



The Commonwealth of Massachusetts

ELECTED CITY, WARD AND TOWN POLITICAL COMMITTEE REPORT

CPF ID #:

(For Office Use Only)

NAME OF CITY/TOWN: SpringfieldWARD (if applicable): Ward 1PARTY: DemocraticDATE OF REPORT: 4/14/2024

INDICATE THE PURPOSE OF THIS REPORT BY CHECKING THE APPROPRIATE BOX BELOW:

☒ STATEMENT OF ORGANIZATION☐ CHANGE OF OFFICER(S)☐ MEMBERSHIP UPDATE

Submit this report to the four offices listed below. File the original with the Office of Campaign and Political Finance, and file copies of this report with the other three offices listed.

1. Office of Campaign and Political Finance
One Ashburton Place, Room 411
Boston, MA 02108
(617) 979-8300 / (800) 462-OCPF (toll free in MA)
ocpf@cpf.state.ma.us / <http://www.mass.gov/ocpf>

2. Secretary of the Commonwealth, William Francis Galvin
Elections Division
One Ashburton Place, Room 1705
Boston, MA 02108
(617) 727-2828 / (800) 462-VOTE (toll free in MA)
elections@sec.state.ma.us / <http://www.sec.state.ma.us/ele/eleidx.htm>

3. State Party Committee Headquarters

4. City / Town Clerk or Election Commission

City Ward Committee secretaries must also file a list of officers and members with the chairman of the city committee of the political party which it represents (Ch. 52, Sec. 5).

PLEASE LIST BELOW THE NAME, RESIDENTIAL ADDRESS AND ZIP CODE OF THE OFFICERS OF THIS COMMITTEE:

Chairperson: <u>Linda Matys</u>	Secretary: <u>Joesiah Gonzalez</u>
Residential Address: <u>235 State Street. Apt. 116</u>	Residential Address: <u>122 Massasoit Street</u>
City / State / Zip: <u>Springfield</u> <u>MA</u> <u>01103</u>	City / State / Zip: <u>Springfield</u> <u>MA</u> <u>01107</u>
Email: <u>lmoconnell@gmail.com</u> Phone #: <u>610-295-3125</u>	Email: <u>joesiah1997@gmail.com</u> Phone #: <u>413-306-7715</u>
Treasurer*: <u>Ivelisse Gonzalez</u>	<i>*A public employee may not serve as treasurer of any political committee.</i>
Residential Address: <u>111 Chapin Terrace</u>	<i>M.G.L. c. 55, s. 13 states that a person who is employed for compensation by the Commonwealth or any county, city or town (other than an elected official) may not directly or indirectly solicit or receive political contributions. Such persons may not serve as treasurers of any political committee. If you are unsure of your status, please contact OCPF for further guidance.</i>
City / State / Zip: <u>Springfield</u> <u>MA</u> <u>01107</u>	
Email: <u>ivelisse.gonzalez@gmail.com</u> Phone #: <u>413-204-6996</u>	

I hereby submit this list of officers and members (including associate members) of the above-mentioned committee to the Secretary of the Commonwealth in accordance with Ch. 52, Sec. 5 of the Massachusetts General Laws.


Secretary's signature

Date: 4/13/24

I hereby accept the office of Treasurer of the above-named committee. I affirm that I am not a public employee as defined by M.G.L. c. 55, s. 13. I understand that: 1) I am subject to certain duties and liabilities under M.G.L. c. 55, including the timely filing of campaign finance reports and keeping detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election; and 2) if after my acceptance of this office I become an appointed public employee, I must resign and notify OCPF of my resignation.

SIGNED UNDER THE PENALTIES OF PERJURY:


Treasurer's signature

Date: 4/14/24

LIST OTHER OFFICER'S & MEMBER'S NAMES, TITLES, RESIDENTIAL ADDRESSES AND ZIP CODES ON THE REVERSE

NAME OF CITY / TOWN / WARD: Springfield Ward 1

LIST OTHER OFFICER'S NAMES, TITLES, RESIDENTIAL ADDRESSES AND ZIP CODES BELOW:

Other Officer/Title: <u>Darryl J. Williams. Co-Chair</u>	Other Officer/Title: <u>Effrain Vasquez Jr. Vice-Chair</u>
Residential Address: <u>57 Chapin Terrace</u>	Residential Address: <u>70 Massasoit St.</u>
City / State / Zip: <u>Sprinafield MA 01107</u>	City / State / Zip: <u>Sprinafield MA 01107</u>
Other Officer/Title: <u>Juana Girona - AAOutreach Advisor</u>	Other Officer/Title: _____
Residential Address: <u>15 Hvde Ave.</u>	Residential Address: _____
City / State / Zip: <u>Sprinafield MA 01107</u>	City / State / Zip: _____

MEMBERS:

Member: <u>Marie Antonia Rivera</u>	Member: <u>Adam Gomez</u>
Residential Address: <u>414 Chestnut St., Apt. 226</u>	Residential Address: <u>447 Riverside Rd.</u>
City / State / Zip: <u>Sprinafield MA 01104</u>	City / State / Zip: <u>Sprinafield MA 01107</u>
Member: <u>Douglas C. Johnson</u>	Member: <u>Stephen Roche</u>
Residential Address: <u>31 Mattoon St.</u>	Residential Address: <u>33 Willow St., Apt. 206</u>
City / State / Zip: <u>Sprinafield MA 01105</u>	City / State / Zip: <u>Sprinafield MA 01103</u>
Member: <u>Carlos Gonzalez</u>	Member: <u>Geoffrey O'Connell</u>
Residential Address: <u>44 Dover St.</u>	Residential Address: <u>235 State St.</u>
City / State / Zip: <u>Sprinafield MA 01107</u>	City / State / Zip: <u>Sprinafield MA 01103</u>
Member: <u>Wilmarie Moreno</u>	Member: <u>Cheryl Coakley-Rivera</u>
Residential Address: <u>115 Sanderson St. Apt. 603</u>	Residential Address: <u>67 Rowland St.</u>
City / State / Zip: <u>Sprinafield MA 01107</u>	City / State / Zip: <u>Sprinafield MA 01107</u>
Member: <u>Carmen Santana</u>	Member: <u>Maria Perez</u>
Residential Address: <u>49 Hvde Ave.</u>	Residential Address: <u>110 Prospect St.</u>
City / State / Zip: <u>Sprinafield MA 01107</u>	City / State / Zip: <u>Sprinafield MA 01107</u>
Member: <u>Kandis J. Williams</u>	Member: <u>Ana Luisa Soto Valdes</u>
Residential Address: <u>57 Chapin Terrace</u>	Residential Address: <u>280 Plainfield St.</u>
City / State / Zip: <u>Sprinafield MA 01107</u>	City / State / Zip: <u>Sprinafield MA 01107</u>
Member: <u>Marie Concepcion-Delgado</u>	Member: <u>Gillian Hinkson</u>
Residential Address: <u>115 Sanderson St., Apt. 603</u>	Residential Address: <u>15 Park St.</u>
City / State / Zip: <u>Sprinafield MA 01107</u>	City / State / Zip: <u>Sprinafield MA 01103</u>

ASSOCIATE MEMBERS:

Associate Member: _____	Associate Member: _____
Residential Address: _____	Residential Address: _____
City / State / Zip: _____	City / State / Zip: _____
Associate Member: _____	Associate Member: _____
Residential Address: _____	Residential Address: _____
City / State / Zip: _____	City / State / Zip: _____
Associate Member: _____	Associate Member: _____
Residential Address: _____	Residential Address: _____
City / State / Zip: _____	City / State / Zip: _____

(Attach an additional page, if necessary, with other officers, members and associate members.)

NAME OF CITY / TOWN / WARD: Springfield Ward 1

LIST OTHER OFFICER'S NAMES, TITLES, RESIDENTIAL ADDRESSES AND ZIP CODES BELOW:

Other Officer/Title: _____	Other Officer/Title: _____
Residential Address: _____	Residential Address: _____
City / State / Zip: _____	City / State / Zip: _____
Other Officer/Title: _____	Other Officer/Title: _____
Residential Address: _____	Residential Address: _____
City / State / Zip: _____	City / State / Zip: _____

MEMBERS:

Member: <u>Shevla G. Acosta Rosario</u>	Member: <u>Carlos Diaz</u>
Residential Address: <u>145 Chapin Terrace</u>	Residential Address: <u>542 Chestnut St.</u>
City / State / Zip: <u>Springfield</u> <u>MA</u> <u>00017</u>	City / State / Zip: <u>Springfield</u> <u>MA</u> <u>01107</u>
Member: <u>Ana Sanoquel</u>	Member: _____
Residential Address: <u>105 Division St.</u>	Residential Address: _____
City / State / Zip: <u>Springfield</u> <u>MA</u> <u>01107</u>	City / State / Zip: _____
Member: _____	Member: _____
Residential Address: _____	Residential Address: _____
City / State / Zip: _____	City / State / Zip: _____
Member: _____	Member: _____
Residential Address: _____	Residential Address: _____
City / State / Zip: _____	City / State / Zip: _____
Member: _____	Member: _____
Residential Address: _____	Residential Address: _____
City / State / Zip: _____	City / State / Zip: _____
Member: _____	Member: _____
Residential Address: _____	Residential Address: _____
City / State / Zip: _____	City / State / Zip: _____

ASSOCIATE MEMBERS:

Associate Member: _____	Associate Member: _____
Residential Address: _____	Residential Address: _____
City / State / Zip: _____	City / State / Zip: _____
Associate Member: _____	Associate Member: _____
Residential Address: _____	Residential Address: _____
City / State / Zip: _____	City / State / Zip: _____
Associate Member: _____	Associate Member: _____
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City / State / Zip: _____	City / State / Zip: _____

(Attach an additional page, if necessary, with other officers, members and associate members.)