Residential Street Address	City	61		State	Zip Code				
23 Ridge Rd	L	Storrs		СТ	06268				
Principal Occupation		Name of Employe	er cil 4 Afsme						
Union Organizer Is contributor a principal of a state contractor or prospective state contractor?			shbyriat anguas ar	A mou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	o	dependent child o	Vac	Amou	int 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?			55 5						
If yes, list Event # Cash X Personal Check No Money Order Credit/Debit Card	01/2	29/2015	\$100.00		\$100.00				

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)								
Ed Gomes Senate 2015					ion for Public			
B. Itemized Contributions from	m Ind	ividuals	Grant - Amendment					
Last Name	First			MI	Contribution ID #			
Dugan		Michael			0076			
Residential Street Address	City			State	Zip Code			
23 Viola Dr		East Hampto	n	СТ	06424			
Principal Occupation		Name of Employe	er		•			
Lobbyist		Capito	ol Consulting					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or X	Amou	ant of Contribution			
If yes, indicate which branch or branches of		dependent child o	or a robbyist?					
government the contract is with:			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	01/5	20/2015	#100.00		±100.00			
If yes, list Event # Money Order Credit/Debit Card	01/2	29/2015	\$100.00		\$100.00			
Last Name	First			MI	Contribution ID #			
Soares-Robinson	That	Karen		IVII	0066			
Residential Street Address	City	Raich		State	Zip Code			
329 Union Ave		Bridgeport		СТ	06607			
Principal Occupation	<u> </u>	Name of Employe	er	!				
Finger Print Processor		CES						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a le	obbyist, spouse, or Yes	Amou	ant of Contribution			
	0	dependent child o	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					
Tundraising event listed in Section 31:								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	01/2	29/2015	\$5.00		\$5.00			
	I .	I		<u> </u>	I			
Last Name	First	F!: 1 .1		MI	Contribution ID #			
Gallo	City	Elizabeth		Ct-t-	0125			
Residential Street Address 37 Ware Ave	City	West Hartford	d	State CT	Zip Code 06119			
Principal Occupation	<u>. </u>	Name of Employe		Ci	00119			
Lobbyist			& Robinson					
			obbyict chance or	Amou	ınt of Contribution			
Yes 🔼 N	o	dependent child o						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			□ No					
Is this contribution associated with a Method of contribution:	Date	Received	Aggregate Contributions	1				
tundraising event instead in Section 71:								
If yes, list Event # Cash Cash Personal Check Money Order Credit/Debit Card	01/2	29/2015	\$100.00		\$100.00			
				<u> </u>				
Last Name	First			MI	Contribution ID #			
Durant		Daniel			0122			
Residential Street Address	City	.,		State	Zip Code			
12 Midland Dr	Ь.,	Vernon		СТ	06066			
Principal Occupation		Name of Employe						
Lobbyist Is contributor a principal of a state contractor or prospective state contractor?		AFT C		Amor	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	o	dependent child o	IAI Vaa	Amot	an or Contribution			
If yes, indicate which branch or branches of Executive Legislative			□ No					
government the contract is with:	Date :	Received	Aggregate Contributions	1				
fundraising event listed in Section J1?								
If yes, list Event #	01/2	29/2015	\$20.00		\$20.00			

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Ed Gomes Senate 2015 Itemized Statement accompan					ion for Public				
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Robinson		Catherine			0129				
Residential Street Address	City			State	Zip Code				
47 Four Mile Rd		West Hartfor		СТ	06107				
Principal Occupation		Name of Employ							
Lobbyist Is contributor a principal of a state contractor or prospective state contractor?			& Robinson obbyist, spouse, or	Amou	unt of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes No)	dependent child o	X Vac	Amou	iit of Contribution				
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			□ No						
Is this contribution associated with a Section 119 Yes Method of contribution:	Date I	Received	Aggregate Contributions						
tundraising event listed in Section J1?									
If yes, list Event # Cash Credit/Debit Card	01/2	9/2015	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Berrigan	City	Jennifer		Ct-t-	0124				
Residential Street Address 31 Carleton Rd	City	West Hartfor	d	State CT	Zip Code 06107				
Principal Occupation	<u> </u>	West Hartfor		CI	00107				
Lobbyist		AFT C							
Is contributor a principal of a state contractor or prospective state contractor?				Amou	ant of Contribution				
		dependent child o	obbyist, spouse, or of a lobbyist? Yes						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			□ No						
Is this contribution associated with a Method of contribution:	Date I	Received	Aggregate Contributions						
rundraising event listed in Section J1?									
If yes, list Event # Cash Credit/Debit Card	01/2	9/2015	\$100.00		\$100.00				
Last Name Paul	First	Joseph		MI	Contribution ID # 0116				
Residential Street Address	City	эозерп		State	Zip Code				
47 Harborview Pl	C.i.y	Stratford		CT	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	ant of Contribution				
If yes, indicate which branch or branches of		dependent child o	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 I	Received	Aggregate Contributions						
X No Personal Check	01/2	9/2015	\$100.00		\$100.00				
If yes, list Event # Money Order Credit/Debit Card	01/2	9/2015	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Brokman		Matthew			0097				
Residential Street Address	City			State	Zip Code				
120 Dwight St		New Haven		СТ	06511				
Principal Occupation		Name of Employe	er	•					
Political Orgaizer		Counc	cil 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 of a lobbyist? Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of		aspondent emid (x No						
government the contract is with: Is this contribution associated with a Method of contribution: Method of contribution:	Dote 1	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Date	ACCUITCH.	regregate Continuations						
X No Cash X Personal Check	01/2	9/2015	\$100.00		\$100.00				
If yes, list Event # Money Order	I ′¯			1	•				

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Ed Gomes Senate 2015	Itemized Statement accompan	ying applicat	ion for Public						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Farrell		Lindsay			0099				
Residential Street Address	City			State	Zip Code				
120 Dwight St		New Haven		СТ	06511				
Principal Occupation		Name of Employ	er						
Political Organizer		WFP							
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 robbyrst?						
government the contract is with:		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	01/	20/201E	¢50.00		¢50.00				
If yes, list Event # Money Order Credit/Debit Card	01/.	29/2015	\$50.00		\$50.00				
Last Name	First			MI	Contribution ID #				
Mauro	1 1100	Vincent			0101				
Residential Street Address	City	***************************************		State	Zip Code				
24 Kneeland Rd		New Haven		СТ	06512				
Principal Occupation	•	Name of Employ	er	!					
Attorney		State	of CT						
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	5	dependent child of	of a lobbyist?						
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						
Tunidialising event instead in Section 71:									
If yes, list Event # Cash Cash Personal Check Money Order Credit/Debit Card	01/	29/2015	\$75.00		\$75.00				
T. AV	F: .				Louis B"				
Last Name	First	Daniel		MI	Contribution ID # 0127				
Livingston Residential Street Address	City	Daniei		State	Zip Code				
111 Beverly Rd	City	West Hartfor	d	CT	06119				
Principal Occupation	<u> </u>	Name of Employ		<u> </u>	1 00113				
Attorney		Lapm	an, PC						
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	01/	29/2015	\$100.00		\$100.00				
Lad Norma	Einst				Contribution ID #				
Last Name Wrice	First	Monique		MI	Contribution ID #				
Residential Street Address	City	Monique		State	Zip Code				
72 Canterbury St	City	Hartford		CT	06112				
Principal Occupation		Name of Employ	er	<u> </u>	1 00111				
Clerk			of Ct-DEMS						
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	J	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						
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	01/	29/2015	\$25.00		\$25.00				

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L MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Ed Gomes Senate 2015	ying applicat	ion for Public						
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Paul		Sonia			0117			
Residential Street Address	City			State	Zip Code			
213 Roosevelt Ave		Stratford		СТ	06615			
Principal Occupation		Name of Employ	er					
Interior Designer		Ethan	Allen					
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	unt of Contribution			
If yes, indicate which branch or branches of		аеренаен сина с	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	01/3	29/2015	\$8.00		\$8.00			
If yes, list Event #	01,		Ψ0.00					
Last Name	First			MI	Contribution ID #			
Stewart-Eagles		Donna			0067			
Residential Street Address	City			State	Zip Code			
324 Truman St		Bridgeport		СТ	06606			
Principal Occupation		Name of Employ	er		•			
		Unem	ployed					
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 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	01/2	29/2015	\$5.00		\$5.00			
Last Name	First			MI	Contribution ID #			
Tisdale	FIISt	Kamilah		IVII	0121			
Residential Street Address	City	Karrillari		State	Zip Code			
18 Butternut Ln	City	Trumbull		CT	06611			
Principal Occupation		Name of Employ	er	<u> </u>				
Staff Assistant		US Ho	ouse of Representatives					
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	01/2	29/2015	\$5.00		\$5.00			
Lad Name	First				Contribution ID#			
Last Name Henowitz	First	Pyan		MI	Contribution ID # 0105			
Residential Street Address	City	Ryan		State	Zip Code			
12 Moore Ct	City	New London		CT	06320			
Principal Occupation	-	Name of Employ	er	<u> </u>	1 00020			
Legislative Advocate		AFT C						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution			
If yes, indicate which branch or branches of	U	dependent child of	or a roodyrst?					
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	01/2	29/2015	\$100.00		\$100.00			

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Ed Gomes Senate 2015	Itemized Statement accompan	ying applicat	ion for Public						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Goldman		Lawrence			0107				
Residential Street Address	City			State	Zip Code				
35 Sherwood La		Norwich		СТ	06360				
Principal Occupation		Name of Employ	er						
Sales		Self							
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	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	01/	29/2015	\$50.00		\$50.00				
If yes, list Event #	01/	23/2013	Ψ30.00						
Last Name	First			MI	Contribution ID #				
Goldman		Susan			0108				
Residential Street Address	City			State	Zip Code				
35 Sherwood La		Norwich		СТ	06360				
Principal Occupation	•	Name of Employ	er	•	•				
Program Assistant		City o	f Norwich						
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 Yes Method of contribution:	Date	Received	Aggregate Contributions						
iundraising event listed in Section J1?									
If yes, list Event # Cash Cash Personal Check Money Order Credit/Debit Card	01/	29/2015	\$50.00		\$50.00				
				l					
Last Name	First			MI	Contribution ID #				
Walker Residential Street Address	City	Linda		State	0070 Zip Code				
184 Primrose Ave	City	Bridgeport		CT	06606				
Principal Occupation	<u> </u>	Name of Employ	er	<u> </u>	00000				
Site Coordinator		1 ,	eport Hospital						
		_	obbyist, spouse, or	Amou	ant of Contribution				
Yes A No	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 Senderic ground listed in 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	01/	29/2015	\$10.00		\$10.00				
				l					
Last Name	First			MI	Contribution ID #				
Johnson Residential Street Address	City	Ashley		State	0085 Zip Code				
32 Elm St	City	Hartford		CT	06106				
Principal Occupation		Name of Employ	er	<u> </u>	1 00100				
Pastor		Churc							
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution				
If yes, indicate which branch or branches of	U	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	01/	29/2015	\$10.00		\$10.00				

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Ed Gomes Senate 2015 Itemized Statement accompanying application for Public Grant - Amendment									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Slossberg		Gayle			0093				
Residential Street Address	City			State	Zip Code				
14 Honeysuckle La	L .	Milford		СТ	06461				
Principal Occupation Legislator		Name of Employ State							
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:	Б.	D : 1							
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 X Personal Check Money Order Credit/Debit Card	01/2	29/2015	\$50.00		\$50.00				
Last Name	First			MI	Contribution ID #				
Grabarz	First	Joseph		IVII	0096				
Residential Street Address	City	зозерп		State	Zip Code				
66 3rd St		New Britain		СТ	06051				
Principal Occupation	•	Name of Employ	er						
Lobbyist		Gallo	& Robinson						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or	Amou	ant 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? Yes Cash Personal Check									
If yes, list Event # Cash Cash Personal Check Money Order Credit/Debit Card	01/2	29/2015	\$50.00		\$50.00				
Last Name	First			MI	Contribution ID #				
Wells		Darryl			0080				
Residential Street Address	City			State	Zip Code				
101 Foote St	<u> </u>	Hamden		СТ	06517				
Principal Occupation		Name of Employ	er						
Sales/Distributor		Self	-11i.4	A	ant of Contribution				
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	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 Money Order Credit/Debit Card	01/2	29/2015	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Rivera-Forastieri		Ana			0104				
Residential Street Address	City			State	Zip Code				
106 Myron St	L	New Haven		СТ	06512				
Principal Occupation		Name of Employ	er						
Political Director Is contributor a principal of a state contractor or prospective state contractor?		WFP	obbyist, spouse, or	Amou	unt of Contribution				
Yes X No	0	dependent child of	Vac	7 111100	commonion				
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 Cash Personal Check Money Order Credit/Debit Card	01/2	29/2015	\$40.00		\$40.00				

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Ed Gomes Senate 2015	ying applicat	ion for Public						
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
Gilchrist		Samuel			0100			
Residential Street Address	City			State	Zip Code			
835 Edgewood Ave		New Haven		СТ	06515			
Principal Occupation		Name of Employ	er					
Political Organizer		SEIU	Healthcare 1199 NE					
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	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	01/	29/2015	\$50.00		\$50.00			
If yes, list Event # Money Order	01/	23/2013	Ψ30.00					
Last Name	First			MI	Contribution ID #			
Voss		Eric			0069			
Residential Street Address	City			State	Zip Code			
49 Carroll Ave		Bridgeport		СТ	06601			
Principal Occupation	•	Name of Employ	er	•	•			
Clerk		Elm C	City Movers					
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:			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	01/	29/2015	\$5.00		\$5.00			
Last Name	First			MI	Contribution ID #			
Gerratana	FIISt	Greg		IVII	0079			
Residential Street Address	City	Greg		State	Zip Code			
11 Dorset La	City	Farmington		CT	06032			
Principal Occupation		Name of Employ	er					
Consultant		Nutm	eg Stategies					
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	or a roodyrst?					
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 Cash Personal Check Money Order Credit/Debit Card	01/	29/2015	\$100.00		\$100.00			
Lad Name	E:t			LM	Contribution ID#			
Last Name Carroll	First	Kevin		MI	Contribution ID # 0081			
Residential Street Address	City	Keviii		State	Zip Code			
54 Cobe St	City	Hartford		CT	06105			
Principal Occupation		Name of Employ	er					
Attorney		Self						
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	J	dependent child of	or a roodyrst?					
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	01/	29/2015	\$50.00		\$50.00			

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Ed Gomes Senate 2015	ying applicat	ion for Public							
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Hatcher		Katibu			0082				
Residential Street Address	City			State	Zip Code				
360 Colbrook St		Hartford		СТ	06112				
Principal Occupation		Name of Employ	er						
Career Counselor									
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	l								
If yes, list Event # No Money Order Credit/Debit Card	01/	29/2015	\$5.00		\$5.00				
T. as				l	Laurene				
Last Name	First	A1: -:-		MI	Contribution ID #				
Hollingsworth	Cit-	Alicia		C+-+-	0084				
Residential Street Address	City	Houtfoud		State	Zip Code				
150 Manchaester St Principal Occupation	<u> </u>	Hartford Name of Employ	ON.	СТ	06112				
Office Assistant Is contributor a principal of a state contractor or prospective state contractor?			pson Page obbyist, spouse, or	Amor	ant of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	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: 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	01/	29/2015	\$5.00		\$5.00				
If yes, list Event #	01/	23/2013	ψ3.00		Ψ3.00				
Last Name	First			MI	Contribution ID #				
Casey		Conor			0090				
Residential Street Address	City			State	Zip Code				
28 Kierstead Cir		Marlborough		СТ	06447				
Principal Occupation		Name of Employ	er	!	Į				
Political Coordinator		CT Ed	ucation Assoc.						
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			No 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	01/	29/2015	\$60.00		\$60.00				
In you, in 2 teams of the control of				<u> </u>					
Last Name	First			MI	Contribution ID #				
Parker		Jerome			0103				
Residential Street Address	City			State	Zip Code				
59 Admiral St		New Haven		СТ	06511				
Principal Occupation		Name of Employ							
Contstruction			d sons Contruction						
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		sependent ennu (x No						
government the contract is with: Legislative Legislative		Danier 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	01.	20/2015	*30.00		¢20.00				
If yes, list Event # No Money Order Credit/Debit Card	01/	29/2015	\$20.00		\$20.00				

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Ed Gomes Senate 2015	Itemized Statement accompan Grant - Amendment	ying applicat	ion for Public						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Thor		Peter			0106				
Residential Street Address	City			State	Zip Code				
5 Betts Pl	L	Norwalk		СТ	06855				
Principal Occupation		Name of Employ							
Director — — — —			cil 4 Afscme	A	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	dependent child of	obbyist, spouse, or of a lobbyist?	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 Section 112 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	01/2	29/2015	\$100.00		\$100.00				
I you, is a treat of the control of									
Last Name	First			MI	Contribution ID #				
Rexford		Jean		_	0110				
Residential Street Address	City	D 11:		State	Zip Code				
26 W Woodland Rs	<u> </u>	Redding	or.	СТ	06896				
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	unt 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 Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
Tunidialising event instead in Section 71:									
If yes, list Event # Cash Cash Personal Check Money Order Credit/Debit Card	01/2	29/2015	\$75.00		\$75.00				
Last Name	First			MI	Contribution ID #				
Appleton	First	Tim		IVII	0112				
Residential Street Address	City			State	Zip Code				
161 Woodland Rd		South Winds	or	СТ	06074				
Principal Occupation		Name of Employ	er						
Lobbyist		Self							
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	or a roodyrst?						
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	04.0	20/2015	+400.00		+100.00				
If yes, list Event # Money Order Credit/Debit Card	01/.	29/2015	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Johnson		Curtis			0113				
Residential Street Address	City			State	Zip Code				
668 Glenbrook Rd		Stamford		СТ	06906				
Principal Occupation		Name of Employ	er						
Federal Bank Regulator		Office	of the Comptroller of Currer	псу	_				
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 Yes 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?			555 Tanasana						
X No Cash X Personal Check	01/2	29/2015	\$100.00		\$100.00				
If yes, list Event #	1			I					

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L MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Ed Gomes Senate 2015	Itemized Statement accompan	ying applicat	ion for Public						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Martin		Sylvia			0115				
Residential Street Address	City			State	Zip Code				
526 Woodsend Rd		Stratford		СТ	06615				
Principal Occupation		Name of Employ	er						
Registered Nurse		State	of Ct						
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 roodyrst?						
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	01/	20/201E	¢Ε.00		¢E 00				
If yes, list Event # Money Order	01/.	29/2015	\$5.00		\$5.00				
Last Name	First			MI	Contribution ID #				
Townsend	1 1130	Tanya			0119				
Residential Street Address	City	Turryu		State	Zip Code				
190 Founders Way	City	Stratford		CT	06614				
Principal Occupation		Name of Employ	er	<u> </u>	00014				
Registered Nurse			New Haven Health						
			obbyist, spouse, or	Amou	ant of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	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	1					
fundraising event listed in Section J1? Yes X Cash Personal Check									
X No	01/	29/2015	\$50.00		\$50.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Williams		Mary Jane			0120				
Residential Street Address	City			State	Zip Code				
95 Clover St		Stratford		СТ	06614				
Principal Occupation		Name of Employ	er						
Paraprofessional		Bridge	eport Bd of Ed						
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		dependent enna (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 Personal Check	01/	20/2015	¢10.00		¢10.00				
If yes, list Event # Money Order Credit/Debit Card	01/.	29/2015	\$10.00		\$10.00				
Last Name	First			MI	Contribution ID #				
Bush		Mary			0131				
Residential Street Address	City	,		State	Zip Code				
24 Morrissey Ln		West Haven		СТ	06516				
Principal Occupation		Name of Employ	er		4				
None		None							
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		dependent child of	or a roodyrst?						
government the contract is with: Executive Legislative			x _{No}]					
Is this contribution associated with a fundraising event listed in Section 11? Yes Method of contribution:	Date	Received	Aggregate Contributions						
- IX									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	01/	29/2015	\$25.00		\$25.00				

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Ed Gomes Senate 2015 Itemized Statement accompanying application for Public Grant - Amendment									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Bush		Britney			0132				
Residential Street Address	City			State	Zip Code				
32 Morrisey Ln	Ļ.,	West Haven		СТ	06516				
Principal Occupation None		Name of Employ None	er						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	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?									
If yes, list Event # Money Order Credit/Debit Card	01/2	29/2015	\$5.00		\$5.00				
Last Name	First			MI	Contribution ID #				
Wallace	1 1150	Paul		1411	0134				
Residential Street Address	City			State	Zip Code				
197 Burwel St Fl 2		New Haven		СТ	06513				
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 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:	- D /	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	01/	29/2015	\$100.00		\$100.00				
If yes, list Event #	01,		Ψ100.00						
Last Name	First			MI	Contribution ID #				
Melita		Enrico			0136				
Residential Street Address	City			State	Zip Code				
5 Maplewood Ave	<u> </u>	New Haven		СТ	06515				
Principal Occupation		Name of Employ	er						
Consultant		Self	obbyist, spouse, or	Amou	int of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	dependent child of		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 fundamining event listed in Section 112.	Date	Received	Aggregate Contributions						
Tundraising event listed in Section 31:									
If yes, list Event # Cash Cash Personal Check Money Order Credit/Debit Card	01/3	30/2015	\$75.00		\$75.00				
Last Name	First			MI	Contribution ID #				
Bluestein		Paul			0147				
Residential Street Address	City			State	Zip Code				
15 Sailors La		Bridgeport		СТ	06605				
Principal Occupation		Name of Employ	er						
Retired		Retire							
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	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?		,	35-5 304413413113						
If yes, list Event #	01/3	30/2015	\$10.00		\$10.00				

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Ed Gomes Senate 2015	ying applicat	ion for Public							
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Hinton		Michael			0150				
Residential Street Address	City			State	Zip Code				
48 Stone Ridge Rd		Bridgeport		СТ	06606				
Principal Occupation		Name of Employ	er						
Senior Lab Technician		Sikors	sky						
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 (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	01/	30/2015	\$20.00		\$20.00				
If yes, list Event #	01/	30, 2013	Ψ20.00						
Last Name	First			MI	Contribution ID #				
Soltis		John			0141				
Residential Street Address	City			State	Zip Code				
93 Ellsworth Apt 210		Bridgeport		СТ	06605				
Principal Occupation		Name of Employ	er		•				
Libraray Archivist		City o	f Bridgeport						
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 Service 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1? X No Cash Personal Check									
If yes, list Event # Money Order Credit/Debit Card	01/	30/2015	\$50.00		\$50.00				
Last Name	First			MI	Contribution ID #				
Warren	FIISt	Tim		IVII	0142				
Residential Street Address	City			State	Zip Code				
71 School St		Fairfield		СТ	06824				
Principal Occupation		Name of Employ	er						
Musician		Self							
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	o	dependent child of	or a robbyist?						
government the contract is with:			x _{No}						
Is this contribution associated with a Service U2 Yes Method of contribution:	Date	Received	Aggregate Contributions						
Tundraising event listed in Section 31?									
If yes, list Event # Cash Cash Personal Check Money Order Credit/Debit Card	01/	30/2015	\$5.00		\$5.00				
Last Name	First			MI	Contribution ID #				
Laskosi	1 1130	Yolande			0146				
Residential Street Address	City			State	Zip Code				
845 Thorme St		Bridgeport		СТ					
Principal Occupation		Name of Employ	er						
Retired		Retire	ed						
Is contributor a principal of a state contractor or prospective state contractor?	o		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 J1? Yes Method of contribution:	Date	Received	Aggregate Contributions						
- X		00/001-			45.00				
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	01/	30/2015	\$5.00		\$5.00				

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Ed Gomes Senate 2015	Itemized Statement accompan	ying applicat	ion for Public						
Grant - Amendment B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Bluestein		Lynda			0149				
Residential Street Address	City			State	Zip Code				
15 Sailors Ln		Bridgeport		СТ	06605				
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 le dependent child of	obbyist, spouse, or Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of		dependent child c	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 X Personal Check	01/	30/2015	\$50.00		\$50.00				
If yes, list Event #	01/	30,2013	430.00		430.00				
Last Name	First			MI	Contribution ID #				
Genudo		Christopher			0139				
Residential Street Address	City			State	Zip Code				
36 River St		Bridgeport		СТ	06604				
Principal Occupation		Name of Employ	er		•				
Business Manager		HAKS	Engineers PC						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ınt 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 Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1? Cash Personal Check									
If yes, list Event # Cash Cash Personal Check Money Order Credit/Debit Card	01/	30/2015	\$50.00		\$50.00				
Last Name	First			MI	Contribution ID #				
Odonnell	FIISt	Maura		IVII	0143				
Residential Street Address	City	Maura		State	Zip Code				
505 W McKinley	City	Bridgeport		CT	06604				
Principal Occupation		Name of Employ	er	<u> </u>					
Management		Bijou	Theater						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	ant of Contribution				
If yes, indicate which branch or branches of	0	dependent child 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 Cash Personal Check Money Order Credit/Debit Card	01/	30/2015	\$25.00		\$25.00				
Last Name	First	•		MI	Contribution ID #				
Speer	FIISt	Diane		IVII	0144				
Residential Street Address	City	Diane		State	Zip Code				
105 Pierce Ave	,	Bridgeport		CT	06604				
Principal Occupation		Name of Employ	er	<u>. </u>					
Teacher		Fairfie	eld Public Schools						
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: 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 No Personal Check		20/2015	15.00		+5.00				
If yes, list Event # No Money Order Credit/Debit Card	01/	30/2015	\$5.00		\$5.00				

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L MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)								
Ed Gomes Senate 2015			TYPE OF REPORT Itemized Statement accompan	ying applicat	ion for Public			
B. Itemized Contributions from	m Ind	lividuals						
Last Name	First			MI	Contribution ID #			
Speer		Patrick			0145			
Residential Street Address	City			State	Zip Code			
105 Pierce Ave		Bridgeport		СТ	06604			
Principal Occupation		Name of Employ	er					
Concultant		Self						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution			
If was 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 Method of contribution:	Date	Received	Aggregate Contributions					
lundraising event listed in Section 31?								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	01/	30/2015	\$50.00		\$50.00			
In you, and a real and								
Last Name	First			MI	Contribution ID #			
Jones		Ankhesenpaa	aten		0163			
Residential Street Address	City			State	Zip Code			
85 Pinepoint Dr		Bridgeport		CT	06606			
Principal Occupation		Name of Employ	er					
None		None						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ant of Contribution			
	O	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				
Tunidiasing event listed in Section 31?								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	01/	30/2015	\$5.00		\$5.00			
it yes, list event #								
Last Name	First			MI	Contribution ID #			
Jones		Francis			0164			
Residential Street Address	City			State	Zip Code			
85 Pinepoint Dr		Bridgeport		СТ	06606			
Principal Occupation		Name of Employ	er	-	•			
Retired		Retire	ed					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt 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 Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions	1				
Tundraising event listed in Section 31?								
No	01/	30/2015	\$5.00		\$5.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
Jones		Akwesi			0165			
Residential Street Address	City			State	Zip Code			
85 Pinepoint Dr		Bridgeport		СТ	06606			
Principal Occupation	•	Name of Employ	er	•	•			
Maintenance		Advar	nced Cleaning					
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: Executive Legislative			x _{No}					
Tada and the day and a second a	Date	Received	Aggregate Contributions	1				
fundraising event listed in Section J1?	1							
X No X Cash Personal Check	01/	30/2015	\$5.00		\$5.00			
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									
Ed Gomes Senate 2015	ying applicat	ion for Public							
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Jones		Allen			0166				
Residential Street Address	City			State	Zip Code				
85 Pinepoint Dr		Bridgeport		СТ	06606				
Principal Occupation	•	Name of Employ	er						
Firefighter		City C	of Bridgeport						
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 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						
Tundraising event listed in Section 31?									
X No Total Control	01/	30/2015	\$5.00		\$5.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Baraka		Sauda			0167				
Residential Street Address	City			State	Zip Code				
85 Pinepoint Dr		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 Yes	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 Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1? Yes X Cash Personal Check									
X No	01/	30/2015	\$5.00		\$5.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Cadawaller		Jeff			0159				
Residential Street Address	City			State	Zip Code				
261 Grovers Ave		Bridgeport		СТ	06605				
Principal Occupation	-	Name of Employ	er	-	•				
Food Service		Whits	ons						
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 Yes Method of contribution:	Date	Received	Aggregate Contributions						
rundraising event listed in Section J1?									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	01/	30/2015	\$10.00		\$10.00				
Last Name	First			MI	Contribution ID #				
Cline		Joy			0160				
Residential Street Address	City			State	Zip Code				
261 Grovers Ave		Bridgeport		СТ	06605				
Principal Occupation		Name of Employ	er						
Client serives Manager		Gibne	y, Anthony & Flaherty						
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 child (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						
- IX									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	01/	30/2015	\$10.00		\$10.00				

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)								
Ed Gomes Senate 2015			Itemized Statement accompan	ying applicat	ion for Public			
B. Itemized Contributions from	T J	Ľ	Grant - Amendment					
		iividuais		T	Lauren			
Last Name	First	laha		MI	Contribution ID # 0173			
Lee Residential Street Address	City	John		State				
30 Beacon St	City	Bridgeport		CT	Zip Code 06605			
Principal Occupation	_	Bridgeport Name of Employe	or	Ci	00003			
Financial Services		Self						
			obbyist, spouse, or	Amou	ant of Contribution			
Yes X N	0	dependent child o	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				
fundraising event listed in Section J1? Yes Cash Representation of the Charles								
X No The case of t	01/3	30/2015	\$100.00		\$100.00			
If yes, list Event#	l							
Last Name	First			MI	Contribution ID #			
Morong		Mary Lou			0174			
Residential Street Address	City			State	Zip Code			
30 Beacon St	L	Bridgeport		СТ	06605			
Principal Occupation		Name of Employe						
Teacher		_	eport BOE					
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes	o	Is contributor a le dependent child o	obbyist, spouse, or of a lobbyist? Yes	Amou	unt of Contribution			
If yes, indicate which branch or branches of Executive Legislative								
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 Resonal Check	01/	30/2015	\$20.00		\$20.00			
If yes, list Event #	01/.	30/2013	φ20.00		\$20.00			
Last Name	First			MI	Contribution ID #			
Owens		Ann			0171			
Residential Street Address	City			State	Zip Code			
488 Brooklawn Ave		Bridgeport		СТ	06604			
Principal Occupation	•	Name of Employe	er		•			
Retired		Retire	d					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ınt of Contribution			
If yes, indicate which branch or branches of		dependent child o	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 Cash X Personal Check	04.0	20/2015	+25.00		+25.00			
If yes, list Event #	01/.	30/2015	\$25.00		\$25.00			
Lad Name	Einst	•		LM	Contribution ID #			
Last Name	First	Dobort		MI				
Agonis Residential Street Address	City	Robert		State	O172 Zip Code			
101 Anchorage Dr	City	Bridgeport		CT	06605			
Principal Occupation	_	Name of Employe	er	<u> </u>	00003			
Engineer		ECS						
			obbyist, spouse, or	Amou	ınt of Contribution			
Yes X N	0	dependent child o	Vac					
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x _{No}					
Tat (3.6 1.4 1.6 4.7)	Date	Received	Aggregate Contributions	1				
fundraising event listed in Section J1? Yes X Cash Personal Check								
If yes, list Event # Cash Personal Check No Money Order Credit/Debit Card	01/3	30/2015	\$10.00		\$10.00			

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	13 (31	X11011 A-1)	TYPE OF REPORT					
Ed Gomes Senate 2015			Itemized Statement accompan	ying applicat	ion for Public			
			Grant - Amendment					
B. Itemized Contributions from	m Ind	lividuals		•				
Last Name	First			MI	Contribution ID #			
ODonnell		James			0169			
Residential Street Address	City			State	Zip Code			
505 W McKinley	L	Bridgeport		СТ	06604			
Principal Occupation		Name of Employ						
Attorney			nell, McDonald&Cregeen					
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 of a lobbyist? Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of		dependent enna e	Í					
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					
X No Cash X Personal Check	04.0	20/2015	+50.00		+50.00			
If yes, list Event # Money Order Credit/Debit Card	01/.	30/2015	\$50.00		\$50.00			
	Б				G (3 (B)			
Last Name	First			MI	Contribution ID #			
Greenberg Residential Street Address	Cit-	Maxine		State	0157			
	City	Duidenne		CT	Zip Code			
265 Balmforth Principal Occupation		Bridgeport Name of Employ	ON.	CI	06605			
		self	ei					
Psychotherapist Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amor	unt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes X N	o	dependent child of	Vac	Amot	int 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?	Duic	received	riggiogate contributions					
X No Cash Personal Check	01/	30/2015	\$10.00		\$10.00			
If yes, list Event #	01/.	30/2013	\$10.00		¥10.00			
Last Name	First			MI	Contribution ID #			
Greenberg		Donals			0158			
Residential Street Address	City			State	Zip Code			
265 Balmforth		Bridgeport		СТ	06605			
Principal Occupation	-	Name of Employ	er					
Professor		Fairfie	eld Universit					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	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 Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
tundraising event instead in Section 71:								
No	01/3	30/2015	\$10.00		\$10.00			
If yes, list Event #								
Last Name	First			MI	Contribution ID #			
VanTuyl		Elizabeth			0176			
Residential Street Address	City			State	Zip Code			
93 Ellsworth Apt 210		Bridgeport		CT	06605			
Principal Occupation		Name of Employ	er	•	•			
Librarian		Bridge	eport Public Library					
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 loodyist?					
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 instead in Section 31:	1							
If yes, list Event # Cash Cash Personal Check No Money Order Credit/Debit Card	01/3	30/2015	\$50.00		\$50.00			

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)								
Ed Gomes Senate 2015	ying applicat	ion for Public						
B. Itemized Contributions from	m Ind	lividuals	Grant - Amendment					
Last Name	First			MI	Contribution ID #			
Curry		Carolanne			0151			
Residential Street Address	City			State	Zip Code			
29 Hiawatha La Ext		Southport		СТ	06880			
Principal Occupation		Name of Employe	er		•			
Retired		Retire	d					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or General Administration Yes	Amou	ant 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 Personal Check	01/	20/2015	* C0.00		+60.00			
If yes, list Event # Money Order Credit/Debit Card	01/.	30/2015	\$60.00		\$60.00			
Last Name	First			MI	Contribution ID #			
Barnes	1 1100	Stephanie			0152			
Residential Street Address	City			State	Zip Code			
35 Fairlawn		Bridgeport		СТ	06604			
Principal Occupation		Name of Employe	er		!			
Realtor		Self						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or General Administration Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of	0	dependent child o	Ta lobbyist?					
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 Cash Personal Check Money Order Credit/Debit Card	01/3	30/2015	\$10.00		\$10.00			
Last Name	First	•		MI	Contribution ID #			
Laskosi	11130	Leonard		IVII	0156			
Residential Street Address	City	20011010		State	Zip Code			
845 Thorme St		Bridgeport		СТ	06606			
Principal Occupation		Name of Employe	er					
Retired		Retire	d					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or for lobbyist? Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of	0	dependent child o	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					
Tundraising event listed in Section 31:								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	01/3	30/2015	\$5.00		\$5.00			
T. O.	г				Louis Bu			
Last Name Jones	First	Conoco		MI	Contribution ID # 0161			
Residential Street Address	City	Genese		State	Zip Code			
111 Clearview Dr	City	Bridgeport		CT	06606			
Principal Occupation	٠	Name of Employe	er					
Caseworker			onnection Inc					
Is contributor a principal of a state contractor or prospective state contractor?			11	Amou	ant of Contribution			
	0	dependent child o	•					
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]				
Tulidialising event insection 31:								
If yes, list Event # Cash Personal Check No Money Order Credit/Debit Card	01/3	30/2015	\$5.00		\$5.00			

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I MONETA BY DECEMBER (C. P. A. D.									
I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Ed Gomes Senate 2015			Itemized Statement accompan Grant - Amendment	iying applicat	ion for Public				
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Jones		Elijah			0162				
Residential Street Address	City			State	Zip Code				
85 Pinepoint Dr		Bridgeport		СТ					
Principal Occupation		Name of Employ	er	•	•				
None		None							
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	ant 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 government the contract is with: Executive Legislative			x No						
Is this contribution associated with a Grand History of Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions	1					
rundraising event fisted in Section 31?									
Ŭ No │☐ ☐	01/3	30/2015	\$5.00		\$5.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
White		Thomas			0168				
Residential Street Address	City			State	Zip Code				
446 Savoy		Bridgeport		СТ	06606				
Principal Occupation		Name of Employ	er						
Retired		Retire							
			obbyist, spouse, or	Amou	ant of Contribution				
is contributor a principal of a state contractor or prospective state contractor? Yes X No)	dependent child of	37	Alliou	int of Contribution				
If yes, indicate which branch or branches of Executive Legislative			x _{No}						
government the contract is with.	Dete	D							
Is this contribution associated with a fundraising event listed in Section J1? Method of contribution: Yes	Date	Received	Aggregate Contributions						
Cash X Personal Check									
If yes, list Event # Money Order Credit/Debit Card	01/.	30/2015	\$10.00		\$10.00				
•					1				
Last Name	First			MI	Contribution ID #				
Evans		Duanecia			0170				
Residential Street Address	City			State	Zip Code				
333 State Apt 605		Bridgeport		СТ	06604				
Principal Occupation		Name of Employ	er						
Public Affairs Manager		Teach	n For America						
Is contributor a principal of a state contractor or prospective state contractor?	,		obbyist, spouse, or of a labbyist? 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 112	Date	Received	Aggregate Contributions						
Tandarasing event insect in Section 31:									
If yes, list Event #	01/3	30/2015	\$50.00		\$50.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Groelinger		David			0175				
Residential Street Address	City			State	Zip Code				
130 Anchorage		Bridgeport		СТ	06605				
Principal Occupation		Name of Employ	er		-				
Finance		Self							
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	unt 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 Method of contribution:	Date	Received	Aggregate Contributions	1					
rundraising event listed in Section J1?									
X No T Cash	01/3	30/2015	\$5.00		\$5.00				
If yes, list Event # Money Order	I		İ						

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Ed Gomes Senate 2015	Itemized Statement accompan	ying applicat	ion for Public						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Middlebrooks		Andrea			0177				
Residential Street Address	City			State	Zip Code				
5 Old Farm Rd		Newington		СТ	06111				
Principal Occupation		Name of Employ	er						
TEacher		Brom	well, BOE						
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 chird (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 X Personal Check	01/	30/2015	\$25.00		\$25.00				
If yes, list Event #	01/		¥25.00						
Last Name	First			MI	Contribution ID #				
Santos		Jose D.			0279				
Residential Street Address	City			State	Zip Code				
272 Wells		Bridgeport		СТ	06606				
Principal Occupation		Name of Employ	er	-	•				
		Unem	ployed						
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 Cash Personal Check									
If yes, list Event # Money Order Credit/Debit Card	01/	31/2015	\$5.00		\$5.00				
Last Name	First			MI	Contribution ID #				
Gomes	FIISt	John		IVII	0281				
Residential Street Address	City	301111		State	Zip Code				
150 Alpine St	City	Bridgeport		CT	06610				
Principal Occupation		Name of Employ	er						
Restaurant Owner		Self							
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	0	dependent child of	or a robbyist?						
government the contract is with:			x No						
Is this contribution associated with a Society 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
Tundraising event risted in Section 31?									
If yes, list Event # Cash Personal Check No	01/	31/2015	\$5.00		\$5.00				
Last Name	First			MI	Contribution ID #				
Silva	11130	Jaoquin		1411	0298				
Residential Street Address	City	Jaoquiii		State	Zip Code				
620 Wood Ave	ا ا	Bridgeport		СТ	06604				
Principal Occupation		Name of Employ	er						
Car Maintenance		Corne	ell Car						
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:			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		21/2015	+20.00		±20.00				
If yes, list Event # No Money Order Credit/Debit Card	01/	31/2015	\$20.00		\$20.00				

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L MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Ed Gomes Senate 2015	Itemized Statement accompan Grant - Amendment	ying applicat	ion for Public						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Montiero		Mike			0219				
Residential Street Address	City			State	Zip Code				
127	L.,	New Britain		СТ	06053				
Principal Occupation		Name of Employ							
Order filler			sson Drg		unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	dependent child of	obbyist, spouse, or of a lobbyist?	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 fundration event listed in Section 112	Date	Received	Aggregate Contributions	1					
fundraising event listed in Section J1? X Yes X Cash Personal Check									
If yes, list Event # 02032015A No	02/0	01/2015	\$50.00		\$50.00				
in yes, list Event # 02032013A Invioley Order Invioley Order									
Last Name	First			MI	Contribution ID #				
Hammerslough		Nancy			0343				
Residential Street Address	City			State	Zip Code				
138 Lansdowne	Щ,	Westport		СТ	06608				
Principal Occupation		Name of Employ							
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 No	o	dependent child of	Vac	7 tinot	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? Yes Cash Regresonal Check									
X No	02/0	02/2015	\$100.00		\$100.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Bartlett		Jason			0222				
Residential Street Address	City			State	Zip Code				
138 Pendlton St	<u> </u>	New Haven		СТ	06511				
Principal Occupation		Name of Employ							
Administration		,	of the New Haven	1					
Is contributor a principal of a state contractor or prospective state contractor? Yes X No	o	dependent child of	V	Amot	unt 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? X Yes Method of contribution: Method of contribution: Method of contributio									
No I Tributal Calculation	02/0	03/2015	\$80.00		\$80.00				
If yes, list Event # 02032015A									
Last Name	First			MI	Contribution ID #				
Leighton		Robert			0223				
Residential Street Address	City			State	Zip Code				
755 Tuttle Ave	<u> </u>	Hamden		СТ	<u> </u>				
Principal Occupation		Name of Employ							
Lobbyist Is contributed a principal of a state contractor or promoctive state contractor?			sion Donovan LLC	Amou	unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No	о	dependent child of	obbyist, spouse, or of a lobbyist?	Aillot	ant of Contribution				
If yes, indicate which branch or branches of Executive Legislative			No						
government the contract is with:	Date	Received	Aggregate Contributions	1					
Is this contribution associated with a fundraising event listed in Section J1? X Yes Method of contribution: Method of contribution: X Cash Personal Check Personal									
If yes, list Event # 02032015A No S Cash Personal Check Money Order Credit/Debit Card	02/0	03/2015	\$25.00		\$25.00				

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L MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Ed Gomes Senate 2015	Itemized Statement accompan	ying applicat	ion for Public						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Mujahid		Isa			0224				
Residential Street Address	City			State	Zip Code				
835 Elm St # B1		New Haven		СТ	06511				
Principal Occupation		Name of Employ	er						
Field Organizer		ACLU	- CT						
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							
government the contract is with:	Doto	Received	Aggregate Contributions						
Is this contribution associated with a fundraising event listed in Section J1?	Date	Received	Aggregate Contributions						
No Cash Personal Check	02/	03/2015	\$25.00		\$25.00				
If yes, list Event # 02032015A	02/	03/2013	\$25.00		\$25.00				
Last Name	First			MI	Contribution ID #				
Merisotis		Teresa			0179				
Residential Street Address	City			State	Zip Code				
49 Adlema Dr		Coventry		СТ	06238				
Principal Occupation	•	Name of Employ	er	•	•				
Member Mobilization Coordinator		AFT C	Т						
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:			x _{No}						
Is this contribution associated with a fundamining event listed in Section 112.	Date	Received	Aggregate Contributions						
Cash Personal Check									
If yes, list Event # Cash Cash Personal Check Money Order Credit/Debit Card	02/	03/2015	\$50.00		\$50.00				
T. AV	F: .				Louis B"				
Last Name Glinn	First	Dora		MI	Contribution ID # 0181				
Residential Street Address	City	Dora		State	Zip Code				
90 Dora Dr	City	Middletown		CT	Zip code				
Principal Occupation	!	Name of Employ	er	<u> </u>					
Retired		Retire	ed						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution				
If yes, indicate which branch or branches of	0	dependent child 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	02/	03/2015	\$50.00		\$50.00				
Lad Norma	Einst				Contribution ID #				
Last Name DeBrizzi	First	Gary		MI	Contribution ID # 0186				
Residential Street Address	City	Gaiy		State	Zip Code				
155 Brestwer St # 4B	City	Bridgeport		CT	06604				
Principal Occupation		Name of Employ	er	<u>. </u>					
CPA		Self							
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		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						
		00/00:-							
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	02/	03/2015	\$100.00		\$100.00				

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L MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Ed Gomes Senate 2015			Itemized Statement accompan Grant - Amendment	ying applicat	ion for Public				
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Sweeney		Faith			0187				
Residential Street Address	City			State	Zip Code				
184 Huntington Tpke		Bridgeport		СТ	06610				
Principal Occupation		Name of Employ	er						
Literacy Coach		Town	of Greenwich						
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							
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	02/	03/2015	\$25.00		\$25.00				
If yes, list Event # Money Order	02/	03/2013	\$25.00		\$25.00				
Last Name	First			MI	Contribution ID #				
Roach		Joseph			0220				
Residential Street Address	City			State	Zip Code				
300 Middletown Ave		North Haven		СТ	06473				
Principal Occupation	•	Name of Employ	er		•				
Corrections		State	Corrections Office						
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 foodyist?						
government the contract is with: Executive Legislative			x _{No}						
Is this contribution associated with a fundacional social section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
X Cash Personal Check									
If yes, list Event # 02032015A No Money Order Credit/Debit Card	02/	03/2015	\$50.00		\$50.00				
I w	F: .			\ <i>a</i>	Louis B"				
Leake Leake	First	Jeff		MI	Contribution ID #				
Residential Street Address	City	Jen		State	Zip Code				
20 Cambridge Dr	City	Prospect		CT	06712				
Principal Occupation	<u> </u>	Name of Employ	er	<u>.</u>	1 00/12				
Teacher		Chesh	nire, BOE						
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: Executive Legislative			x _{No}						
Is this contribution associated with a Society 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
Tundraising event risted in Section 31?									
If yes, list Event # Cash Cash Personal Check Money Order Credit/Debit Card	02/	03/2015	\$100.00		\$100.00				
				L					
Last Name	First	Maladia		MI	Contribution ID #				
Peters Residential Street Address	City	Melodie		State	O182 Zip Code				
25 Osceola Trl	City	Old Lyme		CT	06371				
Principal Occupation		Name of Employ	er	C.	1 003/1				
Labor Leader		AFT C							
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution				
	0	dependent child of	or a robbyist?						
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						
Talliand and special in Section 31:									
If yes, list Event # Cash Credit/Debit Card	02/	03/2015	\$100.00		\$100.00				

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Ed Gomes Senate 2015	ying applicat	tion for Public							
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Sullivan		Timothy			0221				
Residential Street Address	City			State	Zip Code				
28 Robin Dr		Barkhamsted	1	СТ	06063				
Principal Occupation		Name of Employ							
Organizer -		NERC			unt of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	dependent child of	obbyist, spouse, or of a lobbyist? Yes	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 fundacing event listed in Section 112	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
If yes, list Event # 02032015A No Money Order Credit/Debit Card	02/	03/2015	\$100.00		\$100.00				
	l			1					
Last Name	First			MI	Contribution ID #				
Waxenberg Residential Street Address	City	Mark		State	0180 Zip Code				
3 Karen Way	City	South Winds	or	CT	06074				
Principal Occupation	<u> </u>	Name of Employ		Ci	00074				
Exec Director			ecticut Education Association						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or		unt of Contribution				
	D	dependent child of							
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? Cash Personal Check									
If yes, list Event # Money Order Credit/Debit Card	02/	03/2015	\$100.00		\$100.00				
Last Name	First			MI	Contribution ID #				
Miller	11130	David		IVII	0185				
Residential Street Address	City			State	Zip Code				
3200 Madison Ave		Bridgeport		СТ	06604				
Principal Occupation		Name of Employ	er		•				
Pastor		New I	Hope Church						
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 cinia (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	02/	03/2015	\$100.00		\$100.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
McBride		Sean			0183				
Residential Street Address	City			State	Zip Code				
24 Ridgevale Pl	<u> </u>	Bridgeport		СТ	06610				
Principal Occupation		Name of Employ None	er						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution				
Yes X N	0	dependent child of	Vac	1					
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					
Tunding event insect in Section 71:									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	02/	03/2015	\$25.00		\$25.00				

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L MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)								
Ed Gomes Senate 2015			Itemized Statement accompan	ying applicat	ion for Public			
B. Itemized Contributions from	m Ind	lividuals	Grant - Amendment					
		iiviuuais		MI	Contribution ID #			
Last Name McBride	First	Sandra		MI	0184			
Residential Street Address	City	Saliula		State	Zip Code			
24 Ridgevale Pl	City	Bridgeport		CT	06610			
Principal Occupation	<u>'</u>	Name of Employe	er	<u> </u>	00010			
Retired		Retire	ed					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a le	obbyist, spouse, or Yes	Amou	int of Contribution			
	0	dependent child o	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					
lundraising event listed in Section J1?								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	02/0	03/2015	\$100.00		\$100.00			
	l .			I				
Last Name	First			MI	Contribution ID #			
Lutle Residential Street Address	City	Reggie		State	0225 Zip Code			
125 Glen Ridge Rd	City	Hamden		CT	06518			
Principal Occupation	_	Name of Employe	er	<u> </u>	00310			
Consultant		Self	•					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	nt of Contribution			
	0	dependent child o	of a lobbyist?					
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					
X Cash Personal Check								
If yes, list Event # 02032015A No Money Order Credit/Debit Card	02/0	03/2015	\$50.00		\$50.00			
	l .			<u> </u>	Г			
Last Name	First			MI	Contribution ID #			
Hare Residential Street Address	City	Minnie		State	0200 Zip Code			
220 Nautilus Rd	City	Bridgeport		CT	06606			
Principal Occupation		Name of Employe	er	C.	00000			
Retired		Retire						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a le	obbyist, spouse, or	Amou	int of Contribution			
	0	dependent child o						
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					
Tunidiasing event instead in Section 71?								
If yes, list Event # Cash Cash Personal Check Money Order Credit/Debit Card	02/0	04/2015	\$5.00		\$5.00			
T. O.	Б				G (3 (B)			
Last Name Burke	First	Mary		MI	Contribution ID # 0243			
Residential Street Address	City	iriai y		State	Zip Code			
41 Spruce St	City	Stratford		CT	06615			
Principal Occupation	<u>' </u>	Name of Employe	er	<u> </u>				
			ployed					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a le	obbyist, spouse, or Yes	Amou	int of Contribution			
	υ	dependent child o	or a robbyist?					
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 J1? Yes Method of contribution: Yes	Date	Received	Aggregate Contributions					
Table 1 Table 2 Tabl								
If yes, list Event # Cash Cash Personal Check No Money Order Credit/Debit Card	02/0	04/2015	\$25.00		\$25.00			

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Ed Gomes Senate 2015	Itemized Statement accompan	ying applicat	ion for Public						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Alfonso		Aleida			0237				
Residential Street Address	City			State	Zip Code				
633 Capitol Ave		Bridgeport		СТ	06606				
Principal Occupation		Name of Employ	er						
		Unem	ployed						
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 robbyrst?						
government the contract is with:		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	02/	04/201E	¢20.00		¢20.00				
If yes, list Event # Money Order	02/	04/2015	\$20.00		\$20.00				
Last Name	First			MI	Contribution ID #				
Mintz	1 1100	George			0253				
Residential Street Address	City			State	Zip Code				
86 Ridgebrook Dr		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 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						
Tundraising event listed in Section J1?									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	02/	04/2015	\$10.00		\$10.00				
I w	F: .				Louis Bu				
Last Name Mintz	First	Melba		MI	Contribution ID # 0254				
Residential Street Address	City	Мегра		State	Zip Code				
86 Ridgebrook Dr	City	Bridgeport		CT	06606				
Principal Occupation	<u> </u>	Name of Employ	er	<u> </u>	1 00000				
Skin Specialist		MDM	Skin Solutions						
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	-						
If yes, indicate which branch or branches of government the contract is with: Executive Legislative			x No						
Is this contribution associated with a Society 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
Tundraising event risted in Section 31?									
If yes, list Event # Cash Personal Check No	02/	04/2015	\$10.00		\$10.00				
LadVana	Einst				Contribution ID #				
Last Name Mintz	First	Martin		MI	Contribution ID # 0255				
Residential Street Address	City	Marcin		State	Zip Code				
86 Ridgebrook Dr	City	Bridgeport		CT	06606				
Principal Occupation		Name of Employ	er	<u>. </u>					
Teacher			eport BOE						
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: Executive Legislative			x _{No}						
Is this contribution associated with a fundraising event listed in Section 11? Yes Method of contribution:	Date	Received	Aggregate Contributions						
- IX		o 4 (0.0 : =			45.00				
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	02/	04/2015	\$5.00		\$5.00				

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L MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Ed Gomes Senate 2015	ying applicat	tion for Public							
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Mintz		Aprelle			0256				
Residential Street Address	City			State	Zip Code				
86 Ridgebrook Dr		Bridgeport		СТ	06606				
Principal Occupation		Name of Employ	er						
Student		None							
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	unt of Contribution				
If yes, indicate which branch or branches of Executive Legislative		аеренаен сина с	x No						
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 Personal Check	02/0	04/2015	\$5.00		\$5.00				
If yes, list Event #	02/	J-1/2015	Ψ3.00		ψ3.00 				
Last Name	First			MI	Contribution ID #				
Mintz		Adam			0257				
Residential Street Address	City			State	Zip Code				
86 Ridgebrook Dr		Bridgeport		СТ	06606				
Principal Occupation	•	Name of Employ	er		•				
		Unem	ployed						
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 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	02/0	04/2015	\$5.00		\$5.00				
Last Name	First			MI	Contribution ID #				
Meekins	FIISt	Ted		IVII	0188				
Residential Street Address	City	Teu		State	Zip Code				
45 Iwanicki Cir	City	Bridgeport		CT	06610				
Principal Occupation		Name of Employ	er	<u> </u>					
Retired		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	0	dependent child of	or a roodyrst?						
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 insect in Section 71:									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	02/0	04/2015	\$35.00		\$35.00				
T. O.	F: .				Louis B"				
Last Name Brantley	First	Yvonne		MI	Contribution ID # 0314				
Residential Street Address	City	TVOITILE		State	Zip Code				
49 Yale St	City	Bridgeport		CT	06605				
Principal Occupation	-	Name of Employ	er	<u> </u>	1 00000				
			ployed						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution				
	υ	dependent child of	or a roodyrst?						
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	02/0	04/2015	\$5.00		\$5.00				

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Ed Gomes Senate 2015	Itemized Statement accompan	ying applicat	ion for Public					
B. Itemized Contributions from Individuals								
Last Name	First			MI	Contribution ID #			
McRae		Imogene			0242			
Residential Street Address	City			State	Zip Code			
25 Cartright St		Bridgeport		СТ	06604			
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	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	Aggregate Contributions					
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions					
X No Cash X Personal Check	02/	04/2015	\$50.00		\$50.00			
If yes, list Event #	02/	04,2013	\$50.00		450.00			
Last Name	First			MI	Contribution ID #			
Aranjo		William			0240			
Residential Street Address	City			State	Zip Code			
1450 Main St		Bridgeport		СТ	06604			
Principal Occupation		Name of Employ	er		•			
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 fundaciona event licted in Section 112.	Date	Received	Aggregate Contributions					
Tunidraising event instead in Section 71:								
If yes, list Event # Cash Credit/Debit Card	02/	04/2015	\$100.00		\$100.00			
I w	F: .			\ <i>a</i>	Louis B"			
Last Name Goodman	First	Lolo		MI	Contribution ID # 0226			
Residential Street Address	City	Lola		State	Zip Code			
99 Lakeside Dr	City	Bridgeport		CT	06606			
Principal Occupation	<u> </u>	Name of Employ	er	<u>.</u>	1 00000			
Retired		Retire						
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: Executive Legislative			x _{No}					
Is this contribution associated with a Society 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
Tundraising event risted in Section 31?								
If yes, list Event # Cash Personal Check No	02/	04/2015	\$5.00		\$5.00			
I w	F: .			\n_				
Last Name Holley	First	Denise		MI	Contribution ID # 0248			
Residential Street Address	City	Denise		State	Zip Code			
46 Up St	City	Bridgeport		CT	06606			
Principal Occupation	<u> </u>	Name of Employ	er	<u> </u>	1 00000			
Retired		Retire						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	unt of Contribution			
If yes, indicate which branch or branches of	U	dependent child of	or a robbyist?					
government the contract is with:			x _{No}					
Is this contribution associated with a fundraising event listed in Section 11? Yes Method of contribution:	Date	Received	Aggregate Contributions					
- IX								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	02/	04/2015	\$5.00		\$5.00			

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT								
Ed Gomes Senate 2015			Itemized Statement accompan	ying applicat	tion for Public				
B. Itemized Contributions from	T J	Ľ: J I	Grant - Amendment						
		iividuais		l	La .a . p.				
Last Name Paul	First	Karen		MI	Contribution ID # 0231				
Residential Street Address	City	Karen		State	Zip Code				
215 Roosevelt Ave	City	Stratford		CT	06615				
Principal Occupation		Name of Employe	er	<u> </u>	1 00015				
School Principal		Stratf	ord Public Schools						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a le	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 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	02/0	04/2015	\$50.00		\$50.00				
	L .			I	T				
Last Name	First	5 11		MI	Contribution ID #				
Mitchell Residential Street Address	City	Ronald		State	0229 Zip Code				
620 Soundview Ave	City	Bridgeport		CT	06606				
Principal Occupation		Name of Employe	er	Ci	00000				
Retired		Retire							
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a le	obbyist, spouse, or Yes	Amou	unt 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 Section 112 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	02/0	04/2015	\$5.00		\$5.00				
Last Name	First	-		MI	Contribution ID #				
Soares	FIISt	Janelle		IVII	0197				
Residential Street Address	City	Janene		State	Zip Code				
319 Union Ave		Bridgeport		СТ	06607				
Principal Occupation	•	Name of Employ	er	ļ.	!				
Teacher		Bridge	eport 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	o l	dependent child of	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 Personal Check	02.4	04/2015	#F.00		45.00				
If yes, list Event # Money Order Credit/Debit Card	02/0	04/2015	\$5.00		\$5.00				
Last Name	First			MI	Contribution ID #				
Soares	1 1100	Francisco			0213				
Residential Street Address	City			State	Zip Code				
319 Union Ave		Bridgeport		СТ	06607				
Principal Occupation	•	Name of Employ	er		•				
Attorney		Retire	ed						
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	1 a 1000yist?						
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	02.4	04/201E	¢10.00		¢10.00				
If yes_list Event # Money Order Credit/Debit Card	I 02/	04/2015	\$10.00	I	\$10.00				

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L MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT					
Ed Gomes Senate 2015			Itemized Statement accompan	ying applicat	ion for Public			
B. Itemized Contributions from	m Ind	lividuals	Grant - Amendment					
Last Name	First			MI	Contribution ID #			
Hays		Rita			0227			
Residential Street Address	City			State	Zip Code			
272 Dogwood Dr		Bridgeport		СТ	06606			
Principal Occupation		Name of Employ	er	-	•			
Retired		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	ant of Contribution			
If yes, indicate which branch or branches of		dependent cinia c						
government the contract is with:		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	02/0	04/2015	\$5.00		\$5.00			
If yes, list Event #	02/0	04/2013	\$5.00		\$5.00			
Last Name	First			MI	Contribution ID #			
Phillips		Anne			0214			
Residential Street Address	City			State	Zip Code			
3300 Park Ave # 5		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						
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	02.4	04/2045	+40.00		+10.00			
If yes, list Event # Money Order Credit/Debit Card	02/0	04/2015	\$10.00		\$10.00			
Last Name	First			MI	Contribution ID #			
Brantley	1 1150	Mary Evette			0311			
Residential Street Address	City	, =:::::		State	Zip Code			
51 Yale St		Bridgeport		СТ	06605			
Principal Occupation	<u> </u>	Name of Employ	er	!				
Social Worker		State	of Ct					
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	n 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 Personal Check	02.4	04/2045	+5.00		+5.00			
If yes, list Event #	02/0	04/2015	\$5.00		\$5.00			
Last Name	First			MI	Contribution ID #			
Brantley	1 1130	Gwendolyn		IVII	0312			
Residential Street Address	City	Overladiyii		State	Zip Code			
51 Yale St		Bridgeport		СТ	06605			
Principal Occupation	<u>'</u>	Name of Employ	er					
		Unem	ployed					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or Yes	Amou	unt of Contribution			
	0	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 11? Yes Method of contribution:	Date	Received	Aggregate Contributions					
Y	I							
If yes, list Event # Cash Personal Check No Money Order Credit/Debit Card	02/0	04/2015	\$5.00		\$5.00			

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L MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Ed Gomes Senate 2015	Itemized Statement accompan	ying applicat	ion for Public						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Brantley		Robert			0313				
Residential Street Address	City			State	Zip Code				
51 Yale St		Bridgeport		СТ	06605				
Principal Occupation		Name of Employ	er						
		Unem	ployed						
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							
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	02/	04/2015	\$5.00		\$5.00				
If yes, list Event #	02/	0 1/ 2013	45.00						
Last Name	First			MI	Contribution ID #				
Brown		Robert			0230				
Residential Street Address	City			State	Zip Code				
587 Burritt St		Plantsville		СТ	06479				
Principal Occupation		Name of Employ	er	•	•				
Teacher		South	ington 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	O	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						
rundraising event listed in Section J1?									
If yes, list Event # Cash Credit/Debit Card	02/	04/2015	\$50.00		\$50.00				
I w	Б: .				Louis B"				
Last Name Wilson	First	Thorosa		MI	Contribution ID # 0309				
Residential Street Address	City	Theresa		State	Zip Code				
30 Folino Dr	City	Bridgeport		CT	06606				
Principal Occupation		Name of Employ	er	<u> </u>	1 00000				
Exec Director			Initiative Project						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt 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 Society 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
Tundraising event risted in Section 31?									
If yes, list Event # Cash Personal Check No	02/	04/2015	\$5.00		\$5.00				
LadVana	Einst				Contribution ID #				
Last Name Soto	First	Pedro		MI	Contribution ID # 0317				
Residential Street Address	City	reuro		State	Zip Code				
225 Vine St	City	Bridgeport		CT	06604				
Principal Occupation		Name of Employ	er	<u> </u>	1 0000				
Property Manager		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				
	υ	dependent child of	or a robbyist?						
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					
- IX									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	02/	04/2015	\$5.00		\$5.00				

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L MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Ed Gomes Senate 2015			Itemized Statement accompan	ying applicat	ion for Public				
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Fardy		Andrew			0189				
Residential Street Address	City			State	Zip Code				
200 Nutmeg Rd		Bridgeport		СТ	06610				
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	ant 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:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions						
X No Cash X Personal Check	02/	04/2015	\$100.00		\$100.00				
If yes, list Event #	,		7						
Last Name	First			MI	Contribution ID #				
DiGirolamo		Anna			0195				
Residential Street Address	City			State	Zip Code				
97 Bick Ter		Bridgeport		СТ	06604				
Principal Occupation		Name of Employ	er		•				
Prgram Alaysis		Nielse	en						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or Yes	Amou	ınt 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 Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
If yes, list Event # Cash Cash Personal Check Money Order Credit/Debit Card	02/	04/2015	\$5.00		\$5.00				
Last Name	First			MI	Contribution ID #				
Parziale	First	Lisa		IVII	0212				
Residential Street Address	City	Liou		State	Zip Code				
97 Bick Ter		Bridgeport		СТ	06604				
Principal Occupation		Name of Employ	er						
Coldwell Banker		Coldw	vell Banker						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	ınt of Contribution				
If yes, indicate which branch or branches of	0	dependent child of	or a robbyist?						
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 Money Order Credit/Debit Card	02/	04/2015	\$5.00		\$5.00				
Last Name	First			MI	Contribution ID #				
Ramos	FIISt	Joe		IVII	0228				
Residential Street Address	City			State	Zip Code				
75 Stewart St	City	Bridgeport		CT	06610				
Principal Occupation		Name of Employ	er						
None		None							
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		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? Wethod of contribution: Yes	Date	Received	Aggregate Contributions						
		o 4 (0.0 : =			45.00				
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	02/	04/2015	\$5.00		\$5.00				

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)								
Ed Gomes Senate 2015			Itemized Statement accompan	ying applicat	ion for Public			
B. Itemized Contributions from	m Ind	lividuale	Grant - Amendment					
		iiviuuais		\ \n_	Contribution ID #			
Last Name Freddino	First	Mike		MI	0306			
Residential Street Address	City	MIKE		State	Zip Code			
31 Rusling Pl	City	Bridgeport		CT	06604			
Principal Occupation		Name of Employe	er	<u> </u>				
Inspector		City o	f Bpt					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a le	obbyist, spouse, or Yes	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					
lundraising event listed in Section J1?								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	02/0	04/2015	\$20.00		\$20.00			
Last Name	First			MI	Contribution ID #			
Williams	C'i	Barbara		Gr. r	0201			
Residential Street Address	City	Duideanaut		State CT	Zip Code			
76 Judson Pl Principal Occupation	<u> </u>	Bridgeport Name of Employe	er	CI	06610			
Retired		Retire						
			obbyist, spouse, or	Amou	ınt of Contribution			
Is contributor a principal of a state contractor or prospective state contractor? Yes N	0	dependent child of	obbyist, spouse, or of a lobbyist? Yes					
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	02/0	04/2015	\$5.00		\$5.00			
Last Name	First			MI	Contribution ID #			
Pettway		Micayla		_	0202			
Residential Street Address	City	Duideanaut		State	Zip Code			
76 Judson Pl Principal Occupation		Bridgeport Name of Employe	or	СТ	06610			
Store Associate		Forev						
			obbyist, spouse, or	Amou	unt of Contribution			
Yes X 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 listed in Section 31:								
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	02/0	04/2015	\$5.00		\$5.00			
I you, in 2 teams of the care								
Last Name	First			MI	Contribution ID #			
Lee		Lazarus			0203			
Residential Street Address	City	D.1		State	Zip Code			
76 Judson Pl	ļ.,	Bridgeport		СТ	06610			
Principal Occupation None		Name of Employ	er					
			obbyist, spouse, or	Amor	unt of Contribution			
Yes X N	0	dependent child of	Vac	711100	I commodition			
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					
is this contribution associated with a fundraising event listed in Section J1? Yes X Cash Personal Check								
If yes, list Event #	02/0	04/2015	\$5.00		\$5.00			

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Ed Gomes Senate 2015	Itemized Statement accompan	ying applicat	ion for Public						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Williams		Shanta			0204				
Residential Street Address	City			State	Zip Code				
76 Judson Pl		Bridgeport		СТ	06610				
Principal Occupation		Name of Employ	er						
Asst Program coordinator		City o	f Bpt 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							
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 Personal Check	02/	04/2015	\$5.00		\$5.00				
If yes, list Event # Money Order	02/	04/2013	\$5.00						
Last Name	First			MI	Contribution ID #				
Morris		Alan			0205				
Residential Street Address	City	-		State	Zip Code				
76 Judson Pl		Bridgeport		СТ	06610				
Principal Occupation	•	Name of Employ	er		•				
Retired		Retire	ed						
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 Method of contribution:	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1? X Cash Personal Check									
If yes, list Event # Cash Credit/Debit Card	02/	04/2015	\$5.00		\$5.00				
I w	F: .				Louis B"				
Last Name Pinciaro	First	Ronald		MI	Contribution ID # 0241				
Residential Street Address	City	Kullalu		State	Zip Code				
72 Arthur St	City	Bridgeport		CT	06605				
Principal Occupation	<u> </u>	Name of Employ	er	C.	1 00003				
Exec Director		Ct ag	ainst Gun Violence						
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: Executive Legislative			x _{No}						
Is this contribution associated with a Society 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
Tundraising event risted in Section 31?									
If yes, list Event # Cash Cash Personal Check Money Order Credit/Debit Card	02/	04/2015	\$100.00		\$100.00				
I w	F: .			 \					
Last Name Knox	First	Gina		MI	Contribution ID # 0302				
Residential Street Address	City	Gilla		State	Zip Code				
783 Sylvan Ave	City	Bridgeport		CT	06606				
Principal Occupation		Name of Employ	er	<u> </u>	1 00000				
Aprreticeship Rep		State							
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution				
	υ	dependent child of	or a robbyist?						
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					
- IX									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	02/	04/2015	\$5.00		\$5.00				

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Ed Gomes Senate 2015 Itemized Statement accompanying application for F Grant - Amendment									
B. Itemized Contributions from Individuals									
Last Name Mowatt	First	Carl		MI	Contribution ID # 0303				
Residential Street Address	City			State	Zip Code				
93 Sterling Pl		Bridgeport		СТ	06604				
Principal Occupation	-	Name of Employ	er	-	•				
Carpenter		Self							
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 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 # X No X Cash Personal Check Money Order Credit/Debit Card	02/	04/2015	\$5.00		\$5.00				
L AV	F: /				Louis Bu				
Last Name Martinez	First	Pedro		MI	Contribution ID # 0304				
Residential Street Address	City	Peuro		State	Zip Code				
84 Park Ave # 4	City	Bridgeport		CT	06604				
Principal Occupation	-	Name of Employ	er	<u> </u>					
		Unem	ployed						
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	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 Cash Personal Check		0.4/2.04.5	45.00		45.00				
If yes, list Event #	02/	04/2015	\$5.00		\$5.00				
Last Name	First			MI	Contribution ID #				
Martinez		Tarsha			0305				
Residential Street Address	City			State	Zip Code				
84 Park Ave # 4		Bridgeport		CT	06604				
Principal Occupation		Name of Employ							
Productins			as Carrol Nutrition	A					
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	dependent child of	V	Alliou	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						
fundraising event listed in Section J1? Yes X Cash Personal Check									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	02/	04/2015	\$5.00		\$5.00				
Last Name	First			MI	Contribution ID #				
Bredeen		Sheree			0307				
Residential Street Address	City			State	Zip Code				
210 Washington Ave # 5		Bridgeport		СТ	06604				
Principal Occupation		Name of Employ							
Liaison Is contributor a principal of a state contractor or prospective state contractor?		State Is contributor a l	.1.1	Amou	unt of Contribution				
Yes X N	o	dependent child of	Vac	Amou	or 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									
X No Cash Personal Check	02/	04/2015	\$5.00		\$5.00				

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I, MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Ed Gomes Senate 2015 Itemized Statement accompanying application for									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Kennedy		JoAnn			0308				
Residential Street Address	City			State	Zip Code				
914 Hancock Ave		Bridgeport		СТ	06605				
Principal Occupation		Name of Employ	er						
Cheerleading Coash		Bpt B	OE						
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 child (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	02/	04/2015	\$5.00		\$5.00				
If yes, list Event #	02,	0 1, 2020	Ψ5.00						
Last Name	First			MI	Contribution ID #				
Brantley		Justin			0310				
Residential Street Address	City			State	Zip Code				
51 Yale		Bridgeport		СТ	06605				
Principal Occupation		Name of Employ	er	-	•				
Student Ambassador		Amer	corp						
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	5	dependent child of	of a lobbyist?						
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						
fundraising event listed in Section J1?									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	02/	04/2015	\$5.00		\$5.00				
Last Name	First			MI	Contribution ID #				
Hurton	FIISt	Elizabeth		IVII	0315				
Residential Street Address	City	Liizabetii		State	Zip Code				
207 Waterview Ave	City	Bridgeport		CT	06608				
Principal Occupation		Name of Employ	er						
		Unem	ployed						
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: 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	02/	04/2015	\$5.00		\$5.00				
T. O.	Б) d	Contribution ID #				
Last Name Sanchez	First			MI	0316				
Residential Street Address	City	Enrique		State	Zip Code				
105 Holly St	City	Bridgeport		CT	06607				
Principal Occupation	<u> </u>	Name of Employ	er	<u> </u>	1 00007				
		Retire							
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						
Tulidasing event instead in Section 71:									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	02/	04/2015	\$5.00		\$5.00				

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	(,	TYPE OF REPORT					
Ed Gomes Senate 2015			Itemized Statement accompan	ying applicat	ion for Public			
B. Itemized Contributions from	m Ind	lividuals	Grant - Amendment					
Last Name	First	ii (iuuui 5		MI	Contribution ID #			
Jackson	1 1130	Darren		1411	0318			
Residential Street Address	City			State	Zip Code			
304 Remington		Bridgeport		СТ	06610			
Principal Occupation		Name of Employe	er		•			
Barber		Self						
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or General Administration Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of		dependent child o	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	02.4	04/2045	+5.00		+5.00			
If yes, list Event #	02/0	04/2015	\$5.00		\$5.00			
Last Name	First			MI	Contribution ID #			
Caciopoli	11130	Robert		IVII	0319			
Residential Street Address	City	ROBER		State	Zip Code			
490 Wooside Ave		Bridgeport		СТ	06606			
Principal Occupation		Name of Employe	er					
Professor		Unive	rsity of Bpt					
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or See Jahlaniata	Amou	ant 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 Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1? X No								
If yes, list Event #	02/0	04/2015	\$5.00		\$5.00			
Last Name	First	•		MI	Contribution ID #			
Suchocki	First	Peter		IVII	0334			
Residential Street Address	City	T CCCI		State	Zip Code			
55 Shell St		Bridgeport		СТ	06605			
Principal Occupation	•	Name of Employe	er					
Retired		Retire	d					
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 o	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		0.4/0.045	45.00		45.00			
If yes, list Event #	02/0	04/2015	\$5.00		\$5.00			
Last Name	First	•		MI	Contribution ID #			
Humphreville	First	Meaghan		IVII	0333			
Residential Street Address	City	ricagilari		State	Zip Code			
19 Quinlan Ave		Bridgeport		CT	06605			
Principal Occupation	•	Name of Employe	er					
Retail		Walin	& Wolf					
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a le	obbyist, spouse, or So Johnwigt? Yes	Amou	ınt of Contribution			
	υ	dependent child o	i 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]				
tundraising event instead in Section 31:								
If yes, list Event # Cash Personal Check No Money Order Credit/Debit Card	02/0	04/2015	\$5.00		\$5.00			

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Ed Gomes Senate 2015 Itemized Statement accompa					ion for Public				
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Connolly		Kevin			0327				
Residential Street Address	City			State	Zip Code				
702 Brewster St		Bridgeport		СТ	06605				
Principal Occupation		Name of Employ	er						
Sales		SAFEI	INK						
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 Executive Legislative		dependent child (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	02/	04/2015	\$5.00		\$5.00				
If yes, list Event # Money Order	02/	04/2013	ψ3.00		Ψ3.00				
Last Name	First			MI	Contribution ID #				
Brazier		Leslie			0340				
Residential Street Address	City			State	Zip Code				
285 Courtland Ave		Bridgeport		СТ	06605				
Principal Occupation	•	Name of Employ	er	•	•				
Secretary		Fairfie	eld University						
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 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	02/	04/2015	\$5.00		\$5.00				
				l					
Last Name	First	14/		MI	Contribution ID #				
Blunt Residential Street Address	City	Warren		State	0322 Zip Code				
30 Nautilus Rd	City	Bridgeport		CT	06606				
Principal Occupation		Name of Employ	er	<u> </u>	00000				
Administration		City o							
Is contributor a principal of a state contractor or prospective state contractor?		,	obbyist, spouse, or	Amou	ant 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						
Tundraising event listed in Section 31?									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	02/	04/2015	\$5.00		\$5.00				
T. O.	Б				Contribution ID #				
Last Name Porco	First	Frank		MI	0190				
Residential Street Address	City	ITALIK		State	Zip Code				
87 Seabright	City	Bridgeport		CT	06605				
Principal Occupation	<u> </u>	Name of Employ	er	<u> </u>	1 00000				
Hairdresser		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: Executive Legislative			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	02/	04/2015	\$10.00		\$10.00				

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Ed Gomes Senate 2015 Itemized Statement accompa					ion for Public				
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Janesch		Gail			0191				
Residential Street Address	City			State	Zip Code				
3030 Park Cottage 12		Bridgeport		СТ	06604				
Principal Occupation		Name of Employ	er						
Retired		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	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	02/	04/2015	\$10.00		\$10.00				
If yes, list Event #	02/	J-1/2015	\$10.00		Ψ10.00				
Last Name	First			MI	Contribution ID #				
Spain		Peter			0192				
Residential Street Address	City			State	Zip Code				
280 Grovers		Bridgeport		СТ	06605				
Principal Occupation		Name of Employ	er	•	•				
Graphic Designer		Self							
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 Yes Method of contribution:	Date	Received	Aggregate Contributions						
iundraising event listed in Section J1?									
If yes, list Event # Cash Cash Personal Check Money Order Credit/Debit Card	02/0	04/2015	\$10.00		\$10.00				
Last Name	First			MI	Contribution ID #				
Spain	FIISt	Kate		IVII	0193				
Residential Street Address	City	Rate		State	Zip Code				
280 Grovers	City	Bridgeport		CT	06605				
Principal Occupation		Name of Employ	er	<u> </u>					
Graphic Designer		self							
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or	Amou	unt 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 Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
Tundraising event listed in Section 31?									
If yes, list Event # Cash Cash Personal Check Money Order Credit/Debit Card	02/0	04/2015	\$10.00		\$10.00				
Lad Name	First				Contribution ID #				
Last Name Hudson	First	Laura		MI	Contribution ID # 0194				
Residential Street Address	City	Laura		State	Zip Code				
75 Hooker Rd	City	Bridgeport		CT	06610				
Principal Occupation		Name of Employ	er	<u> </u>	1 00010				
Social Worker		State							
Is contributor a principal of a state contractor or prospective state contractor?		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 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	02/0	04/2015	\$5.00		\$5.00				

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Ed Gomes Senate 2015			Itemized Statement accompan	ying applicat	ion for Public			
B. Itemized Contributions from	m Ind	lividuals	Grant - Amendment					
Last Name	First			MI	Contribution ID #			
dePara		Angel			0196			
Residential Street Address	City			State	Zip Code			
332 Wells St # 104		Bridgeport		СТ	06606			
Principal Occupation		Name of Employ	er		•			
Property Manager		Self		_				
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or General Advanced Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of		dependent child o	, I					
government the contract is with: Executive Legislative	لا							
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	02/	04/2015	¢Ε.00		\$5.00			
If yes, list Event # Money Order	02/0	J4/2015	\$5.00		\$5.00			
Last Name	First			MI	Contribution ID #			
Kopchick		Peter			0198			
Residential Street Address	City			State	Zip Code			
115 Holmes St		Stratford		СТ	06615			
Principal Occupation		Name of Employ	er	•	•			
Construction		Bisma	rk Construction					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or General Advanced Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of	Ů	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	l							
If yes, list Event #	02/0	04/2015	\$5.00		\$5.00			
Last Name	First			MI	Contribution ID #			
Lucyan	list	Daniel		1411	0199			
Residential Street Address	City			State	Zip Code			
368 Connecticut Ave # 7		Bridgeport		СТ	06607			
Principal Occupation	<u> </u>	Name of Employe	er	!				
Carpenter		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	1 a 1000yist:					
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	02.4	24/2045	+5.00		+5.00			
If yes, list Event #	02/0	04/2015	\$5.00		\$5.00			
Last Name	First			MI	Contribution ID #			
Satawhite	1 1130	Doris		IVII	0206			
Residential Street Address	City	50115		State	Zip Code			
22 B Stoneridge Rd		Bridgeport		СТ	06606			
Principal Occupation	<u>' </u>	Name of Employ	er		l .			
Sales Associate		USPS						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or So Johnwigt? Yes	Amou	unt of Contribution			
	0	dependent child of	a loodyist?					
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 instead in Section 31:	I							
If yes, list Event # Cash Cash Personal Check No Money Order Credit/Debit Card	02/0	04/2015	\$50.00		\$50.00			

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Ed Gomes Senate 2015 Itemized Statement accompanying application for Public Grant - Amendment									
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Dye		Brenda			0207				
Residential Street Address	City			State	Zip Code				
220 Nautilus		Bridgeport		СТ	06606				
Principal Occupation		Name of Employ	er						
Retired		Retire							
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 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	recerred	1.66. egate controlations						
X No Cash X Personal Check	02/	04/2015	\$5.00		\$5.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Dye		Nicole			0208				
Residential Street Address	City			State	Zip Code				
220 Nautilus		Bridgeport		СТ	06606				
Principal Occupation		Name of Employ	er						
School Psychologist			Haven BOE						
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 of a lobbyist? Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of		dependent cinia c							
government the contract is with: Is this contribution associated with a Method of contribution:	Doto	Received							
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions						
X No Resonal Check	02/	04/2015	\$5.00		\$5.00				
If yes, list Event #	02/	04/2013	ψ3.00		ψ 3. 00				
Last Name	First			MI	Contribution ID #				
Duncan		Frederick			0209				
Residential Street Address	City			State	Zip Code				
80 Westfield Ave		Bridgeport		СТ	06606				
Principal Occupation		Name of Employ	er	-	•				
Retired		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 of a lobbyist? Yes	Amou	ant of Contribution				
If yes, indicate which branch or branches of		dependent cinia c	I a loooyist:						
government the contract is with: Executive Legislative		n : 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	02/	04/2015	\$10.00		\$10.00				
If yes, list Event #	02/	04/2013	\$10.00		\$10.00				
Last Name	First			MI	Contribution ID #				
Carr		Pricilla			0210				
Residential Street Address	City			State	Zip Code				
252 Yaremich Ave		Bridgeport		СТ	06606				
Principal Occupation		Name of Employ	er		•				
Retired		Retire	ed						
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 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		04/2015	150.00		+ F0.00				
If yes list Event # No Money Order Credit/Debit Card	1 02/	04/2015	\$50.00		\$50.00				

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L MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT								
Ed Gomes Senate 2015					ion for Public			
B. Itemized Contributions from	m Ind	lividuals	Grant - Amendment					
Last Name	First			MI	Contribution ID #			
Carr		Willie			0216			
Residential Street Address	City			State	Zip Code			
252 Yaremich Ave		Bridgeport		СТ	06606			
Principal Occupation		Name of Employe	er					
Retired		Retire	d					
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 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:	Date	Received	Aggregate Contributions					
fundraising event listed in Section J1?	Built	received	11gg.egate continuations					
X No Cash X Personal Check	02/0	04/2015	\$50.00		\$50.00			
If yes, list Event #		·	·					
Last Name	First			MI	Contribution ID #			
Williams		Egbent			0211			
Residential Street Address	City			State	Zip Code			
514 Jane St	L	Bridgeport		СТ	06608			
Principal Occupation		Name of Employe						
Carpenter			h Construction					
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes	o	dependent child o	obbyist, spouse, or f 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					
fundraising event listed in Section J1?			88 -8					
X No Personal Check	02/0	04/2015	\$20.00		\$20.00			
If yes, list Event#								
Last Name	First			MI	Contribution ID #			
Oyven		Hinds			0215			
Residential Street Address	City			State	Zip Code			
84 Platt At	<u> </u>	Bridgeport		СТ	06606			
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	Amor	ant of Contribution			
is contributor a principal of a state contractor or prospective state contractor? Yes X N	0	dependent child o		Amot	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					
Tunidiasing event instead in Section 71?								
If yes, list Event #	02/0	04/2015	\$10.00		\$10.00			
In you, list Event in Event in Event Event Cut I Event Event Cut I								
Last Name	First			MI	Contribution ID #			
Valdovinos		David			0217			
Residential Street Address	City	Duideses		State	Zip Code			
100 Staples St Principal Occupation	L .	Bridgeport		СТ	06604			
Union Carpenter		Name of Employe	21					
		Is contributor a lo	obbyist, spouse, or	Amou	unt of Contribution			
Yes X N	0	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 Method of contribution:	Date	Received	Aggregate Contributions	1				
tundraising event instead in Section 31:								
If yes, list Event # Cash Personal Check No Money Order Credit/Debit Card	02/0	04/2015	\$5.00		\$5.00			

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)								
Ed Gomes Senate 2015			Itemized Statement accompan	ying applicat	ion for Public			
B. Itemized Contributions from	m Ind	lividuals	Grant - Amendment					
Last Name	First	ii (iuuui 5		MI	Contribution ID #			
Ramos	1 1100	Donald			0218			
Residential Street Address	City			State	Zip Code			
5315 Defford Rd		Virginia Beac	h	VA	23455			
Principal Occupation	•	Name of Employe	er	•				
Retired		Retire	d					
Is contributor a principal of a state contractor or prospective state contractor?	0		obbyist, spouse, or General Advanced Yes	Amou	ant of Contribution			
If yes, indicate which branch or branches of		dependent child o	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	22.4							
If yes, list Event #	02/0	04/2015	\$100.00		\$100.00			
Last Name	First	•		MI	Contribution ID #			
Masters	FIISt	Terry		IVII	0232			
Residential Street Address	City	тепу		State	Zip Code			
855 Wilcoxon Ave		Stratford		СТ	06614			
Principal Occupation	_	Name of Employe	er					
Nonprofit Consultant		NPC						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a le	obbyist, spouse, or Yes	Amou	ant of Contribution			
	0	dependent child o	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					
Tundraising event listed in Section 31:								
If yes, list Event # Cash Cash Personal Check Money Order Credit/Debit Card	02/0	04/2015	\$25.00		\$25.00			
	L			<u> </u>	I			
Last Name	First	NA II		MI	Contribution ID #			
Martinez Residential Street Address	City	Melissa		State	0233			
1725 Old Town Rd	City	Bridgeport		CT	Zip Code 06606			
Principal Occupation		Name of Employe	er	Ci	00000			
Clinical tech			us Health					
			obbyist, spouse, or	Amou	ant of Contribution			
Yes 🔼 N	0	dependent child o						
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 Money Order Credit/Debit Card	02/0	04/2015	\$5.00		\$5.00			
					1			
Last Name	First			MI	Contribution ID #			
Martinez	a:	Andrew		G	0234			
Residential Street Address	City	Pridagnort		State CT	Zip Code			
1725 Old Town Rd Principal Occupation		Bridgeport Name of Employe	or	CI	06606			
Student		None	G1					
			obbyist, spouse, or	Amoi	unt of Contribution			
Yes X N	0	dependent child o	Vac					
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	1				
fundraising event listed in Section J1? Yes X Cash Personal Check								
If yes, list Event # Cash Personal Check No Money Order Credit/Debit Card	02/0	04/2015	\$5.00		\$5.00			

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Ed Gomes Senate 2015	Itemized Statement accompan	ying applicat	ion for Public						
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Martinez		Juana			0235				
Residential Street Address	City			State	Zip Code				
1725 Old Town Rd		Bridgeport		СТ	06606				
Principal Occupation		Name of Employ	er						
Student		None							
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		dependent child of							
government the contract is with: Is this contribution associated with a Method of contribution: Method of contribution:	Dete	Received	Aggregate Contributions						
fundraising event listed in Section J1?	Date	Received	Aggregate Contributions						
X No Cash Personal Check	02/	04/2015	\$5.00		\$5.00				
If yes, list Event # Money Order Credit/Debit Card	02/1	04/2013	\$3.00		\$3.00 				
Last Name	First			MI	Contribution ID #				
Martinez		Cecilio			0236				
Residential Street Address	City			State	Zip Code				
1725 Old Town Rd		Bridgeport		СТ	06606				
Principal Occupation		Name of Employ	er		!				
Student		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 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	1					
Tundraising event listed in Section 31?									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	02/0	04/2015	\$5.00		\$5.00				
Last Name	First			MI	Contribution ID #				
Toomer		Kathy			0238				
Residential Street Address	City	5		State	Zip Code				
58 Porter St Fl 3	<u> </u>	Bridgeport		СТ	06606				
Principal Occupation		Name of Employ	er iployed						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist snouse or	Amou	ant of Contribution				
Is contributor a principal of a state contractor or prospective state contractor? Yes No	0	dependent child of		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 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	02/0	04/2015	\$5.00		\$5.00				
in yes, list Event #									
Last Name	First			MI	Contribution ID #				
Fernandez		Maria			0239				
Residential Street Address	City			State	Zip Code				
635 Capitol Ave	L	Bridgeport		СТ	06606				
Principal Occupation		Name of Employ							
La satisfaction with the first term of the state of the s			ployed	A					
Is contributor a principal of a state contractor or prospective state contractor? Yes 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}						
Is this contribution associated with a Mathod of contribution:	Date	Received	Aggregate Contributions	ŀ					
fundraising event listed in Section J1?	Date		opropare Commounding						
x No Cash Personal Check	02/0	04/2015	\$10.00		\$10.00				
If yes, list Event #	l í		· · · · · · · · · · · · · · · · · · ·	I					

L MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Ed Gomes Senate 2015 Itemized Statement accompa					ion for Public				
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Paul		Linda			0244				
Residential Street Address	City			State	Zip Code				
47 Harborview Pla		Stratford		СТ	06615				
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 dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of		dependent chird (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 X Personal Check	02/	04/2015	\$25.00		\$25.00				
If yes, list Event #	02,	0 1, 2020	¥25.00						
Last Name	First			MI	Contribution ID #				
Blank		Brandon			0245				
Residential Street Address	City			State	Zip Code				
168A Yaremich		Bridgeport		СТ	06606				
Principal Occupation		Name of Employ	er	-	•				
Chef		Hitchl	oecks Sports Bar						
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 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						
fundraising event listed in Section J1?									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	02/	04/2015	\$5.00		\$5.00				
T. AV	Б			\ <i>a</i>	Louis B"				
Last Name Jones	First	Chani		MI	Contribution ID # 0247				
Residential Street Address	City	Shani		State	Zip Code				
168A Yaremich	City	Bridgeport		CT	06606				
Principal Occupation		Name of Employ	er	C.	1 00000				
In school Supervisor			f Bridgeport						
Is contributor a principal of a state contractor or prospective state contractor?		,	obbyist, spouse, or	Amou	unt of Contribution				
Yes 🔼 No)	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						
Tundraising event listed in Section 31?									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	02/	04/2015	\$5.00		\$5.00				
T. O.	Б) d					
Last Name Farra	First	lamos		MI	Contribution ID # 0246				
Residential Street Address	City	James		State	Zip Code				
55 Geroge Pipkin Way	City	Bridgeport		CT	06608				
Principal Occupation		Name of Employ	er						
			ployed						
Is contributor a principal of a state contractor or prospective state contractor?		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	02/	04/2015	\$5.00		\$5.00				

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Ed Gomes Senate 2015			Itemized Statement accompan	ying applicat	ion for Public				
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Robles		Neida			0249				
Residential Street Address	City			State	Zip Code				
333 Vincelette # 61		Bridgeport		СТ	06606				
Principal Occupation		Name of Employ	er	-	•				
Registered Nurse		NE Ho	ome Care						
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							
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	02/	04/2015	\$25.00		\$25.00				
If yes, list Event # Money Order	02/	04/2013	\$25.00		Ψ23.00 				
Last Name	First			MI	Contribution ID #				
Cruz		Edna			0250				
Residential Street Address	City			State	Zip Code				
25 Larkey Rd S .		Oxford		СТ	06478				
Principal Occupation	•	Name of Employ	er	!					
Secretary		Adeln	nan Hirsch & Newman						
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	5	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						
Tunidraising event risted in Section 71:									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	02/	04/2015	\$30.00		\$30.00				
	I .			l					
Last Name	First			MI	Contribution ID #				
Improta Residential Street Address	City	Mary		Gr. i	0251				
335 Burnsford Ave	City	Bridgeport		State CT	Zip Code 06606				
Principal Occupation	<u> </u>	Name of Employ	er	Ci	00000				
тинера оссарации			ployed						
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	ant of Contribution				
Yes 🔼 No	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						
fundraising event listed in Section J1? Yes X Cash Personal Check									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	02/	04/2015	\$5.00		\$5.00				
				l	 T				
Last Name	First			MI	Contribution ID #				
Improta Residential Street Address	C'i	Mark		G	0252				
335 Burnsford Ave	City	Bridgeport		State CT	Zip Code 06606				
Principal Occupation	<u> </u>	Bridgeport Name of Employ	er	Ci	00000				
Retired		Retire							
Is contributor a principal of a state contractor or prospective state contractor?			obbyist, spouse, or	Amou	unt of Contribution				
	0	dependent child of	or a robbyist?						
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					
Talliand and seed on S									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	02/	04/2015	\$5.00		\$5.00				

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I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Ed Gomes Senate 2015 Itemized Statement accompa					ion for Public				
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Pivirotto		Lauren			0299				
Residential Street Address	City			State	Zip Code				
110 Spring St		Stratford		СТ	06614				
Principal Occupation	•	Name of Employ	er		•				
Costume Design		Hartfo	ord Stage Co						
Is contributor a principal of a state contractor or prospective state contractor?		Is contributor a l	obbyist, spouse, or Yes	Amou	unt 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 Section 112 Yes Method of contribution:	Date	Received	Aggregate Contributions						
Tundraising event listed in Section 31:									
X No The case of t	02/	04/2015	\$5.00		\$5.00				
If yes, list Event #									
Last Name	First			MI	Contribution ID #				
Pivirotto		Timothy			0300				
Residential Street Address	City			State	Zip Code				
110 Spring St		Stratford		CT	06614				
Principal Occupation		Name of Employ	er						
Educator		Dioce	ses of Bridgeport	_					
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 foodyist?						
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	02/	04/2015	\$5.00		\$5.00				
Last Name	First			MI	Contribution ID #				
Pivirotto		Arthur			0301				
Residential Street Address	City			State	Zip Code				
110 Spring St	<u> </u>	Stratford		СТ	06614				
Principal Occupation		Name of Employ							
Realtor		BHHS							
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			x _{No}						
government the contract is with: Executive Legislative	Б.	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	02/	04/2015	¢Ε.00		\$5.00				
If yes, list Event # Money Order Credit/Debit Card	02/	04/2013	\$5.00		\$5.00				
Last Name	First			MI	Contribution ID #				
Daly	11130	John		1411	0341				
Residential Street Address	City	JOINI		State	Zip Code				
75 Old Battery Rd	City	Bridgeport		CT	06605				
Principal Occupation		Name of Employ	er	<u> </u>	00003				
Builder			Construction						
			-1.1	Amou	ant of Contribution				
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 Mathed of contribution.	Date	Received	Aggregate Contributions						
fundraising event listed in Section J1?									
X No Cash Personal Check	02/	04/2015	\$5.00		\$5.00				
If yes, list Event #	1			1					

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT									
Ed Gomes Senate 2015 Itemized Statement accompa					ion for Public				
B. Itemized Contributions from Individuals									
Last Name	First			MI	Contribution ID #				
Mayo		Henry			0326				
Residential Street Address	City			State	Zip Code				
51 Mountford St		Bridgeport		СТ	06605				
Principal Occupation		Name of Employ	er						
Carpenter		Self							
Is contributor a principal of a state contractor or prospective state contractor?)	Is contributor a le dependent child of	obbyist, spouse, or Yes	Amou	unt of Contribution				
If yes, indicate which branch or branches of		аеренаен сина с	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	02/0	04/2015	\$5.00		\$5.00				
If yes, list Event #		., 2010	Ψ5.00						
Last Name	First			MI	Contribution ID #				
Kleps		Matthew			0332				
Residential Street Address	City			State	Zip Code				
167 Grovers		Bridgeport		СТ	06605				
Principal Occupation		Name of Employ	er		•				
Marketing		Self							
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 of	of a lobbyist?						
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 fisted in Section 31?									
If yes, list Event # Cash Cash Personal Check Money Order Credit/Debit Card	02/0	04/2015	\$5.00		\$5.00				
Last Name	First			MI	Contribution ID #				
Caciopoli	riist	Edith		IVII	0320				
Residential Street Address	City	Luitii		State	Zip Code				
490 Wooside Ave		Bridgeport		СТ	06606				
Principal Occupation		Name of Employ	er						
Daycare Worker		Hall N	leighborhood House						
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	or a roodyrst?						
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	02/0	04/2015	\$5.00		\$5.00				
Last Name	First	•		MI	Contribution ID #				
Smith	FIISt	Janies		IVII	0321				
Residential Street Address	City	Janies		State	Zip Code				
151 Cedar St # 16		Bridgeport		CT	06608				
Principal Occupation		Name of Employ	er	<u> </u>					
Security Guard		State	of NY						
Is contributor a principal of a state contractor or prospective state contractor?	,	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: 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 No Personal Check		24/2015	15.00		+5.00				
If yes, list Event # No Money Order Credit/Debit Card	02/0	04/2015	\$5.00		\$5.00				

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I. MONETARY RECEIPTS (Section A-I) NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REPORT												
Ed Gomes Senate 2015			Itemized Statement accompan	ving applicat	ion for Public							
			Grant - Amendment	, 3 - 11								
B. Itemized Contributions from												
Last Name	First			MI	Contribution ID #							
Buchanan	67	Jennifer		Gr. i	0323							
Residential Street Address	City	Duideanaut		State	Zip Code							
159 Saebright Ave Principal Occupation	l	Bridgeport Name of Employ	or	СТ	06605							
Retired		Retire										
Is contributor a principal of a state contractor or prospective state contractor? Yes No	o	Is contributor a l dependent child of	Amou	Amount of Contribution								
If yes, indicate which branch or branches of government the contract is with: Executive Legislative		acpendent enna e	x No									
Is this contribution associated with a Sociated with a Yes	Date	Received	Aggregate Contributions									
Tundraising event listed in Section 31? X Cash Personal Check												
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	02/	04/2015	\$5.00		\$5.00							
Last Name	First			MI	Contribution ID #							
Geoghegan		Tracy			0324							
Residential Street Address	City	,		State	Zip Code							
155 Govers Ave		Bridgeport		СТ	06605							
Principal Occupation		Name of Employ	er		•							
Director of Publications		Savve	e the Children									
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 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?	Date	Received	Aggregate Contributions									
If yes, list Event # Cash X Personal Check Money Order Credit/Debit Card	02/	04/2015	\$5.00		\$5.00							
Last Name	First			MI	Contribution ID #							
Bhasin	11130	Inder		IVII	0325							
Residential Street Address	City			State	Zip Code							
155 Govers Ave		Bridgeport		СТ	06605							
Principal Occupation		Name of Employ	er									
President		TB Tra										
Is contributor a principal of a state contractor or prospective state contractor? Yes No	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 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 Cash Personal Check Money Order Credit/Debit Card	02/	04/2015	\$5.00		\$5.00							
Last Name	First			MI	Contribution ID #							
Matthews	Tirst	Jeff		1411	0328							
Residential Street Address	City			State	Zip Code							
1088 Fairfield Ave		Bridgeport		СТ	06604							
Principal Occupation	•	Name of Employ	er	-								
	Unemployed											
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? Yes	Amou	ant of Contribution							
If yes, indicate which branch or branches of Executive Legislative		and the control of th	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?			358									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	02/	04/2015	\$5.00		\$5.00							

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I. MONETARY RECEIPTS (Section A-I)												
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		<u> </u>	TYPE OF REPORT									
Ed Gomes Senate 2015			Itemized Statement accompan	nying application for Public								
B. Itemized Contributions from	m Ind	lividuals	Grant - Amendment									
Last Name	First			MI	Contribution ID #							
Wallace		Robert			0329							
Residential Street Address	City			State	Zip Code							
205 Hazlewood Ave		Bridgeport		СТ	06605							
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 le 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 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?	Built	recerred	1.6g. egate controlations									
X No Cash Personal Check	02/0	04/2015	\$5.00		\$5.00							
If yes, list Event #			•									
Last Name	First			MI	Contribution ID #							
Carerra		Charles			0330							
Residential Street Address	City			State	Zip Code							
11 Wilson St	L	Bridgeport		СТ	06605							
Principal Occupation		Name of Employ	er									
Technician		CHE	11. *									
Is contributor a principal of a state contractor or prospective state contractor? Yes Yes	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 Method of contribution:	Date	Received	Aggregate Contributions									
fundraising event listed in Section J1?			1-88-18-10									
X No Personal Check	02/0	04/2015	\$5.00		\$5.00							
If yes, list Event#												
Last Name	First			MI	Contribution ID #							
Caron		Roger			0331							
Residential Street Address	City			State	Zip Code							
199 Yacht St Apt 710	L.,	Bridgeport		СТ	06605							
Principal Occupation		Name of Employ										
Retired Is contributor a principal of a state contractor or prospective state contractor?		Retire		A	unt of Contribution							
is contributor a principal of a state contractor or prospective state contractor? Yes X N	0	dependent child o	obbyist, spouse, or of a lobbyist? Yes	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 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	02/0	04/2015	\$5.00		\$5.00							
In yos, iss avenue.												
Last Name	First			MI	Contribution ID #							
Tanner		Jeff			0335							
Residential Street Address	City	Duideanaut		State	Zip Code							
217 Wilson Principal Occupation		Bridgeport Name of Employe	or	СТ	06605							
Timepar occupation			ployed									
Is contributor a principal of a state contractor or prospective state contractor?			-11	Amou	ant 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	1								
tundraising event instead in Section 31:												
If yes, list Event # Cash Personal Check No Money Order Credit/Debit Card	02/0	04/2015	\$5.00		\$5.00							

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L MONETARY RECEIPTS (Section A-I)												
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	`	,	TYPE OF REPORT									
Ed Gomes Senate 2015		Itemized Statement accompanying application for Public Grant - Amendment										
B. Itemized Contributions from	m Ind	ividuals										
Last Name	First			MI	Contribution ID #							
Pipkin		Scarlett			0336							
Residential Street Address	City			State	Zip Code							
695 Lakeside Dr		Bridgeport		СТ	06606							
Principal Occupation		Name of Employ	er		•							
		Unem	ployed									
Is contributor a principal of a state contractor or prospective state contractor?	io	Is contributor a l	obbyist, spouse, or of a lobbyist? Yes	Amo	unt of Contribution							
If yes, indicate which branch or branches of Executive Legislative		dependent enna e	x _{No}									
government the contract is with.	Date I	Received	Aggregate Contributions									
Is this contribution associated with a fundraising event listed in Section J1?												
If yes, list Event # Cash X Personal Check Money Order Credit/Debit Card	02/0	4/2015	\$100.00		\$100.00							
Last Name	First			MI	Contribution ID #							
Kovacs	First	Andrea		IVII	0337							
Residential Street Address	City	Allulea		State	Zip Code							
356 Fairview Ave	City	Bridgeport		CT	06606							
Principal Occupation	' Т	Name of Employ	er	<u> </u>	00000							
Marketing			us Mangnus College									
Is contributor a principal of a state contractor or prospective state contractor?	io		obbyist, spouse, or	Amo	unt 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 Method of contribution:	Date I	Received	Aggregate Contributions									
fundraising event listed in Section J1?												
If yes, list Event # Cash X Personal Check Money Order Credit/Debit Card	02/0	5/2015	\$10.00		\$10.00							
Last Name	First			MI	Contribution ID #							
Walker	That	Mary		IVII	0339							
Residential Street Address	City	Tiul y		State	Zip Code							
37 Beacon	City	Bridgeport		CT	06605							
Principal Occupation	<u> </u>	Name of Employ	er	<u> </u>	00000							
Substitute Teacher			eld BOE									
Is contributor a principal of a state contractor or prospective state contractor?	io		obbyist, spouse, or of a lobbyist? Yes	Amo	unt of Contribution							
If yes, indicate which branch or branches of government the contract is with:		dependent child of	at a lobbyist?									
Is this contribution associated with a Method of contribution:	Date I	Received	Aggregate Contributions									
If yes, list Event # Cash Personal Check Money Order Credit/Debit Card	02/0	5/2015	\$10.00		\$10.00							
			Total of S	Section B	\$11,663.00							
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Secti	ione A	+ R) (To	tal on Line 14 of Summary Page)		\$11,663,00							

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I. MONETARY RECEIPTS (Section A-I)												
NAME OF COMMITTEE (Provide Complete Name as Re	egistered	with Co	ommission)			TYPE OF R	EPORT				
Ed Gomes Senate 2015							Itemized Statement accompanying application for Public Grant - Amendment					
C1. Contributions from Other Committees												
Name of Committee					Name of Treasurer							
Address	a 1 J1?	Yes No	Amount of Contribution									
City	State	Zip Cod	e	Date Re	eceived	Aggregate	Contributions					
							Total of Section C1					
I. MONE	TARY	RECE	CIPTS (S	Section A	A-I)							
NAME OF COMMITTEE							TYPE OF REPORT					
Ed Gomes Senate 2015							nized Statement accompany olic Grant - Amendment	ing application for				
C2. Reimbursements,	Paymer	its, or S	Surplus D	istributi	ons from other	Commi	ttees					
Name of Committee					Name of Treasurer							
Address						Date I	Received	Amount of Receipt				
City	expense											
							Total of Section C2					

	I. MONI	ETARY RECEIPT	TS (Section A-I)							
NAME OF COMMITTEE					TYP	E OF REPOR	Т			
Ed Gomes Senate 2015					Itemized Statement accompanying application for Public Grant - Amendment					
	D. Loan	s Received this Peri	od							
Name of Lender			Source of Loan:					Date of Receipt		
			Bank Candio	date	Individ		her			
Street Address		City			Stat	e Zip Code		Is there a cosigner or Guarantor of this loan? Yes No		
Name of Cosigner/Guarantor (if applica	ble)				<u> </u>			Amount Received		
Street Address		City			State	e Zip Code				
Total of Section D										
	I. MONE	CTARY RECEIPT	'S (Section A-I)							
NAME OF COMMITTEE						TYPE OF I	REPC	PRT		
Ed Gomes Senate 2015						emized Stateme or Public Grant -		ompanying application dment		
E. Personal	Funds of the Candidate Rec	ceived this Period (C	Candidate Committee	es ONL	Y)					
Date of Receipt	Method of Payment Cash	Personal Check	Credit/Debi	it Card				Amount		
					Total	of Section E				
	I. Mo	onetary Receipts (S	Section A-I)							
NAME OF COMMITTEE						TYPE OF RI	EPOR	Т		
Ed Gomes Senate 2015						ed Statement a		anying application for		
	G. Interest fro	m Deposits in Autho	orized Accounts							
Name of Institution				Da	te Received	d		Amount		
Street Address		City		State	Z	Tip Code				
						Total of Section	on G			

Zip Code

Total of Section I

State

I. MONETARY RECEIPTS (Section A-K)											
NAME OF COMMITTEE		TYPE OF REPORT									
Ed Gomes Senate 2015	Ed Gomes Senate 2015										
H. Public Grant F											
Purpose of Grant:	Grant Cycle:	Date Received	Amount								
Initial Grant Adjustment Supplemental/Post Election Deficit	Primary General Election Special Electi	ion									
		Total of Section H									
I. N	MONETARY RECEIPTS (Section A-K)										
NAME OF COMMITTEE		TYPE OF REPOR	Т								
Ed Gomes Senate 2015		Itemized Statement accomp Public Grant - Amendment	anying application for								
I. Miscellaneou	s Monetary Receipts not Considered Contributions										
Name		Date of Transaction	Amount Received								

City

Street Address

Description

II. FUNDRAISING EVENT ACTIVITY (Sections J1 - J3)													
NAME OF COMMITTEE							TYPE OF I	REPO	ORT				
Ed Gomes Senate 2015							Itemized Statement a for Public Grant - Ame			application			
	J1. Fund	raising Event	Information	1			•						
Fundraising Event # Date of Fundraiser 02/03/2015 Letter A	Description Meet and Greet Ev	rent											
Location: Street Address 76 Orange St	*									Zip Code 06511			
Was this fundraising event hosted at a personal		ations not Considered Con uchases made by host(s) fo			and								
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 If yes, to to Section J3 In-Kind Donations not Consi complete required information. X No										nsidered Contributions and			
Subpart 1: Was this fundraiser a tag sale, auction, or other purchases from an individual of up to \$100?	\$0.00												
						To	otal of Section J1			\$0.00			
	II. FUNDRAISI	NG EVENT	ACTIVITY	Y (Section	ns J1 - J	J3)							
NAME OF COMMITTEE (Provide	Complete Name as Reg	istered with Con	nmission)				TYPE OF REPORT						
Ed Gomes Senate 2015							Itemized Statement accompanying application for Public Grant - Amendment						
	J3. In-Kind Donat	ions Not Cons	idered Cont	ributions									
Name of the Donor													
Street Address				City					State	Zip Code			
Donation Given by:	Description of Donation									ket Value of			
Individual									De	onation			
Business Entity	Date Received	Event #			Aş	ggregate value	for this event						
Sole Proprietorship													
							Total of Section J3						

III. NONMON	ET <i>A</i>	ARY RE	CEIPTS (Section	ns K - M)					
NAME OF COMMITTEE					TY	PE OF REF	PORT		
Ed Gomes Senate 2015					Itemized State Public Grant -		anying app	olication for	
K. In-Kir	nd Co	ontributi	ons						
Name									
Street Address			State	Zip Code					
Is this contribution associated with a fundraising event listed in Section 11? If yes, list Event# No		Description	of In-Kind Contribution						
Is Contributor a lobbyist, spouse, or dependent child Yes Is contributor a lobbyist? No	utive	Yes No Legislative		arket Value of this Contribution					
Type of Contributor: Individual Committee Sole P	ropriete	orship	Date Received		Aggregate contri	ibutions			
			<u>'</u>						
					Total of	Section K			
III. Non Mon	etar	v Recei	pts (Sections K - I	M)					
NAME OF COMMITTEE (Provide Complete Name as Registered	with	Commissi	ion)		TYP	E OF REPO	RT		
Ed Gomes Senate 2015					Itemized State Public Grant -		anying app	olication for	
L. Refundable Deposit	ю Те	lephone	Company						
Last Name of Individual		First Nan	ne		MI	Date Dep	osit Made		
Residential Street Address	C	City		State	Zip Code		Amount of Deposit		
Name of Telephone company									
Street Address	City	y		State	Zip Code				
					Total of S	ection L			

III. NONMONETARY RECEIPTS (Sections K - M)											
NAME OF COMMITTEE		TYPE OF REPORT									
Ed Gomes Senate 2015	Itemized Statement accompanying application for Public Grant - Amendment										
M. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus, and Party Committee - OPTIONAL See Public Act 11-48											
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONLY)	Name of Treasurer										
Street Address			Date Notice Received	Fair Market Value of Donation							
City	Zip Code	Aggregate Donations									
Description of Donation	Purpose of Expenditure A B C D										
			Total of Section M								

	IV. EXPENDITURE	S (Se	ctions N - S)	1				
NAME OF COMMITTEE (Prov	ride Complete Name as Registered with Commission	on)			TYPE	OF REPORT		
Ed Gomes Senate 2015					Itemized State Public Grant	•	ying application for	
	N. Expenses Paid By Co	ommit	tee					
Name of Payee United Auto Workers				Date of Pay 01/23/20			ment eck # <u>91</u> bit Card	
Street Address 30 Elmwood Ct			City Newington	·		State CT	Zip Code 06611	
Purpose of Expend ATT *	UAW dinner 1/23/15							
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	ŧ	\$240.00						
Name of Payee Date of Payment O1/23/2015							ment ack # <u>92</u> bit Card	
Street Address 184 Primrose Ave			City Bridgeport			State CT	Zip Code 06606	
Purpose of Expend WAGE	Description Wages for PPES 1/20/150& 1/27/15						Amount	
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	No	Expend (if appli		Event #	ŧ		\$1,150.00	
Name of Payee Muse Mohamoud				Date of Pay 01/28/20			ment neck # <u>93</u> ebit Card	
Street Address 119 Hollywood Ave			City West Hartford	I		State CT	Zip Code 06110	
Purpose of Expend WAGE	Description PPE 1/20/15 & 1/27/15			Amount				
Is this expenditure coordinated with a which reimbursement is sought?	nother candidate for Yes No	Expend (if appli		Event #	±	\$1,150.00		

	IV. EXPENDITURES	(Sections N. S)							
NAME OF COMMITTEE (Prov	ride Complete Name as Registered with Commission	<u>`</u>		TYPE	OF REPOR	 T			
Ed Gomes Senate 2015		,				anying application for			
Ed Gomes Senate 2013	N. Expenses Paid By Com	ımittee		Public Grant -	- Amendment				
Name of Payee Tony Rapi			Date of Payr 01/31/20			Payment Check # 95 Debit Card			
Street Address 2313 E Main				State Zip Code CT 06610					
Purpose of Expend OVHD	Description Rent for Headquarters								
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	i	\$1,400.00							
Name of Payee Muse Mohamoud	nent 15		Payment Check # 100 Debit Card						
Street Address 119 Hollywood Ave		City West Hartford			State CT	Zip Code 06110			
Purpose of Expend WAGE	Description PPE 2/3/15					Amount			
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	No (if	spenditure # `applicable)	Event #		\$550.00				
Name of Payee Aaron Turner			Date of Payr 02/04/20			Payment Check # <u>99</u> Debit Card			
Street Address 184 Primrose Ave		City Bridgeport			State CT	Zip Code 06606			
Purpose of Expend WAGE	Description PPE 2/3/15					Amount			
Is this expenditure coordinated with a which reimbursement is sought? If yes, assign an Expenditure # and co	No (if	spenditure # (applicable)	Event #			\$550.00			
				Total of	f Section N	\$5,040.00			

Total of Section P

		IV	. EXPEND	DITURES (S	Section	ıs N - S)								
NAME OF COMMITTE	EE (Provide Complete	e Name as R	egistered witl	h Commission)						TYP	E OF I	REPORT		
										Itemized State for Public Grar			ng applicati	on
		О. Ехре	enses Paid I	By Candidate	!									
Name of Payee (Name of vendor	who candidate paid directl	y)						Date of	of Payme	nt	Is Rein	Reimbursement Claimed? Yes No		No
Street Address			City				State		Zip Cod	e		A	mount	
Purpose of Expenditure (by code)	Description		•					Event	#					
										Total	of Sect	ion O		
		IV. EXP	ENDITUE	RES (Section	ns N -	S)								
NAME OF COMMITTE	EE (Provide Complet	te Name as R	egistered wit	th Commission))					TYPE	OF RI	EPORT		
Ed Gomes Senate 201	5					Itemized Statement accompanying a Public Grant - Amendment					application	for		
	: :	P. Expense	s Incurred	on Committe	e Cred	it Card								
Name of Issuing Institution						Type of C		Card:	Master (Card D	iscover		American Ex	opress
Name of Vendor												Date of Tran	nsaction	
Street Address					(City						State	Zip C	ode
Purpose of Expenditure (by code)	Description												Amount	
Is this expenditure coordina which reimbursement is sou		ate for		Yes No		Expenditure (if applicabl			Event	#				
If yes, assign an Expenditur	re # and complete Itemiz	zation in Adde	ndum											

IV. EXPENDITURES (Sections N - S)											
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE C									OF REPORT		
Ed Gomes Senate 2015 ttemized Stateme for Public Grant -								nt accompanying application Amendment			
Q. Expenses Incurred By Committee but Not Paid During this Period											
Name of Creditor						Date Incurred					
Street Address				City					State	Zip Code	
Purpose of Expenditure (by code)	Description			·							ount Incurred mate or Actual)
Is this expenditure coordinated reimbursement is sought? If yes, assign an Expenditure #			No			xpenditure # f applicable)		Event #			
Total of Section Q											
IV. EXPENDITURES (Sections N - S)											
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) TYPE OF REF							PORT				
Ed Gomes Senate 2015 Itemized Statement according Public Grant - Amendment											
R. Itemization of Reimbursements to Committee Workers and Consultants											
Last Name of Worker/Consultant		First		MI Date of P			e of Paym	ent	Method of Payment Check #		
										Debit Card	
Secondary Payee							ļ			!	
Street Address				City				State	Zip Code		
	-										
Purpose of Expenditure (by code)		Description	on								Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No					Expenditure # (if applicable) Eve			nt #	•		
If yes, assign an Expenditure	e # and completes l	Itemization in	Addendum R								
								Total o	of Section R		

IV. EXPENDITURES (Sectuibs N - S)										
NAME OF COMMITTEE (Provide Complete Name as Register		TYPE OF REPORT								
Ed Gomes Senate 2015		Itemized Statement accompanying application for Public Grant - Amendment								
S. Surplus Distribution of Equipment and Furniture										
Name of Recipient										
Street Address	City	State	Zip Code	Original Purchase Amount of Item						
Description of Item										
Total of Section S										