

**SEEC FORM 30**

## Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised January 2012



Electronic Filing

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Page 1 of 19

**COVER PAGE**

1. NAME OF COMMITTEE				2. TYPE OF COMMITTEE	
<b>Gomes 2012</b>				<input checked="checked" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee	
3. TREASURER NAME					
First <b>Matthew</b>		MI <b>R</b>	Last <b>Waggnner</b>		Suffix
4. TREASURER ADDRESS					
Street Address <b>168 Grasmere Ave</b>		City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06824</b>	
5. ELECTION DATE <b>11/06/2012</b>		6. OFFICE SOUGHT (Complete only if Candidate Committee) <b>State Senator</b>		7. DISTRICT NUMBER (if applicable) <b>S023</b>	
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)					
First <b>Edwin</b>		MI <b>A.</b>	Last <b>Gomes</b>		Suffix
9. TYPE OF REPORT <b>Thrid Weekly Supplemental Filing Primary - Original</b>					
10. PERIOD COVERED					
Beginning Date                      Ending Date  <b>07/18/2012</b> thru <b>07/24/2012</b>					
11. CERTIFICATION					
<input checked="checked" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this <b>Itemized Campaign Finance Disclosure Statement</b> for the period covered is true, accurate and complete.					
<b>Electronic Filing</b> SIGNATURE		<b>Matthew Waggnner</b> PRINT NAME OF THE SIGNER		<b>07/26/2012 10:07:30PM</b> DATE CERTIFIED	
<b>PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.</b>					

**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	
<b>Gomes 2012</b>	Thrid Weekly Supplemental Filing Primary - Original	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		<b>\$0.00</b>
13. Balance on hand at the beginning of Reporting Period	<b>\$83,450.36</b>	
14. Contributions received from Individuals (Section A and B)	<b>\$0.00</b>	<b>\$16,145.00</b>
15. Receipts from Other Committees (Sections C1 and C2)	<b>\$0.00</b>	<b>\$0.00</b>
16. Other Monetary Receipts (Section D through I)	<b>\$0.00</b>	<b>\$80,550.08</b>
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1)	<b>\$0.00</b>	<b>\$0.00</b>
18. Total Monetary Receipts (add totals for lines 14 through 17)	<b>\$0.00</b>	<b>\$96,695.08</b>
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	<b>\$83,450.36</b>	<b>\$96,695.08</b>
20. Expenses Paid by Committee (Section N)	<b>\$22,996.25</b>	<b>\$36,240.97</b>
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col	<b>\$60,454.11</b>	<b>\$60,454.11</b>
22. In-Kind Donations not Considered Contributions Received (Section J3)	<b>\$0.00</b>	<b>\$0.00</b>
23. In-Kind Contributions Received (Section K)	<b>\$0.00</b>	<b>\$0.00</b>
24. Refundable Deposit to Telephone Company (Section L)	<b>\$0.00</b>	<b>\$0.00</b>
25. Receipts of Organization Expenditures (Section M) OPTIONAL	<b>\$0.00</b>	<b>\$0.00</b>
26. Beginning Loan Balance	<b>\$0.00</b>	
26a. + Loans Received (Section D)	<b>\$0.00</b>	<b>\$0.00</b>
26b. + Interest and Penalties on Loan(s)	<b>\$0.00</b>	<b>\$0.00</b>
26c. - Payments on Loan(s)	<b>\$0.00</b>	<b>\$0.00</b>
26d. Total Outstanding Loan Amount	<b>\$0.00</b>	
27. Campaign Expenses Paid By Candidate (Section O)	<b>\$0.00</b>	<b>\$0.00</b>
28. Expenses Incurred on Committee Credit Card (Section P)	<b>\$0.00</b>	<b>\$0.00</b>
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	<b>\$0.00</b>	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	<b>\$0.00</b>	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Gomes 2012		Thrid Weekly Supplemental Filing Primary - Original	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b>		For Nonparticipating Candidates ONLY	
<b>B. Itemized Contributions from Individuals</b>			

Last Name		First		MI	Contribution ID #
Residential Street Address		City		State	Zip Code
Principal Occupation			Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor?			Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution
Yes      No If yes, indicate which branch or branches of government the contract is with:      Executive      Legislative			Yes      No		
Is this contribution associated with a fundraising event listed in Section J1?	Yes	Method of contribution:		Date Received	Aggregate Contributions
	No	Cash      Personal Check Money Order      Credit/Debit Card			
If yes, list Event #					

<b>Total of Section B</b>		
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS</b>	(Sections A + B)	(Total on Line 14 of Summary Page)

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Gomes 2012		Thrid Weekly Supplemental Filing Primary - Original	
<b>C1. Contributions from Other Committees</b>			
Name of Committee		Name of Treasurer	
Address		Is this contribution associated with a fundraising event listed in Section J1?	
		Yes      No	
City		State	Zip Code
		Date Received	Aggregate Contributions
		Amount of Contribution	
		If yes, list Event #	
<b>Total of Section C1</b>			

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE				TYPE OF REPORT	
Gomes 2012				Thrid Weekly Supplemental Filing Primary - Original	
<b>C2. Reimbursements, Payments, or Surplus Distributions from other Committees</b>					
Name of Committee			Name of Treasurer		
Address			Date Received		Amount of Receipt
City	State	Zip Code	Reimbursement for shared expense Payment for goods and services		
<b>Total of Section C2</b>					

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE				TYPE OF REPORT	
Gomes 2012				Thrid Weekly Supplemental Filing Primary - Original	
<b>D. Loans Received this Period</b>					
Name of Lender		Source of Loan:			Date of Receipt
		Bank	Candidate	Individual	Other
Street Address	City	State	Zip Code	Is there a cosigner or Guarantor of this loan?	
				Yes No	
Name of Cosigner/Guarantor (if applicable)				<b>Amount Received</b>	
Street Address	City	State	Zip Code		
<b>Total of Section D</b>					

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE				TYPE OF REPORT	
Gomes 2012				Thrid Weekly Supplemental Filing Primary - Original	
<b>E. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)</b>					
Date of Receipt	Method of Payment			Amount	
	Cash	Personal Check	Credit/Debit Card		
<b>Total of Section E</b>					

**I. Monetary Receipts (Section A-I)**

NAME OF COMMITTEE				TYPE OF REPORT	
Gomes 2012				Thrid Weekly Supplemental Filing Primary - Original	
<b>G. Interest from Deposits in Authorized Accounts</b>					
Name of Institution			Date Received		Amount
Street Address	City	State	Zip Code		
<b>Total of Section G</b>					

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE				TYPE OF REPORT	
Gomes 2012				Thrid Weekly Supplemental Filing Primary - Original	
<b>H. Public Grant Funds Received from the Citizen's Election Fund</b>					
Purpose of Grant:		Grant Cycle:		Date Received	Amount
Initial	Grant Adjustment	Primary	General Election	Special Election	
Supplemental/Post Election Deficit					
<b>Total of Section H</b>					

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE				TYPE OF REPORT	
Gomes 2012				Thrid Weekly Supplemental Filing Primary - Original	
<b>I. Miscellaneous Monetary Receipts not Considered Contributions</b>					
Name			Date of Transaction		Amount Received
Street Address	City	State	Zip Code		
Description					
<b>Total of Section I</b>					

## II. FUNDRAISING EVENT ACTIVITY (Sections J1 - J3)

NAME OF COMMITTEE		TYPE OF REPORT	
Gomes 2012		Thrid Weekly Supplemental Filing Primary - Original	
<b>J1. Fundraising Event Information</b>			
Fundraising Event # Date of Fundraiser	Description Letter		
Location: Street Address		City	State Zip Code
Was this fundraising event hosted at a personal residence?	Yes No	if yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.	
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?	Yes No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?	Yes No	(If yes, enter Total Receipts here.)	
<b>Total of Section J1</b>			

## II. FUNDRAISING EVENT ACTIVITY (Sections J1 - J3)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Gomes 2012		Thrid Weekly Supplemental Filing Primary - Original	
<b>J3. In-Kind Donations Not Considered Contributions</b>			
Name of the Donor			
Street Address		City	State Zip Code
Donation Given by: Individual Business Entity Sole Proprietorship	Description of Donation Date Received Event # Aggregate value for this event		Fair Market Value of Donation
<b>Total of Section J3</b>			

**III. NONMONETARY RECEIPTS (Sections K - M)**

NAME OF COMMITTEE	TYPE OF REPORT
Gomes 2012	Thrid Weekly Supplemental Filing Primary - Original

**K. In-Kind Contributions**

Name			
Street Address		City	State Zip Code
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event#	Yes No	Description of In-Kind Contribution	
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	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	Fair Market Value of this Contribution
Type of Contributor:	Date Received	Aggregate contributions	
Individual Committee Sole Proprietorship			

**Total of Section K****III. Non Monetary Receipts (Sections K - M)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Gomes 2012	Thrid Weekly Supplemental Filing Primary - Original

**L. Refundable Deposit to Telephone Company**

Last Name of Individual	First Name	MI	Date Deposit Made
Residential Street Address	City	State	Zip Code
Name of Telephone company			
Street Address	City	State	Zip Code

**Total of Section L**

### III. NONMONETARY RECEIPTS (Sections K - M)

NAME OF COMMITTEE	TYPE OF REPORT
Gomes 2012	Thrid Weekly Supplemental Filing Primary - Original

#### 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	State	Zip Code	Aggregate Donations		
Description of Donation			Purpose of Expenditure A      B      C      D      E		

**Total of Section M**



**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Gomes 2012	Thrid Weekly Supplemental Filing Primary - Original

**N. Expenses Paid By Committee**

Name of Payee Fairfield County Independent		Date of Payment 07/20/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>2200</u> <input type="checkbox"/> Debit Card	
Street Address 1219 E Main St		City Bridgeport	State CT	Zip Code 06608
Purpose of Expend A-NEWS	Description Ad buy		Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$2,200.00
Name of Payee Bannon Research		Date of Payment 07/20/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1028</u> <input type="checkbox"/> Debit Card	
Street Address 2 Cabot Pl		City Stoughton	State MA	Zip Code 02072
Purpose of Expend CNSLT	Description Media and radio consulting		Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$15,000.00
Name of Payee Martin Dunleavy		Date of Payment 07/24/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1029</u> <input type="checkbox"/> Debit Card	
Street Address 97 W Prospect St		City New Haven	State CT	Zip Code 06515
Purpose of Expend CNSLT	Description Campaign services 7/16 to 7/22		Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$1,200.00

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Gomes 2012	Thrid Weekly Supplemental Filing Primary - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Devon Pfeifer		Date of Payment 07/24/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1030</u> <input type="checkbox"/> Debit Card	
Street Address 3 North Ave		City Weston	State CT	Zip Code 06883
Purpose of Expend CNSLT	Description Campaign services 7/16 to 7/22		Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$1,000.00
Name of Payee Marilyn Moore		Date of Payment 07/24/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1031</u> <input type="checkbox"/> Debit Card	
Street Address 666 Cleveland Ave		City Bridgeport	State CT	Zip Code 06604
Purpose of Expend CNSLT	Description Campaign services 7/16 to 7/22		Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$550.00
Name of Payee Marquis Goodwin		Date of Payment 07/24/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1032</u> <input type="checkbox"/> Debit Card	
Street Address 8 Beechwood Dr		City North Haven	State CT	Zip Code 06473
Purpose of Expend CNSLT	Description Campaign services 7/16 to 7/22		Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$350.00

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Gomes 2012	Thrid Weekly Supplemental Filing Primary - Original

**N. Expenses Paid By Committee**

Name of Payee Toddrick Farrell		Date of Payment 07/24/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1033</u> <input type="checkbox"/> Debit Card	
Street Address 16 Lakeview Ave		City Bridgeport		State CT      Zip Code 06606
Purpose of Expend CNSLT	Description Canvassing 7/16 to 7/22			Amount   \$20.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	
Name of Payee Jaurean Reid		Date of Payment 07/24/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1034</u> <input type="checkbox"/> Debit Card	
Street Address 849 Platt St		City Bridgeport		State CT      Zip Code 06606
Purpose of Expend CNSLT	Description Canvassing 7/16 to 7/22			Amount   \$20.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	
Name of Payee James Bradshaw		Date of Payment 07/24/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1035</u> <input type="checkbox"/> Debit Card	
Street Address 666 Cleveland Ave		City Bridgeport		State CT      Zip Code 06604
Purpose of Expend CNSLT	Description Canvassing 7/16 to 7/22			Amount   \$300.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Gomes 2012	Thrid Weekly Supplemental Filing Primary - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Jyles Irby		Date of Payment 07/24/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1036</u> <input type="checkbox"/> Debit Card	
Street Address 36 Alva Ave		City Bridgeport	State CT	Zip Code 06606
Purpose of Expend CNSLT	Description Canvassing 7/16 to 7/22		Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$160.00
Name of Payee Felisha Bradshaw		Date of Payment 07/24/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1037</u> <input type="checkbox"/> Debit Card	
Street Address 646 Stillman St		City Bridgeport	State CT	Zip Code 06608
Purpose of Expend CNSLT	Description Canvassing 7/16 to 7/22		Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$160.00
Name of Payee Robert Blackwell		Date of Payment 07/24/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1038</u> <input type="checkbox"/> Debit Card	
Street Address 284 Cleveland Ave		City Bridgeport	State CT	Zip Code 06604
Purpose of Expend CNSLT	Description Canvassing 7/16 to 7/22		Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$160.00

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Gomes 2012	Thrid Weekly Supplemental Filing Primary - Original

**N. Expenses Paid By Committee**

Name of Payee Jamira Watson		Date of Payment 07/24/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1039</u> <input type="checkbox"/> Debit Card	
Street Address 646 Stillman St		City Bridgeport		State CT      Zip Code 06608
Purpose of Expend CNSLT	Description Canvassing 7/16 to 7/22			Amount   \$160.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	
Name of Payee Chaquill Jackson		Date of Payment 07/24/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1040</u> <input type="checkbox"/> Debit Card	
Street Address 427 Wilmot Ave		City Bridgeport		State CT      Zip Code 06607
Purpose of Expend CNSLT	Description Canvassing 7/16 to 7/22			Amount   \$120.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	
Name of Payee Raheem Semoy		Date of Payment 07/24/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1041</u> <input type="checkbox"/> Debit Card	
Street Address 97 Hollywood Ave		City Bridgeport		State CT      Zip Code 06607
Purpose of Expend CNSLT	Description Canvassing 7/16 to 7/22			Amount   \$170.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Gomes 2012	Thrid Weekly Supplemental Filing Primary - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Shaquille Semoy		Date of Payment 07/24/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1042</u> <input type="checkbox"/> Debit Card	
Street Address 643 Soundview Ave		City Bridgeport	State CT	Zip Code 06607
Purpose of Expend CNSLT	Description Canvassing 7/16 to 7/22		Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$170.00
Name of Payee Ashley Beal		Date of Payment 07/24/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1043</u> <input type="checkbox"/> Debit Card	
Street Address 686 Laurel Ave		City Bridgeport	State CT	Zip Code 06604
Purpose of Expend CNSLT	Description Canvassing 7/16 to 7/22		Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$160.00
Name of Payee Fernando Mauro		Date of Payment 07/24/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1044</u> <input type="checkbox"/> Debit Card	
Street Address 161 High Ridge Dr		City Bridgeport	State CT	Zip Code 06606
Purpose of Expend CNSLT	Description Canvassing 7/16 to 7/22		Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$160.00

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Gomes 2012	Thrid Weekly Supplemental Filing Primary - Original
<b>N. Expenses Paid By Committee</b>	

Name of Payee Marnel Lomax		Date of Payment 07/24/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1045</u> <input type="checkbox"/> Debit Card	
Street Address 646 Stillman St		City Bridgeport	State CT	Zip Code 06608
Purpose of Expend CNSLT	Description Canvassing 7/16 to 7/22		Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$160.00
Name of Payee George Wilson		Date of Payment 07/24/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1046</u> <input type="checkbox"/> Debit Card	
Street Address 28 Court D # 63 Success Vlg		City Bridgeport	State CT	Zip Code 06610
Purpose of Expend CNSLT	Description Canvassing 7/16 to 7/22		Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$120.00
Name of Payee Matthew Waggner		Date of Payment 07/24/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1047</u> <input type="checkbox"/> Debit Card	
Street Address 168 Grasmere Ave		City Fairfield	State CT	Zip Code 06824
Purpose of Expend RCW	Description Reimbursement - Postage		Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$5.90

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Gomes 2012	Thrid Weekly Supplemental Filing Primary - Original

**N. Expenses Paid By Committee**

Name of Payee Devon Pfeifer		Date of Payment 07/24/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1048</u> <input type="checkbox"/> Debit Card	
Street Address 3 North Ave		City Weston	State CT	Zip Code 06883
Purpose of Expend RCW	Description Reimbursements - Postage, Food		Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$438.17
Name of Payee Martin Dunleavy		Date of Payment 07/24/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1049</u> <input type="checkbox"/> Debit Card	
Street Address 97 W Prospect St		City New Haven	State CT	Zip Code 06515
Purpose of Expend RCW	Description Reimbursements - Food, Office Supplies		Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$97.32
Name of Payee Edwin Gomes		Date of Payment 07/24/2012	Method of Payment <input checked="" type="checkbox"/> Check # <u>1050</u> <input type="checkbox"/> Debit Card	
Street Address 243 Soundview Ave		City Bridgeport	State CT	Zip Code 06607
Purpose of Expend RCW	Description Reimbursement - Printing		Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$114.86
<b>Total of Section N</b>				<b>\$22,996.25</b>



**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)					TYPE OF REPORT	
					Thrid Weekly Supplemental Filing Primary - Original	
<b>O. Expenses Paid By Candidate</b>						
Name of Payee (Name of vendor who candidate paid directly)				Date of Payment		Is Reimbursement Claimed? Yes                      No
Street Address		City		State	Zip Code	Amount
Purpose of Expenditure (by code)	Description			Event #		
<b>Total of Section O</b>						

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)					TYPE OF REPORT	
Gomes 2012					Thrid Weekly Supplemental Filing Primary - Original	
<b>P. Expenses Incurred on Committee Credit Card</b>						
Name of Issuing Institution				Type of Credit Card: <div> <input type="checkbox"/> Visa      <input type="checkbox"/> Master Card      <input type="checkbox"/> Discover      <input type="checkbox"/> American Express  <input type="checkbox"/> Other </div>		
Name of Vendor					Date of Transaction	
Street Address			City		State	Zip Code
Purpose of Expenditure (by code)	Description				Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Yes No	Expenditure # (if applicable)	Event #		
If yes, assign an Expenditure # and complete Itemization in Addendum						
<b>Total of Section P</b>						

**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Gomes 2012	Thrid Weekly Supplemental Filing Primary - Original

**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 (bv code)	Description		Amount Incurred (Estimate or Actual)
Is this expenditure coordinated with another candidate for which reimbursement is sought? <span style="float: right;">Yes</span> <span style="float: right;">No</span> If yes, assign an Expenditure # and completes Itemization in Addendum Q			
		Expenditure # (if applicable)	Event #

**Total of Section Q****IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Gomes 2012	Thrid Weekly Supplemental Filing Primary - Original

**R. Itemization of Reimbursements to Committee Workers and Consultants**

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment
				Check #
				Debit Card
Secondary Payee				
Street Address	City		State	Zip Code
Purpose of Expenditure (by code)	Description		Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <span style="float: right;">Yes</span> <span style="float: right;">No</span> If yes, assign an Expenditure # and completes Itemization in Addendum R		Expenditure # (if applicable)		

**Total of Section R**

**IV. EXPENDITURES (Sectuibs N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Gomes 2012				Thrid Weekly Supplemental Filing Primary - Original	
<b>S. Surplus Distribution of Equipment and Furniture</b>					
Name of Recipient					
Street Address		City		State	Zip Code
Description of Item					Original Purchase Amount of Item
<b>Total of Section S</b>					