

SEEC FORM 20

Itemized Campaign Finance Disclosure Statement
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Revised January 2015



COVER PAGE

1. NAME OF COMMITTEE			
JOHN GOMES FOR MAYOR			
2. TREASURER NAME			
First MARIA	MI	Last FIGUEROA	Suffix
3. TREASURER ADDRESS			
Street Address 281 RIDGEFIELD AVE		City BRIDGEPORT	State CT Zip Code 06608
4. ELECTION/REFERENDUM DATE (mm/dd/yyyy) 11/07/2023	5. OFFICE SOUGHT (Complete only if Candidate Committee) MAYOR		6. DISTRICT NUMBER (if applicable)
7. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)			
First JOHN	MI	Last GOMES	Suffix
8. TYPE OF REPORT (Check One Box)			
<input checked="" type="radio"/> January 10 filing	<input type="radio"/> 7th day preceding primary	<input type="radio"/> 7th day preceding referendum	<input type="radio"/> Initial Contribution or Disbursement (PACs ONLY)
<input type="radio"/> April 10 filing	<input type="radio"/> 30 days following primary	<input type="radio"/> 45 days following referendum	<input checked="" type="radio"/> Amendment to
<input type="radio"/> July 10 filing	<input type="radio"/> 7th day preceding election	<input type="radio"/> Deficit	Type of Report: <u>Jan 10</u>
<input type="radio"/> October 10 filing	<input type="radio"/> 12th day preceding election (State Central Committees Only)	<input type="radio"/> Termination	
<input type="radio"/> 24 Hour Independent Expenditure <input type="radio"/> Primary <input type="radio"/> Election	<input type="radio"/> 45 days following election not held in November		
9. PERIOD COVERED			
Beginning Date <u>10/31/22</u>		thru	Ending Date <u>12/31/2022</u>
10. 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.			
<u>Maria Figueroa</u> TREASURER OR DEPUTY TREASURER (SIGNATURE)		<u>Maria Figueroa</u> PRINT NAME OF SIGNER	<u>1/10/23</u> DATE (mm/dd/yyyy)
<i>A person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.</i>			

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
JOHN GOMES FOR MAYOR	JANUARY 10 FILING	
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		\$0.00
12. Balance on hand at the beginning of Reporting Period	\$0.00	
13. Contributions Received from Individuals (Sections A and B)	\$99,304.11	\$99,304.11
14. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00
15. Other Monetary Receipts (Sections D through K)	\$1,000.00	\$1,000.00
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	\$0.00	\$0.00
16b. <i>Per Public Act 11-48, effective January 1, 2012 Section L2. removed</i>		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	\$0.00	\$0.00
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	\$100,304.11	\$100,304.11
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	\$100,304.11	\$100,304.11
19. Expenses Paid by Committee (Section P)	\$2,507.66	\$2,507.66
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	\$97,796.45	\$97,796.45
21. In-Kind Donations not Considered Contributions Received (Section L4)	\$0.00	\$0.00
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	\$0.00	\$0.00
23. In-Kind Contributions Received (Section M)	\$0.00	\$0.00
24. Refundable Deposit to Telephone Company (Section N)	\$0.00	\$0.00
25. Loan Balance	\$0.00	
25a. + Loans Received (Section D)	\$0.00	\$0.00
25b. + Interest and Penalties on Loan	\$0.00	\$0.00
25c. - Payments on Loan	\$0.00	\$0.00
25d. Total Outstanding Loan Amount	\$0.00	
26. Campaign Expenses Paid by Candidate (Section Q)	\$40.00	\$40.00
27. Expenses Incurred on Committee Credit Card (Section R)	\$0.00	\$0.00
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	\$8,231.37	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	\$8,231.37	

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
JOHN GOMES FOR MAYOR	JANUARY 10 FILING
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>	\$
SUBTOTAL SECTION A	

B. Itemized Contributions from Individuals

Last Name RICCI		First JOHN		MI K
Residential Street Address 2627 PARK AVE		City BRIDGEPORT	State CT	Zip Code 06604
Principal Occupation RETIRED		Name of Employer RETIRED		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution \$1,000	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> 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: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No			
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 12/01/22	Aggregate Contributions	
Last Name LAFFITTE		First RAUL		MI MI
Residential Street Address 225 INTERVALE RD		City TRUMBULL	State CT	Zip Code 06611
Principal Occupation RETIRED		Name of Employer RETIRED		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution \$1,000	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> 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: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No			
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 12/22/22	Aggregate Contributions	
Last Name COLON		First LISETTE		MI MI
Residential Street Address 4441 MADISON AVE		City TRUMBULL	State CT	Zip Code 06611
Principal Occupation RETIRED		Name of Employer RETIRED		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution \$1,000	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> 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: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No			
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 12/01/22	Aggregate Contributions	

SUBTOTAL Section B — This Page	\$3,000.00
TOTAL of additional Section B Pages	\$99,304.11
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	\$99,304.11

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>						TYPE OF REPORT	
JOHN GOMES FOR MAYOR						JANUARY 10 FILING	
C1. Contributions from Other Committees							
Name of Committee				Name of Treasurer			
Address			Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input type="radio"/> No			Amount of Contribution	
			If yes, list Event # _____				
City	State	Zip Code	Date Received	Aggregate Contributions			
Name of Committee				Name of Treasurer			
Address			Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input type="radio"/> No			Amount of Contribution	
			If yes, list Event # _____				
City	State	Zip Code	Date Received	Aggregate Contributions			
Name of Committee				Name of Treasurer			
Address			Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input type="radio"/> No			Amount of Contribution	
			If yes, list Event # _____				
City	State	Zip Code	Date Received	Aggregate Contributions			
C2. Reimbursements or Surplus Distributions from other Committees							
Name of Committee				Name of Treasurer			
Address			City		State	Zip Code	
Date Received	Expenditure # <i>(if applicable)</i>	Payment Type			Amount of Receipt		
		<input type="radio"/> Reimbursement for shared expense <input type="radio"/> Surplus Distribution					
Description							
Name of Committee				Name of Treasurer			
Address			City		State	Zip Code	
Date Received	Expenditure # <i>(if applicable)</i>	Payment Type			Amount of Receipt		
		<input type="radio"/> Reimbursement for shared expense <input type="radio"/> Surplus Distribution					
Description							
SUBTOTAL Section C — This Page							
TOTAL of additional Section C Pages							
TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS <i>(Sections C1 + C2) (Enter total on Line 14, Column A of Summary Page Totals)</i>							

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i> JOHN GOMES FOR MAYOR	TYPE OF REPORT JANUARY 10 FILING
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F. Amount Transferred from Affiliated Business Treasury *(Business Entity Committees ONLY)*

Date of Receipt	Is this transaction associated with an event reported in Section L1?	Yes <input type="radio"/> No <input checked="" type="radio"/>	If yes, list Event #	Amount
TOTAL SECTION F				

G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury *(Organization Committees ONLY)*

Date of Receipt	Date of Receipt	Date of Receipt
Amount	Amount	Amount
TOTAL SECTION G		

H. Personal Funds of the Candidate Received this Period *(Candidate Committees ONLY)*

Date of Receipt	Method of payment:	Amount
12/30/22	<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card	\$1000.00
	<input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card	Amount
	<input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card	Amount
	<input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card	Amount
TOTAL SECTION H		\$1,000.00

I. Anonymous Contributions

Per Public Act 11-48, Anonymous Contributions may no longer be deposited in *any* amount. If a committee receives an anonymous contribution, the campaign treasurer shall immediately remit the contribution to the State Elections Enforcement Commission for deposit in the General Fund.

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
JOHN GOMES FOR MAYOR				JANUARY 10 FILING	
J. Interest from Deposits in Authorized Accounts					
Name of Institution			Date Received		Amount
Street Address		City	State	Zip Code	
Name of Institution			Date Received		Amount
Street Address		City	State	Zip Code	
TOTAL SECTION J					

K. Miscellaneous Monetary Receipts not Considered Contributions					
Name			Date of Transaction		Amount Received
Street Address		City	State	Zip Code	
Description					
Name			Date of Transaction		Amount Received
Street Address		City	State	Zip Code	
Description					
Name			Date of Transaction		Amount Received
Street Address		City	State	Zip Code	
Description					
Name			Date of Transaction		Amount Received
Street Address		City	State	Zip Code	
Description					
TOTAL SECTION K					

SUMMARY OF OTHER MONETARY RECEIPTS (Sections D through K)					
Total Loans Received this Period (Section D)					
Total Receipts from Entities other than Individuals or Other Committees (Section E)					+
Total Amount Transferred from Affiliated Business Treasury (Section F)					+
Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G)					+
Total Amount of Personal Funds of the Candidate Received this Period (Section H)					+
Total Amount of Interest from Deposits in Authorized Accounts (Section J)					+
Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)					+
Total of Other Monetary Receipts					
(Add Sections D through K) <i>(Enter total on Line 15, Column A of Summary Page Totals)</i>					

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT		
JOHN GOMES FOR MAYOR			JANUARY 10 FILING		
L1. Event Information					
Event # <small>Date of Event</small>	Letter	Description	Was this a fundraising event? <input type="radio"/> Yes <input type="radio"/> No		
Location: Street Address		City	State	Zip Code	
Subpart 1: (All Committees)					
Was this event hosted at a personal residence?					
<input type="radio"/> Yes <i>(If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.)</i> <input type="radio"/> No					
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?					
<input type="radio"/> Yes <i>(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)</i> <input type="radio"/> No					
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?					
<input type="radio"/> Yes <i>(If yes, enter Total Receipts here.)</i> → \$ <input style="width: 100px;" type="text"/> <input type="radio"/> No					
Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)					
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?					
<input type="radio"/> Yes <i>(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)</i> <input type="radio"/> No					
Subpart 3: (Town Committees ONLY)					
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?					
<input type="radio"/> Yes <i>(If yes, enter Total Receipts here.)</i> → \$ <input style="width: 100px;" type="text"/> <input type="radio"/> No					
Event # <small>Date of Event</small>	Letter	Description	Was this a fundraising event? <input type="radio"/> Yes <input type="radio"/> No		
Location: Street Address		City	State	Zip Code	
Subpart 1: (All Committees)					
Was this event hosted at a personal residence?					
<input type="radio"/> Yes <i>(If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.)</i> <input type="radio"/> No					
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?					
<input type="radio"/> Yes <i>(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)</i> <input type="radio"/> No					
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?					
<input type="radio"/> Yes <i>(If yes, enter Total Receipts here.)</i> → \$ <input style="width: 100px;" type="text"/> <input type="radio"/> No					
Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)					
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?					
<input type="radio"/> Yes <i>(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)</i> <input type="radio"/> No					
Subpart 3: (Town Committees ONLY)					
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?					
<input type="radio"/> Yes <i>(If yes, enter Total Receipts here.)</i> → \$ <input style="width: 100px;" type="text"/> <input type="radio"/> No					
SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts from Sale of Donated Items — This Page					
SUBTOTAL Section L1—Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases — This Page					
TOTAL of additional Section L1 Pages					
TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES <i>(Enter total on Line 16a, Column A of Summary Page Totals)</i>					

II. EVENT ACTIVITY (Sections L1—L5)

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. *Section L2. removed*

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
JOHN GOMES FOR MAYOR	JANUARY 10 FILING

L3. Purchases of Advertising in a Program Book or on a Sign

Name of Purchaser			Purchase Made By: <input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
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Street Address	City	State	Zip Code
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Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
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Name of Purchaser			Purchase Made By: <input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
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Street Address	City	State	Zip Code
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Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
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Name of Purchaser			Purchase Made By: <input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
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Street Address	City	State	Zip Code
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Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
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Name of Purchaser			Purchase Made By: <input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
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Street Address	City	State	Zip Code
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Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
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Name of Purchaser			Purchase Made By: <input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
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Street Address	City	State	Zip Code
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Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
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SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page	
SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page	
TOTAL of additional Section L3 Pages	
TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN <i>(Enter total on Line 16c, Column A of Summary Page Totals)</i>	

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
JOHN GOMES FOR MAYOR			JANUARY 10 FILING	
L4. In-Kind Donations Not Considered Contributions				
Name of Donor				
Street Address		City		State
Zip Code				
Donation Given By:	Description of Donation			Fair Market Value of Donation
<input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	Date Received	Event #	Aggregate Value for this Event	
Name of Donor				
Street Address		City		State
Zip Code				
Donation Given By:	Description of Donation			Fair Market Value of Donation
<input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	Date Received	Event #	Aggregate Value for this Event	
Name of Donor				
Street Address		City		State
Zip Code				
Donation Given By:	Description of Donation			Fair Market Value of Donation
<input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	Date Received	Event #	Aggregate Value for this Event	
Name of Donor				
Street Address		City		State
Zip Code				
Donation Given By:	Description of Donation			Fair Market Value of Donation
<input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	Date Received	Event #	Aggregate value for this Event	
Name of Donor				
Street Address		City		State
Zip Code				
SUBTOTAL Section L4 — This Page				
TOTAL of additional Section L4 Pages				
TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS <i>(Enter total on Line 21, Column A of Summary Page Totals)</i>				

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
JOHN GOMES FOR MAYOR			JANUARY 10 FILING	
L5. In-Kind Donations Not Considered Contributions Associated with a House Party				
Name of Host			Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> No <i>If yes, complete Itemization in Addendum L5</i>	
Street Address		City		State
Street Address		City		Zip Code
Description of Donation			Fair Market Value of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate		
Name of Host			Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> No <i>If yes, complete Itemization in Addendum L5</i>	
Street Address		City		State
Street Address		City		Zip Code
Description of Donation			Fair Market Value of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate		
Name of Host			Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> No <i>If yes, complete Itemization in Addendum L5</i>	
Street Address		City		State
Street Address		City		Zip Code
Description of Donation			Fair Market Value of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate		
Name of Host			Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> No <i>If yes, complete Itemization in Addendum L5</i>	
Street Address		City		State
Street Address		City		Zip Code
Description of Donation			Fair Market Value of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this host/candidate		
SUBTOTAL Section L5 — This Page				
TOTAL of additional Section L5 Pages				
TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS ASSOCIATED WITH A HOUSE PARTY				
<i>(Enter total on Line 22, Column A of Summary Page Totals)</i>				

III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
JOHN GOMES FOR MAYOR	JANUARY 10 FILING

M. In-Kind Contributions

Name			
Street Address		City	State Zip Code
Type of contributor: <input type="radio"/> Committee <input checked="" type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Fair Market Value of this Contribution
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No		

Name			
Street Address		City	State Zip Code
Type of contributor: <input type="radio"/> Committee <input checked="" type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Fair Market Value of this Contribution
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No		

Name			
Street Address		City	State Zip Code
Type of contributor: <input type="radio"/> Committee <input checked="" type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Fair Market Value of this Contribution
Is this contribution associated with an event reported listed in Section L1? <i>If yes, list Event # _____</i> <input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No		

SUBTOTAL Section M — This Page	
TOTAL of additional Section M Pages	
TOTAL OF ALL IN-KIND CONTRIBUTIONS <i>(Enter total on Line 23, Column A of Summary Page Totals)</i>	

N. Refundable Deposit to Telephone Company

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

TOTAL SECTION N <i>(Enter total on Line 24, Column A of Summary Page Totals)</i>	
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IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
P. Expenses Paid by Committee				
Name of Payee ANEDOT			Date of Payment 12/31/22	Method of Payment: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT
Street Address 1340 POYDRAS STREET SUITE 1770		City NEW ORLEANS		State LA Zip Code 70112
Purpose of Expenditure (by code) CCP	Description CREDIT CARD FEE CHARGE	Event #		Amount \$2,457.66
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee FAIRFIELD BANK COUNTY BANK			Date of Payment 12/19/22	Method of Payment: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT
Street Address PO BOX 2050		City RIDGEFIELD		State CT Zip Code 06877
Purpose of Expenditure (by code) BNK	Description RETURNED DEPOSIT ITEM CHARGE	Event #		Amount \$25.00
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee FAIRFIELD BANK COUNTY BANK			Date of Payment 12/30/22	Method of Payment: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT
Street Address PO BOX 2050		City RIDGEFIELD		State CT Zip Code 06877
Purpose of Expenditure (by code) BNK	Description RETURNED DEPOSIT ITEM CHARGE	Event #		Amount \$25
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee			Date of Payment	Method of Payment: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description	Event #		Amount
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
SUBTOTAL Section P — This Page			\$2,507.66	
TOTAL of additional Section P Pages				
TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 19, Column A of Summary Page Totals)</i>			\$2,507.66	

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
JOHN GOMES FOR MAYOR	JANUARY 10 FILING

Q. Campaign Expenses Paid by Candidate

Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>		Date of Payment	Is reimbursement claimed?	
USPS		11/29/22	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Street Address		City	State	Zip Code
934 E MAIN ST		BRIDGEPORT	CT	06608
Purpose of Expenditure <i>(by code)</i>	Description	Event #	Amount	
MISC	POST OFFICE PO BOX		\$40	

Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>		Date of Payment	Is reimbursement claimed?	
			<input type="radio"/> Yes <input type="radio"/> No	
Street Address		City	State	Zip Code
Purpose of Expenditure <i>(by code)</i>	Description	Event #	Amount	

Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>		Date of Payment	Is reimbursement claimed?	
			<input type="radio"/> Yes <input type="radio"/> No	
Street Address		City	State	Zip Code
Purpose of Expenditure <i>(by code)</i>	Description	Event #	Amount	

Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>		Date of Payment	Is reimbursement claimed?	
			<input type="radio"/> Yes <input type="radio"/> No	
Street Address		City	State	Zip Code
Purpose of Expenditure <i>(by code)</i>	Description	Event #	Amount	

Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>		Date of Payment	Is reimbursement claimed?	
			<input type="radio"/> Yes <input type="radio"/> No	
Street Address		City	State	Zip Code
Purpose of Expenditure <i>(by code)</i>	Description	Event #	Amount	

Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>		Date of Payment	Is reimbursement claimed?	
			<input type="radio"/> Yes <input type="radio"/> No	
Street Address		City	State	Zip Code
Purpose of Expenditure <i>(by code)</i>	Description	Event #	Amount	

SUBTOTAL Section Q — This Page		\$40
TOTAL of additional Section Q Pages		
TOTAL OF ALL EXPENSES PAID BY CANDIDATE <i>(Enter total on Line 26, Column A of Summary Page Totals)</i>		\$40

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
T. Itemization of Reimbursements and Secondary Payees					
Last Name of Worker/Consultant		First		MI	Date of Payment to Vendor, Person or Entity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant				Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant			City		State
					Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Last Name of Worker/Consultant		First		MI	Date of Payment to Vendor, Person or Entity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant				Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant			City		State
					Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Last Name of Worker/Consultant		First		MI	Date of Payment to Vendor, Person or Entity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant				Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant			City		State
					Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Last Name of Worker/Consultant		First		MI	Date of Payment to Vendor, Person or Entity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant				Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant			City		State
					Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
SUBTOTAL Section T — This Page					
TOTAL of additional Section T Pages					
TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS					

Section B ADDITIONAL PAGE 2 of 55

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT
JOHN GOMES FOR MAYOR		JANUARY 10 FILING
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		\$
SUBTOTAL SECTION A		

B. Itemized Contributions from Individuals

Last Name		First	MI
CARDOSO		MIGUEL	A
Residential Street Address		City	State Zip Code
55 MOUNTAIN VIEW RD		ANSONIA	CT 06401
Principal Occupation		Name of Employer	
RETIRED		RETIRED	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	<input type="radio"/> Yes <input checked="" type="radio"/> 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:	
Method of Contribution:		Date Received	Aggregate Contributions
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		12/03/22	
			\$500

Last Name		First	MI
WASZKIEWICZ		DARIUSZ	R
Residential Street Address		City	State Zip Code
15 SUNSET CIRCLE		WOODBIDGE	CT 06525
Principal Occupation		Name of Employer	
MANAGER		CT HOUSING RESTORATION	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	<input type="radio"/> Yes <input checked="" type="radio"/> 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:	
Method of Contribution:		Date Received	Aggregate Contributions
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		12/4/22	
			\$1,000

Last Name		First	MI
ANIBAL		PAULO	
Residential Street Address		City	State Zip Code
5 COUNTRY LANE		TRUMBULL	CT 6611
Principal Occupation		Name of Employer	
MECHANIC		MADISON AUTO	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	<input type="radio"/> Yes <input checked="" type="radio"/> 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:	
Method of Contribution:		Date Received	Aggregate Contributions
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		12/05/22	
			\$250

SUBTOTAL Section B — This Page	\$1,750
TOTAL of additional Section B Pages	\$99,304.11
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	\$99,304.11

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>		TYPE OF REPORT
JOHN GOMES FOR MAYOR		JANUARY 10 FILING
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>		\$
B. Itemized Contributions from Individuals		

Last Name		First	MI
ESTEVES		LIDIA	
Residential Street Address		City	State Zip Code
5 KIMBERLY DR		SHELTON	CT 06484
Principal Occupation		Name of Employer	
RETIRED		RETIRED	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution \$1,000
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution:		Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		12/5/22		

Last Name		First	MI
CAMPOS		EBERTY	P
Residential Street Address		City	State Zip Code
251 QUEEN ST		BRIDGEPORT	CT 06606
Principal Occupation		Name of Employer	
OWNER/MANAGER		P.CAMPOS TRANSPORTATION INC	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution \$1,000
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution:		Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		12/06/22		

Last Name		First	MI
GONZALES		RAFAEL	
Residential Street Address		City	State Zip Code
127 CALHOUN AVE		BRIDGEPORT	CT 06604
Principal Occupation		Name of Employer	
MANAGER		GONZALES RENTAL LLC	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution \$500
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution:		Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		12/07/22		

SUBTOTAL Section B — This Page	\$2,500.00
TOTAL of additional Section B Pages	\$99,304.11
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	\$99,304.11

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
JOHN GOMES FOR MAYOR	JANUARY 10 FILING
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>	\$
SUBTOTAL SECTION A	

B. Itemized Contributions from Individuals

Last Name		First		MI	
GONZALES		DANIEL			
Residential Street Address			City	State	Zip Code
68 BASSICK AVE			BRIDGEPORT	CT	06608
Principal Occupation			Name of Employer		
PROPERTY MANAGER			OASIS INVESTMENT2 LLC		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			Amount of Contribution
		<input type="radio"/> Yes <input checked="" type="radio"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			\$500
		<input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No			
Method of Contribution:			Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			12/07/22		

Last Name		First		MI	
GOMES		CARLA			
Residential Street Address			City	State	Zip Code
137 NORTH WARREN AVE			BROCKTON	MA	02301
Principal Occupation			Name of Employer		
CASHIER			TRADE JOE'S		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			Amount of Contribution
		<input type="radio"/> Yes <input checked="" type="radio"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			\$1,000
		<input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No			
Method of Contribution:			Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			12/09/22		

Last Name		First		MI	
REDDY		LUCIA			
Residential Street Address			City	State	Zip Code
1460 ELM STREET #227			STRATFORD	CT	6615
Principal Occupation			Name of Employer		
OFFICE MANAGER			MARK IV CONSTRUCTION CO		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			Amount of Contribution
		<input type="radio"/> Yes <input checked="" type="radio"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			\$1,000
		<input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No			
Method of Contribution:			Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			12/12/22		

SUBTOTAL Section B — This Page	\$2,500.00
TOTAL of additional Section B Pages	\$99,304.11
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	\$99,304.11

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT
JOHN GOMES FOR MAYOR		JANUARY 10 FILING
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		\$
SUBTOTAL SECTION A		

B. Itemized Contributions from Individuals

Last Name MOUNTINHO		First MANUEL		MI
Residential Street Address 3 MAIN ST		City STRATFORD	State CT	Zip Code 06615
Principal Occupation RETIRED		Name of Employer RETIRED		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> 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: <input type="radio"/> Executive <input type="radio"/> Legislative		<input type="radio"/> Yes <input checked="" type="radio"/> No \$1,000	
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 12/12/22	Aggregate Contributions	
Last Name MOUNTINHO		First ERIC		MI
Residential Street Address 160 MOREHOUSE RD		City EASTON	State CT	Zip Code 06612
Principal Occupation MANAGER		Name of Employer MARK IV CONSTRUCTION		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> 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: <input type="radio"/> Executive <input type="radio"/> Legislative		<input type="radio"/> Yes <input checked="" type="radio"/> No \$1,000	
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 12/12/22	Aggregate Contributions	
Last Name PINTO		First LUDOVINA		MI
Residential Street Address 3 MAIN STREET		City STRATFORD	State CT	Zip Code 6615
Principal Occupation RETIRED		Name of Employer RETIRED		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> 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: <input type="radio"/> Executive <input type="radio"/> Legislative		<input type="radio"/> Yes <input checked="" type="radio"/> No \$1,000	
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 12/12/22	Aggregate Contributions	

SUBTOTAL Section B — This Page	\$3,000.00
TOTAL of additional Section B Pages	\$99,304.11
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	\$99,304.11

Section B ADDITIONAL PAGE 6 of 55

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
JOHN GOMES FOR MAYOR	JANUARY 10 FILING
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>	\$
SUBTOTAL SECTION A	

B. Itemized Contributions from Individuals

Last Name		First		MI	
PERDOMO-DIAZ		ENRIQUE			
Residential Street Address			City		State
1015 PARK AVE			BRIDGEPORT		CT
Principal Occupation			Name of Employer		
BARBER			EVOLUTION BABERSHOP		

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution
				\$1,000
Is this contribution associated with an event reported in Section L1? If yes, list Event #	<input type="radio"/> Yes <input checked="" type="radio"/> 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:	<input type="radio"/> Executive <input checked="" type="radio"/> Legislative	
Method of Contribution:		Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		12/12/22		

Last Name		First		MI	
HECTOR		GERMAN			
Residential Street Address			City		State
16 BONHEUR			TRUMBULL		
Principal Occupation			Name of Employer		
MANAGER			D'ALDA LIQUOR		

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution
				\$1,000
Is this contribution associated with an event reported in Section L1? If yes, list Event #	<input type="radio"/> Yes <input checked="" type="radio"/> 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:	<input type="radio"/> Executive <input checked="" type="radio"/> Legislative	
Method of Contribution:		Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		12/14/22		

Last Name		First		MI	
RAFAEL		FRADEN			
Residential Street Address			City		State
998 MADISON AVE			BRIDGEPORT		CT
Principal Occupation			Name of Employer		
BARBER (OWNER)			ANTHONY'S BABERSHOP		

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution
				\$725
Is this contribution associated with an event reported in Section L1? If yes, list Event #	<input type="radio"/> Yes <input checked="" type="radio"/> 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:	<input type="radio"/> Executive <input checked="" type="radio"/> Legislative	
Method of Contribution:		Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		12/22/22		

SUBTOTAL Section B — This Page		\$ 2,725.00
TOTAL of additional Section B Pages		\$99,304.11
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>		\$99,304.11

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT
JOHN GOMES FOR MAYOR		JANUARY 10 FILING
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		\$
B. Itemized Contributions from Individuals		

Last Name				First		MI	
QUIZ				ANIBAL			
Residential Street Address				City		State	Zip Code
4441 MADISON AVE				TRUMBULL		CT	06611
Principal Occupation				Name of Employer			
TRANSPORTATION LOGISTICS				UPS			

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		<input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution \$500	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		<input type="radio"/> Yes <input checked="" type="radio"/> 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:		<input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No			
Method of Contribution:				Date Received		Aggregate Contributions			
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order				12/17/22		\$1000			

Last Name				First		MI	
PEREIRA				LEE		G	
Residential Street Address				City		State	Zip Code
54 TRAILSIDE DR				MONROE		CT	06468
Principal Occupation				Name of Employer			
RETIRED				RETIRED			

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		<input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution \$250	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		<input type="radio"/> Yes <input checked="" type="radio"/> 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:		<input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No			
Method of Contribution:				Date Received		Aggregate Contributions			
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order				12/14/22					

Last Name				First		MI	
RAYNER				ALISHA			
Residential Street Address				City		State	Zip Code
29 SOUTH FAIR STREET				GUILFORD		CT	06437
Principal Occupation				Name of Employer			
CONSULTANT				DNA CAMPAIGNS			

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		<input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution \$100	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		<input type="radio"/> Yes <input checked="" type="radio"/> 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:		<input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No			
Method of Contribution:				Date Received		Aggregate Contributions			
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order				12/06/22					

SUBTOTAL Section B — This Page		\$850.00
TOTAL of additional Section B Pages		\$99,304.11
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>		\$99,304.11

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
JOHN GOMES FOR MAYOR	JANUARY 10 FILING
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>	\$
SUBTOTAL SECTION A	

B. Itemized Contributions from Individuals

Last Name		First		MI	
ESTEVES		MICHAEL			
Residential Street Address			City	State	Zip Code
6 MAGGIE LANE			SHELTON	CT	06484
Principal Occupation			Name of Employer		
MANAGER			MADISON AUTO		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution \$1,000
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> 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: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No			
Method of Contribution:			Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			12/06/22		

Last Name		First		MI	
JOSEPH		SAMUEL			
Residential Street Address			City	State	Zip Code
53 BELAIRE DR			STAMFORD	CT	06905
Principal Occupation			Name of Employer		
CONSULTANT			ROBERTS WEBBER LLC		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution \$500
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> 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: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No			
Method of Contribution:			Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			12/06/22		

Last Name		First		MI	
MORRISON		PATRICK			
Residential Street Address			City	State	Zip Code
451 E GRAND AVE			CHICAGO	IL	60611
Principal Occupation			Name of Employer		
TELCOM			GROOPVIEW INC		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution \$100
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> 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: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No			
Method of Contribution:			Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			12/06/22		

SUBTOTAL Section B — This Page		\$1,600.00
TOTAL of additional Section B Pages		\$99,304.11
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>		\$99,304.11

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
JOHN GOMES FOR MAYOR	JANUARY 10 FILING
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>	\$
SUBTOTAL SECTION A	

B. Itemized Contributions from Individuals

Last Name		First		MI	
SULLIVAN		JOE			
Residential Street Address			City	State	Zip Code
2304 KATIE ANN LN			DACULA	GA	30019
Principal Occupation			Name of Employer		
SALES			ACIMA		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		\$100	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:			Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			12/06/22		

Last Name		First		MI	
VALENTINE		STEPHEN			
Residential Street Address			City	State	Zip Code
1115 GOLDEN CREST DRIVE			DURHAM	NC	27704
Principal Occupation			Name of Employer		
ATTORNEY			NC CENTRAL LAW SCHOOL		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		\$100	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:			Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			12/06/22		

Last Name		First		MI	
FUCHS		GUSTAVO			
Residential Street Address			City	State	Zip Code
12 GRIFFING AVE			DANBURY	CT	06810
Principal Occupation			Name of Employer		
ROOFER			SILKTOWN		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		\$100	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:			Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			12/07/22		

SUBTOTAL Section B — This Page	\$300.00
TOTAL of additional Section B Pages	\$99,304.11
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	\$99,304.11

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT
JOHN GOMES FOR MAYOR		JANUARY 10 FILING
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		\$
SUBTOTAL SECTION A		

B. Itemized Contributions from Individuals

Last Name		First		MI
SILVA		LEONE		
Residential Street Address		City	State	Zip Code
21 KNOLL PL		BRIDGEPORT	CT	06610
Principal Occupation		Name of Employer		
MAINTENANCE		BLDRYWALL LLC		

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution \$100
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____	<input type="radio"/> Yes <input checked="" type="radio"/> 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:	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution:		Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		12/07/22		

Last Name		First		MI
GOMES		ETECIANA		
Residential Street Address		City	State	Zip Code
17 GORHAM PL		TRUMBULL	CT	06611
Principal Occupation		Name of Employer		
EXECUTIVE DIRECTOR		LHC GROUP		

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution \$500
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____	<input type="radio"/> Yes <input checked="" type="radio"/> 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:	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution:		Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		12/09/22		

Last Name		First		MI
DOSSANTOS		ANTONIO		
Residential Street Address		City	State	Zip Code
12 WIGWARM DRIVE		SHELTON	CT	06484
Principal Occupation		Name of Employer		
RETIRED		RETIRED		

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution \$500
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____	<input type="radio"/> Yes <input checked="" type="radio"/> 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:	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution:		Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		12/10/22		

SUBTOTAL Section B — This Page	\$1,100.00
TOTAL of additional Section B Pages	\$99,304.11
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	\$99,304.11

Section B ADDITIONAL PAGE 11 of 55

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
JOHN GOMES FOR MAYOR	JANUARY 10 FILING
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>	\$
SUBTOTAL SECTION A	

B. Itemized Contributions from Individuals

Last Name		First		MI	
RAMOS		SALU			
Residential Street Address			City	State	Zip Code
50 GREENHOUSE RD			BRIDGEPORT	CT	06606
Principal Occupation			Name of Employer		
UNEMPLOYED			UNEMPLOYED		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution \$100	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> 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: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No			
Method of Contribution:					
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received	Aggregate Contributions	
			12/10/22		
Last Name		First		MI	
BORGES		DANIEL			
Residential Street Address			City	State	Zip Code
55 MEADOWN BROOK DR			MONROE	CT	06468
Principal Occupation			Name of Employer		
MANAGER			BORGES CONCRETE PUMPING		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution \$500	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> 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: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No			
Method of Contribution:					
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received	Aggregate Contributions	
			12/11/22		
Last Name		First		MI	
JANTARADA		FERNANDO			
Residential Street Address			City	State	Zip Code
24 MITCHELL RD			BRIDGEPORT	CT	6606
Principal Occupation			Name of Employer		
MANAGER			JANTA		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution \$1,000	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> 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: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No			
Method of Contribution:					
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received	Aggregate Contributions	
			12/12/22		

SUBTOTAL Section B — This Page		\$1,600.00
TOTAL of additional Section B Pages		\$99,304.11
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>		\$99,304.11

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
JHN GOMES FOR MAYOR	JANUARY 10 FILING
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>	\$
SUBTOTAL SECTION A	

B. Itemized Contributions from Individuals

Full Name		First		MI	
PEAKER		SCOTT			
Residential Street Address			City	State	Zip Code
1 SUNRISE DR			OXFORD	CT	06478
Principal Occupation			Name of Employer		
INFORMATION TECHNOLOGY			SOMPO INTERNATIONAL		

Contributor a lobbyist, spouse, dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution
				\$1,000
Is this contribution associated with an event reported in Section L1? If yes, list Event #	<input type="radio"/> Yes <input checked="" type="radio"/> 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:	<input type="radio"/> Yes <input checked="" type="radio"/> No	
		<input type="radio"/> Executive <input checked="" type="radio"/> Legislative		
Method of Contribution:		Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		12/12/22		

Full Name		First		MI	
EMEDO		JORGINHO			
Residential Street Address			City	State	Zip Code
1 MORELAND ST			BROCKTON	MA	02301
Principal Occupation			Name of Employer		
DELIVER			DAVID		

Contributor a lobbyist, spouse, dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution
				\$50
Is this contribution associated with an event reported in Section L1? If yes, list Event #	<input type="radio"/> Yes <input checked="" type="radio"/> 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:	<input type="radio"/> Yes <input checked="" type="radio"/> No	
		<input type="radio"/> Executive <input checked="" type="radio"/> Legislative		
Method of Contribution:		Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		12/13/22		

Full Name		First		MI	
JASON		LOUIS			
Residential Street Address			City	State	Zip Code
7 OLD FARM RD			TRUMBULL	CT	6611
Principal Occupation			Name of Employer		
OWNER			MID TOWN AUTOBODY INC		

Contributor a lobbyist, spouse, dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution
				\$500
Is this contribution associated with an event reported in Section L1? If yes, list Event #	<input type="radio"/> Yes <input checked="" type="radio"/> 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:	<input type="radio"/> Yes <input checked="" type="radio"/> No	
		<input type="radio"/> Executive <input checked="" type="radio"/> Legislative		
Method of Contribution:		Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		12/14/22		

SUBTOTAL Section B — This Page	\$1,550.00
TOTAL of additional Section B Pages	\$99,304.11
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	\$99,304.11

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT
JOHN GOMES FOR MAYOR		JANUARY 10 FILING
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		\$
SUBTOTAL SECTION A		

B. Itemized Contributions from Individuals			
Name		First	MI
EINER		RICHARD	
Residential Street Address		City	State Zip Code
JAMESTOWN RD		TRUMBULL	CT 06611
Principal Occupation		Name of Employer	
RETIRED		RETIRED	
Contributor a lobbyist, spouse, dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	Amount of Contribution
Is contribution associated with an event reported in Section L1? If yes, list Event #	<input type="radio"/> Yes <input checked="" type="radio"/> 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: <input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution:		Date Received	Aggregate Contributions
Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		12/14/22	
Name		First	MI
SUS		LAGO	
Residential Street Address		City	State Zip Code
OXYPRESS POINT DR		HARRISON	NY 10577
Principal Occupation		Name of Employer	
PHYSICIAN		JESUS LAGO A MD	
Contributor a lobbyist, spouse, dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	Amount of Contribution
Is contribution associated with an event reported in Section L1? If yes, list Event #	<input type="radio"/> Yes <input checked="" type="radio"/> 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: <input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution:		Date Received	Aggregate Contributions
Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		12/14/22	
Name		First	MI
MES		JOHN	
Residential Street Address		City	State Zip Code
ORANGE ST		STRATFORD	CT 06615
Principal Occupation		Name of Employer	
ELECTRICAL		DGJ ELECTRICAL	
Contributor a lobbyist, spouse, dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	Amount of Contribution
Is contribution associated with an event reported in Section L1? If yes, list Event #	<input type="radio"/> Yes <input checked="" type="radio"/> 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: <input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution:		Date Received	Aggregate Contributions
Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		12/14/22	

SUBTOTAL Section B — This Page		\$850.00
TOTAL of additional Section B Pages		\$99,304.11
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)		\$99,304.11

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
JOHN GOMES FOR MAYOR	JANUARY 10 FILING
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>	\$
SUBTOTAL SECTION A	

B. Itemized Contributions from Individuals

Last Name AZARO		First LAWRENCE		MI
Residential Street Address 300 CONGRESS ST		City BRIDGEPORT	State CT	Zip Code 06606
Principal Occupation CITY WORKER		Name of Employer CITY OF BRIDGEPORT		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution \$100
		<input type="radio"/> Yes <input checked="" type="radio"/> No		
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		
		<input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No		
Method of Contribution:		Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		12/14/22		

Last Name RODRIGUEZ		First JEHU		MI
Residential Street Address 4355 MAIN ST		City BRIDGEPORT	State CT	Zip Code 06606
Principal Occupation DISHWASHER		Name of Employer MERRITT CANTEEN		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution \$500
		<input type="radio"/> Yes <input checked="" type="radio"/> No		
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		
		<input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No		
Method of Contribution:		Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		12/15/22		

Last Name PIERCE		First CHRISTY		MI
Residential Street Address 41 MCKAY DR APT 310		City EXETER	State NH	Zip Code 03833
Principal Occupation OPERATIONS MANAGER		Name of Employer FIRSTBASE INC		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution \$100
		<input type="radio"/> Yes <input checked="" type="radio"/> No		
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		
		<input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No		
Method of Contribution:		Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		12/15/22		

SUBTOTAL Section B — This Page	\$700.00
TOTAL of additional Section B Pages	\$99,304.11
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	\$99,304.11

Section B ADDITIONAL PAGE 15 **of** 55

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
JOHN GOMES FOR MAYOR	JANUARY 10 FILING
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>	\$
SUBTOTAL SECTION A	

B. Itemized Contributions from Individuals

Last Name STEPHENS	First AMY	MI
Residential Street Address N LATITUDE CIRCLE	City DELRAY BEACH	State FL Zip Code 33483
Principal Occupation MANAGER	Name of Employer PULTE MORTGAGE	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution \$100
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> _____ <input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input type="radio"/> Yes <input checked="" type="radio"/> No	
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 12/15/22 Aggregate Contributions \$1000

Last Name CAMPOS	First RORY	MI
Residential Street Address 217 MARION ST	City BRIDGEPORT	State CT Zip Code 06606
Principal Occupation MECHANIC	Name of Employer P CAMPOS TRANSPORTATION INC	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution \$1,000
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> _____ <input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input type="radio"/> Yes <input checked="" type="radio"/> No	
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 12/16/22 Aggregate Contributions

Last Name SHEHAJ	First FLORJAN	MI
Residential Street Address 189 ECHO HILL DR	City STAMFORD	State CT Zip Code 06903
Principal Occupation OWNER	Name of Employer ENERGY SPRAY SYSTEMS	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution \$100
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> _____ <input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input type="radio"/> Yes <input checked="" type="radio"/> No	
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 12/17/22 Aggregate Contributions

SUBTOTAL Section B — This Page		\$1,200.00
TOTAL of additional Section B Pages		\$99,304.11
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>		\$99,304.11

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
JOHN GOMES FOR MAYOR	JANUARY 10 FILING
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>	\$
SUBTOTAL SECTION A	

B. Itemized Contributions from Individuals

Last Name TEODORO		First MAYKEL		MI	
Residential Street Address 6 WOODBINE CIRCLE			City BRIDGEPORT	State CT	Zip Code 06606
Principal Occupation MEMBER			Name of Employer MAKULA CONSTRUCTION		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution \$500	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No			
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received 12/17/22	Aggregate Contributions	

Last Name ANDERSON		First LEON		MI	
Residential Street Address 3579 BEACON DR			City BEACHWOOD	State OH	Zip Code 44122
Principal Occupation PT			Name of Employer SPORTS & SPINE PT		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution \$250	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No			
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received 12/17/22	Aggregate Contributions	

Last Name ABELINO		First SENA		MI	
Residential Street Address 169 TRUMAN ST			City BRIDGEPORT	State CT	Zip Code 06606
Principal Occupation MANAGER			Name of Employer LN HARDWOOD FLOORS		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution \$500	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No			
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received 12/18/22	Aggregate Contributions	

SUBTOTAL Section B — This Page	\$1,250.00
TOTAL of additional Section B Pages	\$99,304.11
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	\$99,304.11

Section B ADDITIONAL PAGE 17 of 55

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>		TYPE OF REPORT	
JOHN GOMES FOR MAYOR		JANUARY 10 FILING	
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>		SUBTOTAL SECTION A	
		\$	
B. Itemized Contributions from Individuals			
Last Name		First	MI
GONZALEZ		JUDITH	
Residential Street Address		City	State Zip Code
73 ASHLEY STREET		BRIDGEPORT	CT 06610
Principal Occupation		Name of Employer	
UNEMPLOYED		UNEMPLOYED	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No
Method of Contribution:	Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order	12/18/22		
Amount of Contribution	\$500		
Last Name		First	MI
BRITO		EVANILDA	
Residential Street Address		City	State Zip Code
33 EDNA AVE		BRIDGEPORT	CT 06610
Principal Occupation		Name of Employer	
UNEMPLOYED		UNEMPLOYED	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No
Method of Contribution:	Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order	12/19/22		
Amount of Contribution	\$250		
Last Name		First	MI
PEDREIRA		JOSHUA	
Residential Street Address		City	State Zip Code
19 HULL STREET		ANSONIA	CT 06401
Principal Occupation		Name of Employer	
ATTORNEY		COHEN AND WOLF PC	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No
Method of Contribution:	Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order	12/19/22		
Amount of Contribution	\$100		
SUBTOTAL Section B — This Page		\$850.00	
TOTAL of additional Section B Pages		\$99,304.11	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>		\$99,304.11	

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
JOHN GOMES FOR MAYOR	JANUARY 10 FILING
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>	\$
SUBTOTAL SECTION A	

B. Itemized Contributions from Individuals

Last Name ANDRADE		First RICARDO		MI
Residential Street Address 1321 NORTH AVE		City BRIDGEPORT	State CT	Zip Code 06604
Principal Occupation MANAGER		Name of Employer PROTECH HEATING AIR CONDITIONING		

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____			\$100
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:		<input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution:		Date Received	Aggregate Contributions
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		12/20/22	

Last Name SILVA		First ANA		MI
Residential Street Address 622 WOOD AVE		City BRIDGEPORT	State CT	Zip Code 06604
Principal Occupation MANAGER		Name of Employer CLEANING SERVICE		

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____			\$500
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:		<input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution:		Date Received	Aggregate Contributions
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		12/20/22	

Last Name DASILVA		First JONACI		MI
Residential Street Address 155 WOODMONT AVE		City BRIDGEPORT	State CT	Zip Code 06606
Principal Occupation SHEET ROCKER		Name of Employer FOUR SEASONS REMODELING		

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____			\$500
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:		<input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution:		Date Received	Aggregate Contributions
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		12/21/22	

SUBTOTAL Section B — This Page	\$1,100.00
TOTAL of additional Section B Pages	\$99,304.11
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	\$99,304.11

Section B ADDITIONAL PAGE 19 of 55

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
JOHN GOMES FOR MAYOR	JANUARY 10 FILING
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>	\$
SUBTOTAL SECTION A	

B. Itemized Contributions from Individuals

Last Name LOPES		First GEORGE		MI
Residential Street Address 821 CUMMINS HGWY		City MATTAPAN	State MA	Zip Code 02126
Principal Occupation DIRECTOR		Name of Employer LOPES MEMORIAL		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution \$1,000	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 12/22/22	Aggregate Contributions	

Last Name MIRANDA		First RAMON		MI
Residential Street Address 2444 E MAIN ST		City BRIDGEPORT	State CT	Zip Code 06610
Principal Occupation MANAGER		Name of Employer MIRANDA CARPENTRY LLC		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution \$1,000	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 12/22/22	Aggregate Contributions	

Last Name VILLARREAL		First SONIA		MI
Residential Street Address 27 OLIVER ST		City BRIDGEPORT	State CT	Zip Code 06606
Principal Occupation RETIRED		Name of Employer RETIRED		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution \$1,000	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 12/22/22	Aggregate Contributions	

SUBTOTAL Section B — This Page		\$3,000.00
TOTAL of additional Section B Pages		\$99,304.11
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>		\$99,304.11

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
JOHN GOMES FOR MAYOR	JANUARY 10 FILING
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>	\$
SUBTOTAL SECTION A	

B. Itemized Contributions from Individuals

Last Name		First		MI	
ZAMAN		AHNAF			
Residential Street Address			City	State	Zip Code
815 LAFAYETTE BLVD			BRIDGEPORT	CT	06604
Principal Occupation			Name of Employer		
CEO			AZRL LLC		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		\$1000	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:			Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			12/23/22		

Last Name		First		MI	
ORAZIETTI		RYKI		L	
Residential Street Address			City	State	Zip Code
195 ANDREW AVE			NAUGATUCK	CT	06770
Principal Occupation			Name of Employer		
MANAGER			PAPIYA LLC		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		\$1000	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:			Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			12/23/22		

Last Name		First		MI	
KHAN		FARHAD			
Residential Street Address			City	State	Zip Code
1015 FAIRFIELD AVE H1			BRIDGEPORT	CT	06604
Principal Occupation			Name of Employer		
MANAGER			ASZ CROP		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		\$1000	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:			Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			12/23/22		

SUBTOTAL Section B — This Page	\$3000.00
TOTAL of additional Section B Pages	\$99,304.11
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	\$99,304.11

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
JOHN GOMES FOR MAYOR	JANUARY 10 FILING
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>	\$
SUBTOTAL SECTION A	

B. Itemized Contributions from Individuals

Last Name POTTER-HENDERSON		First ZOEY		MI
Residential Street Address 850 HANCOCK AVE 1C		City BRIDGEPORT	State CT	Zip Code 06605
Principal Occupation RETIRED		Name of Employer RETIRED		

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		\$500
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Executive <input checked="" type="radio"/> Legislative <input type="radio"/> No		
Method of Contribution:		Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		12/23/22		

Last Name SILVA		First GLAUBER		MI
Residential Street Address 640 EZRA ST		City BRIDGEPORT	State CT	Zip Code 06606
Principal Occupation MANAGER		Name of Employer GREEN PAINTING & SERVICES LLC		

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		\$1000
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Executive <input checked="" type="radio"/> Legislative <input type="radio"/> No		
Method of Contribution:		Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		12/23/22		

Last Name AMADO		First CEC		MI
Residential Street Address 280 CROWN ST		City NEW HAVEN	State CT	Zip Code 06511
Principal Occupation MANAGER		Name of Employer MILKCRAFT		

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		\$500
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Executive <input checked="" type="radio"/> Legislative <input type="radio"/> No		
Method of Contribution:		Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		12/23/22		

SUBTOTAL Section B — This Page	\$2,000.00
TOTAL of additional Section B Pages	\$99,304.11
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	\$99,304.11

Section B ADDITIONAL PAGE 22 of 55

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
JOHN GOMES FOR MAYOR	JANUARY 10 FILING
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>	\$
SUBTOTAL SECTION A	

B. Itemized Contributions from Individuals

Last Name		First		MI	
MAGALHAES		LUCAS			
Residential Street Address		City		State	Zip Code
214 OVERLAND AVE		BRIDGEPORT		CT	06606
Principal Occupation		Name of Employer			
MANAGER		PINHO TILA & MARBLE CONTRACTOR			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		\$500	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		12/23/22			

Last Name		First		MI	
SAEZ		FEANCES			
Residential Street Address		City		State	Zip Code
25 LEXINGTON AVE		BRENTWOOD		NY	11717
Principal Occupation		Name of Employer			
EDUCATION ADMINSTRATOR		NORWALK PUBLIC SCHOOL			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		\$250	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		12/23/22			

Last Name		First		MI	
COLLINS		JAVAN			
Residential Street Address		City		State	Zip Code
2812 PACES LOOKOUT LANE SE		ATLANTA		GA	30339
Principal Occupation		Name of Employer			
EXECUTIVE		VANIGENT CORP			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		\$250	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		12/23/22			

SUBTOTAL Section B — This Page		\$1,000.00
TOTAL of additional Section B Pages		\$99,304.11
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>		\$99,304.11

Section B ADDITIONAL PAGE 23 of 55

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
JOHN GOMES FOR MAYOR	JANUARY 10 FILING
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>	\$
SUBTOTAL SECTION A	

B. Itemized Contributions from Individuals

Last Name MATEO		First ZAIDA		MI
Residential Street Address 210 ROBERT ST		City BRIDGEPORT	State CT	Zip Code 06606
Principal Occupation CASH CONTROL ANALYST		Name of Employer YALE NEW HAVEN HEALTH		

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		\$1000
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Executive <input checked="" type="radio"/> Legislative <input type="radio"/> No		
Method of Contribution:		Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		12/24/22		

Last Name SANTOS		First ANTONIO		MI
Residential Street Address 15 SAXONY DR		City TRUMBULL	State CT	Zip Code 06611
Principal Occupation MANAGER		Name of Employer OUTDOOR LAWN SERVICES LLC		

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		\$500
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Executive <input checked="" type="radio"/> Legislative <input type="radio"/> No		
Method of Contribution:		Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		12/26/22		

Last Name CINTRON		First JORGE		MI
Residential Street Address 30 ATWATER ST		City BRIDGEPORT	State CT	Zip Code 06604
Principal Occupation INSPECTOR		Name of Employer STATE OF CONNECTICUT		

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		\$1000
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Executive <input checked="" type="radio"/> Legislative <input type="radio"/> No		
Method of Contribution:		Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		12/26/22		

SUBTOTAL Section B — This Page	\$2,500.00
TOTAL of additional Section B Pages	\$99,304.11
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	\$99,304.11

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
JOHN GOMES FOR MAYOR	JANUARY 10 FILING
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>	\$
SUBTOTAL SECTION A	

B. Itemized Contributions from Individuals

Last Name CRESPO		First LETICIA		MI	
Residential Street Address 3001 SAN LEO DR		City ORLANDO		State FL	Zip Code 32820
Principal Occupation LAWYER		Name of Employer CRESPOL LAW FIRM			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			Amount of Contribution \$100
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		12/27/22			

Last Name DE SOUZA		First ADERISVONE		MI	
Residential Street Address 128 WILCOX ST		City BRIDGEPORT		State CT	Zip Code 06606
Principal Occupation OWNER		Name of Employer LUBER REMODELING			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			Amount of Contribution \$500
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		12/27/22			

Last Name SILVA		First JOSE		MI	
Residential Street Address 8 ROUND HILL DR		City MONROE		State CT	Zip Code 06468
Principal Occupation OFFICER		Name of Employer CITY OF NORWALK			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			Amount of Contribution \$100
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		12/27/22			

SUBTOTAL Section B — This Page	\$700.00
TOTAL of additional Section B Pages	\$99,304.11
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	\$99,304.11

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
JOHN GOMES FOR MAYOR				JANUARY 10 FILING			
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>				SUBTOTAL SECTION A			
				\$			
B. Itemized Contributions from Individuals							
Last Name		First				MI	
SPEAKER		KAITLYN					
Residential Street Address			City		State	Zip Code	
464 WOODLAWN AVE EXT			BRIDGEPORT		CT	06606	
Principal Occupation				Name of Employer			
PROGRAM COORDINATOR				UNIVERSITY OF CONNECTICUT			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?				Amount of Contribution	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No				\$550	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>					
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No Executive Legislative					
Method of Contribution:				Date Received		Aggregate Contributions	
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order				12/28/22			
Last Name		First				MI	
CRUZ		EDUARDO					
Residential Street Address			City		State	Zip Code	
83 LYNN DR			MONROE		CT	06468	
Principal Occupation				Name of Employer			
MANAGER				NETOS FLOORING			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?				Amount of Contribution	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No				\$1000	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>					
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No Executive Legislative					
Method of Contribution:				Date Received		Aggregate Contributions	
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order				12/28/22			
Last Name		First				MI	
PEREZ		ANGEL					
Residential Street Address			City		State	Zip Code	
45 IDYLWOOD AVE			WATERBURY		CT	06705	
Principal Occupation				Name of Employer			
BARBER				SMARTCUT			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?				Amount of Contribution	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No				\$250	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>					
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No Executive Legislative					
Method of Contribution:				Date Received		Aggregate Contributions	
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order				12/28/22			
SUBTOTAL Section B — This Page						\$1,800.00	
TOTAL of additional Section B Pages						\$99,304.11	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>						\$99,304.11	

Section B ADDITIONAL PAGE 26 **of** 55

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
JOHN GOMES FOR MAYOR	JANUARY 10 FILING
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>	\$
SUBTOTAL SECTION A	

B. Itemized Contributions from Individuals

Last Name MATTO		First CHARLENE		MI
Residential Street Address 7 FRANS WAY		City SHELTON	State CT	Zip Code 06484
Principal Occupation REALTOR		Name of Employer REMAX		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution \$500	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 12/28/22	Aggregate Contributions	

Last Name SHERMAN		First WILLIAM		MI
Residential Street Address 45 SHADOWS END LN		City MILFORD	State CT	Zip Code 06460
Principal Occupation ATTORNEY		Name of Employer NEUBERT PEPE & MONTEITH P.C		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution \$50	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 12/29/22	Aggregate Contributions	

Last Name IDELIU		First DRAGOS		MI
Residential Street Address 270 PORTERS HILL RD		City MONROE	State CT	Zip Code 06468
Principal Occupation SALES		Name of Employer AT SOUTHERN FAIRFIELD LLC		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution \$1000	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 12/29/22	Aggregate Contributions	

SUBTOTAL Section B — This Page		\$1,550.00
TOTAL of additional Section B Pages		\$99,304.11
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>		\$99,304.11

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
JOHN GOMES FOR MAYOR	JANUARY 10 FILING
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>	\$
SUBTOTAL SECTION A	

B. Itemized Contributions from Individuals

Last Name ALMEIDA		First JUNIOR		MI	
Residential Street Address 644 RUTH ST		City BRIGEPORT		State CT	Zip Code 06606
Principal Occupation OWNER			Name of Employer KING FLOOR SUPPLIES		

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>				\$1000
		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		
		<input type="radio"/> Executive <input type="radio"/> Legislative		
Method of Contribution:		Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		12/29/22		

Last Name ROGERS		First KYLER		MI	
Residential Street Address 3495 FEN WAY		City BOZEMAN		State MT	Zip Code 59718
Principal Occupation MANAGER			Name of Employer FED EX		

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>				\$1000
		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		
		<input type="radio"/> Executive <input type="radio"/> Legislative		
Method of Contribution:		Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		12/29/22		

Last Name FERREIRA		First MARCELO		MI	
Residential Street Address 238 GRIFFIN AVE		City BRIDGEPORT		State CT	Zip Code 06606
Principal Occupation MANAGER			Name of Employer BIG FLOORING		

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>				\$1000
		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		
		<input type="radio"/> Executive <input type="radio"/> Legislative		
Method of Contribution:		Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		12/29/22		

SUBTOTAL Section B — This Page	\$3000.00
TOTAL of additional Section B Pages	\$99,304.11
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	\$99,304.11

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
JOHN GOMES FOR MAYOR	JANUARY 10 FILING
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>	\$
SUBTOTAL SECTION A	

B. Itemized Contributions from Individuals

Last Name STEPHENS		First AMY		MI	
Residential Street Address N LATITUDE CIRCLE		City DELRAY BEACH		State FL	Zip Code 33483
Principal Occupation MANAGER		Name of Employer PULTE MORTGAGE			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			Amount of Contribution \$900
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		12/29/22	\$1,000		

Last Name GONZALEZ		First LUISELL		MI	
Residential Street Address 10 OLDE FIELD FARM RD		City ENFIELD		State CT	Zip Code 06082
Principal Occupation OCCUPATIONAL THERAPIST		Name of Employer TENDER TOUCH			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			Amount of Contribution \$1000
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		12/29/22	\$1000		

Last Name RIDDICK		First NIKOLE		MI	
Residential Street Address 20 NINA CT		City WATERBURY		State CT	Zip Code 06704
Principal Occupation WRITER		Name of Employer NAUGATUCK PUBLIC SCHOOL			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			Amount of Contribution \$500
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		12/29/22	\$1000		

SUBTOTAL Section B — This Page	\$2,400.00
TOTAL of additional Section B Pages	\$99,304.11
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	\$99,304.11

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
JOHN GOMES FOR MAYOR	JANUARY 10 FILING
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>	\$
SUBTOTAL SECTION A	

B. Itemized Contributions from Individuals

Last Name FILHO		First SERGIO		MI
Residential Street Address 19 BENSON RD		City BETHEL	State CT	Zip Code 06801
Principal Occupation PROJECT MANAGER		Name of Employer NAEK CONSTRUCTION		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution \$1000	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 12/29/22	Aggregate Contributions	

Last Name MAHONEY		First RACHEL		MI
Residential Street Address 176 PACER LN		City SOUTHINGTON	State CT	Zip Code 06479
Principal Occupation MARKETING		Name of Employer VROOM		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution \$1000	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 12/29/22	Aggregate Contributions	

Last Name COLON		First JULYSSA		MI
Residential Street Address 360 HAWTHORNE AVE		City DERBY	State CT	Zip Code 06418
Principal Occupation NURSE		Name of Employer OPTHC		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution \$1000	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 12/29/22	Aggregate Contributions	

SUBTOTAL Section B — This Page	\$3,000.00
TOTAL of additional Section B Pages	\$99,304.11
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	\$99,304.11

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT
JOHN GOMES FOR MAYOR		JANUARY 10 FILING
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		\$
SUBTOTAL SECTION A		

B. Itemized Contributions from Individuals

Last Name		First	MI
BRAGA		JOAO	
Residential Street Address		City	State Zip Code
54 POMONA RD		TRUMBULL	CT 06611
Principal Occupation		Name of Employer	
BUSINESS OWNER		IPANEMA	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	<input type="radio"/> Yes <input checked="" type="radio"/> 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:	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative	\$500
Method of Contribution:		Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		12/29/22		

Last Name		First	MI
BARBOSA		ARMANDO	
Residential Street Address		City	State Zip Code
300 CEDAR ST		SEYMOUR	CT 06483
Principal Occupation		Name of Employer	
IT		TENERITY	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	<input type="radio"/> Yes <input checked="" type="radio"/> 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:	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative	\$500
Method of Contribution:		Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		12/29/22		

Last Name		First	MI
SARANELA		NEIA	
Residential Street Address		City	State Zip Code
58 CLIFF ST		SHELTON	CT 06484
Principal Occupation		Name of Employer	
UNEMPLOYED		UNEMPLOYED	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	<input type="radio"/> Yes <input checked="" type="radio"/> 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:	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative	\$1000
Method of Contribution:		Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		12/29/22		

SUBTOTAL Section B — This Page		\$2,000.00
TOTAL of additional Section B Pages		\$99,304.11
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)		\$99,304.11

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
JOHN GOMES FOR MAYOR	JANUARY 10 FILING
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>	\$
B. Itemized Contributions from Individuals	

Last Name		First		MI	
NERES		MARCIA			
Residential Street Address		City	State	Zip Code	
158 WADE ST		BRIDGEPORT	CT	06604	
Principal Occupation		Name of Employer			
MANAGER		DON RAPHAEL			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			Amount of Contribution
		<input type="radio"/> Yes <input checked="" type="radio"/> No			\$500
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			<input type="radio"/> Yes <input checked="" type="radio"/> No
		<input type="radio"/> Executive <input checked="" type="radio"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		12/29/22			

Last Name		First		MI	
ROSA		ANTONIO			
Residential Street Address		City	State	Zip Code	
298 THORME ST		BRIDGEPORT	CT	06606	
Principal Occupation		Name of Employer			
CONSTRUCTION WORKER		FGE CONSTRUCTION LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			Amount of Contribution
		<input type="radio"/> Yes <input checked="" type="radio"/> No			\$300
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			<input type="radio"/> Yes <input checked="" type="radio"/> No
		<input type="radio"/> Executive <input checked="" type="radio"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		12/29/22			

Last Name		First		MI	
RUIZ		ANIBAL			
Residential Street Address		City	State	Zip Code	
4441 MADISON AVE		TRUMBULL	CT	06611	
Principal Occupation		Name of Employer			
TRANSPORTATION LOGISTICS		UPS			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			Amount of Contribution
		<input type="radio"/> Yes <input checked="" type="radio"/> No			\$500
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			<input type="radio"/> Yes <input checked="" type="radio"/> No
		<input type="radio"/> Executive <input checked="" type="radio"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		12/29/22	\$1000		

SUBTOTAL Section B — This Page	\$1,300.00
TOTAL of additional Section B Pages	\$99,304.11
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	\$99,304.11

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT
JOHN GOMES FOR MAYOR		JANUARY 10 FILING
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		\$
B. Itemized Contributions from Individuals		

Last Name		First		MI	
ZOCOLI		GILMAR			
Residential Street Address			City	State	Zip Code
2180 MAIN ST			BRIDGEPORT	CT	06606
Principal Occupation			Name of Employer		
UNEMPLOYED			UNEMPLOYED		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			Amount of Contribution
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No			
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		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:			\$350
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Executive <input checked="" type="radio"/> Legislative <input type="radio"/> No			
Method of Contribution:			Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			12/29/22		

Last Name		First		MI	
CORADO		ERIM			
Residential Street Address			City	State	Zip Code
1407 EAST MAIN ST			BRIDGEPORT	CT	06608
Principal Occupation			Name of Employer		
NURSE MANAGER			VITAS HEALTHCARE		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			Amount of Contribution
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No			
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		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:			\$1000
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Executive <input checked="" type="radio"/> Legislative <input type="radio"/> No			
Method of Contribution:			Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			12/29/22		

Last Name		First		MI	
RIDDICK		NIKOLE			
Residential Street Address			City	State	Zip Code
20 NINA CT			WATERBURY	CT	06704
Principal Occupation			Name of Employer		
WRITER			NAUGATUCK PUBLIC SCHOOL		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			Amount of Contribution
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No			
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		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:			\$500
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Executive <input checked="" type="radio"/> Legislative <input type="radio"/> No			
Method of Contribution:			Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			12/30/22	\$1000	

SUBTOTAL Section B — This Page		\$1,850.00
TOTAL of additional Section B Pages		\$99,304.11
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>		\$99,304.11

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
JOHN GOMES FOR MAYOR	JANUARY 10 FILING
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>	\$
SUBTOTAL SECTION A	

B. Itemized Contributions from Individuals

Last Name SHANLEY		First ANA		MI R	
Residential Street Address 279 A SOUTH TRAIL		City STRATFORD		State CT	Zip Code 06614
Principal Occupation CRNA		Name of Employer BAA			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution \$500	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 12/30/22	Aggregate Contributions \$1000		

Last Name SHANLEY		First ANA		MI R	
Residential Street Address 279 A SOUTH TRAIL		City STRATFORD		State CT	Zip Code 06614
Principal Occupation CRNA		Name of Employer BAA			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution \$100	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 12/30/22	Aggregate Contributions \$1000		

Last Name LAWRENCE		First GEORGE		MI MI	
Residential Street Address 156 WAKE ST		City BRIDGEPORT		State CT	Zip Code 06610
Principal Occupation TRAFFIC OBSERVER		Name of Employer AWP			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution \$150	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 12/30/22	Aggregate Contributions		

SUBTOTAL Section B — This Page	\$750.00
TOTAL of additional Section B Pages	\$99,304.11
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	\$99,304.11

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
JOHN GOMES FOR MAYOR	JANUARY 10 FILING
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>	\$
SUBTOTAL SECTION A	

B. Itemized Contributions from Individuals

Last Name CHILUISA		First KATIRIA		MI	
Residential Street Address 8 POINT BEACH DR		City MILFORD		State CT	Zip Code 06460
Principal Occupation REALTOR			Name of Employer RE/MAX RIGHT CHOICE		

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		\$1000
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Executive <input checked="" type="radio"/> Legislative <input type="radio"/> No		
Method of Contribution:			Date Received	Aggregate Contributions
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			12/30/22	

Last Name DA SILVA		First LEVI		MI	
Residential Street Address 481 CATHERINE ST		City BRIDGEPORT		State CT	Zip Code 06604
Principal Occupation MANAGER			Name of Employer LEVIS DRYWALL LLC		

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		\$500
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Executive <input checked="" type="radio"/> Legislative <input type="radio"/> No		
Method of Contribution:			Date Received	Aggregate Contributions
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			12/30/22	

Last Name MARTINEZ		First DENNIS		MI	
Residential Street Address 3200 MADISON AVE		City BRIDGEPORT		State CT	Zip Code 06606
Principal Occupation INVESTIGATOR			Name of Employer STATE OF CT		

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		\$250
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Executive <input checked="" type="radio"/> Legislative <input type="radio"/> No		
Method of Contribution:			Date Received	Aggregate Contributions
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			12/30/22	

SUBTOTAL Section B — This Page	\$1,750.00
TOTAL of additional Section B Pages	\$99,304.11
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	\$99,304.11

Section B ADDITIONAL PAGE 35 **of** 55

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
JOHN GOMES FOR MAYOR	JANUARY 10 FILING
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>	\$
B. Itemized Contributions from Individuals	

Last Name				First		MI	
VIEIRA				CARLOS			
Residential Street Address				City		State	Zip Code
110 CHERRY ST				BROCKTON		MA	02301
Principal Occupation				Name of Employer			
RETIRED				RETIRED			

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution
				\$500
Is this contribution associated with an event reported in Section L1?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
<i>If yes, list Event #</i>		<i>If yes, indicate which branch or branches of government the contract is with:</i>		
		<input type="radio"/> Executive <input type="radio"/> Legislative		
Method of Contribution:		Date Received		Aggregate Contributions
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		12/30/22		

Last Name				First		MI	
RUA				JOAO			
Residential Street Address				City		State	Zip Code
171 HIGGINS AVE				BRIDGEPORT		CT	06606
Principal Occupation				Name of Employer			
CONSTRUCTION				BURNS CONSTRUCTION			

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution
				\$500
Is this contribution associated with an event reported in Section L1?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
<i>If yes, list Event #</i>		<i>If yes, indicate which branch or branches of government the contract is with:</i>		
		<input type="radio"/> Executive <input type="radio"/> Legislative		
Method of Contribution:		Date Received		Aggregate Contributions
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		12/30/22		

Last Name				First		MI	
SMITH				DERRICK			
Residential Street Address				City		State	Zip Code
127 MARION ST				BRIDGEPORT		CT	06606
Principal Occupation				Name of Employer			
MANAGER				ONE STOP HOME REPAIRS			

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution
				\$500
Is this contribution associated with an event reported in Section L1?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
<i>If yes, list Event #</i>		<i>If yes, indicate which branch or branches of government the contract is with:</i>		
		<input type="radio"/> Executive <input type="radio"/> Legislative		
Method of Contribution:		Date Received		Aggregate Contributions
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		12/30/22		

SUBTOTAL Section B — This Page	\$1,500.00
TOTAL of additional Section B Pages	\$99,304.11
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	\$99,304.11

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
JOHN GOMES FOR MAYOR	JANUARY 10 FILING
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>	\$
SUBTOTAL SECTION A	

B. Itemized Contributions from Individuals

Last Name CORREIA		First MANUEL	MI
Residential Street Address 79 ROCHFORD AVE		City HAMDEN	State CT
Principal Occupation VP OF OPERATION		Name of Employer CITIZENS BANK	
Zip Code 06514			

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution
				\$100
Is this contribution associated with an event reported in Section L1?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
<i>If yes, list Event # _____</i>		<i>If yes, indicate which branch or branches of government the contract is with:</i>		
		<input type="radio"/> Executive <input type="radio"/> Legislative		
Method of Contribution:		Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		12/30/22		

Last Name FARROW		First EDWIN	MI
Residential Street Address 357 PEARL ST 5		City BRIDGEPORT	State CT
Principal Occupation ATTORNEY		Name of Employer EDWIN P FARROW ATTORNEY AT LAW	
Zip Code 06608			

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution
				\$1000
Is this contribution associated with an event reported in Section L1?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
<i>If yes, list Event # _____</i>		<i>If yes, indicate which branch or branches of government the contract is with:</i>		
		<input type="radio"/> Executive <input type="radio"/> Legislative		
Method of Contribution:		Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		12/30/22		

Last Name DIAZ		First WALTER	MI
Residential Street Address 908 MILDRED CT		City MURRELLS INLET	State SC
Principal Occupation RETIRED		Name of Employer RETIRED	
Zip Code 29576			

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution
				\$500
Is this contribution associated with an event reported in Section L1?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
<i>If yes, list Event # _____</i>		<i>If yes, indicate which branch or branches of government the contract is with:</i>		
		<input type="radio"/> Executive <input type="radio"/> Legislative		
Method of Contribution:		Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		12/30/22		

SUBTOTAL Section B — This Page	\$1,600.00
TOTAL of additional Section B Pages	\$99,304.11
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	\$99,304.11

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
JOHN GOMES FOR MAYOR	JANUARY 10 FILING
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>	\$
B. Itemized Contributions from Individuals	

Last Name				First		MI	
CORONA				PAMELA			
Residential Street Address			City		State	Zip Code	
240 GARFIELD AVE			BRIDGEPORT		CT	06606	
Principal Occupation				Name of Employer			
HOME HEALTH CARE				TOTALITY HOME CARE			

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution
\$50				
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	
		<input type="radio"/> Executive <input type="radio"/> Legislative		
Method of Contribution:		Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		12/30/22		

Last Name				First		MI	
SHANLEY				ANA		R	
Residential Street Address			City		State	Zip Code	
279A SOUTH TRAIL			STRATFORD		CT	06614	
Principal Occupation				Name of Employer			
CRNA				BAA			

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution
\$400				
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	
		<input type="radio"/> Executive <input type="radio"/> Legislative		
Method of Contribution:		Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		12/30/22	\$1000	

Last Name				First		MI	
ESTEVEZ				CARLOS			
Residential Street Address			City		State	Zip Code	
1 WOODY CREST			WESTHAVEN		CT	06516	
Principal Occupation				Name of Employer			
MANAGER				CSMANSORY			

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution
\$1000				
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	
		<input type="radio"/> Executive <input type="radio"/> Legislative		
Method of Contribution:		Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		12/30/22		

SUBTOTAL Section B — This Page	\$1,450.00
TOTAL of additional Section B Pages	\$99,304.11
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	\$99,304.11

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
JOHN GOMES FOR MAYOR	JANUARY 10 FILING
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>	\$
SUBTOTAL SECTION A	

B. Itemized Contributions from Individuals

Last Name STOLZE		First DOUGLAS		MI	
Residential Street Address 101 CAPTAIN WOOSTER RD			City OXFORD	State CT	Zip Code 06478
Principal Occupation ELETRICAL SUPERVISOR			Name of Employer EVERSOURCE		

<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		\$500
<input type="radio"/> Yes <input checked="" type="radio"/> No	Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	<input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received 12/30/22	Aggregate Contributions	

Last Name SAEZ		First FRANCES		MI	
Residential Street Address 25 LEXINGTON AVE			City BRENTWOOD	State NY	Zip Code 11717
Principal Occupation ED ADMINISTRATOR			Name of Employer NORWALK PUBLIC SCHOOL		

<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		\$750
<input type="radio"/> Yes <input checked="" type="radio"/> No	Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	<input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received 12/30/22	Aggregate Contributions \$1000	

Last Name SILVA		First EDSON		MI	
Residential Street Address 2006 NORTH AVE			City BRIDGEPORT	State CT	Zip Code 06604
Principal Occupation DISPATCHER			Name of Employer NUVANCE HEALTH		

<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		\$250
<input type="radio"/> Yes <input checked="" type="radio"/> No	Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	<input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received 12/30/22	Aggregate Contributions	

SUBTOTAL Section B — This Page	\$1,500.00
TOTAL of additional Section B Pages	\$99,304.11
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	\$99,304.11

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
JOHN GOMES FOR MAYOR	JANUARY 10 FILING
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>	\$
B. Itemized Contributions from Individuals	

Last Name				First		MI	
RODRIGUEZ				EDGAR			
Residential Street Address				City		State	Zip Code
112 RICHARD BOULEVARD				SHELTON		CT	06484
Principal Occupation				Name of Employer			
FUNERAL DIRECTOR				FUNERARIA LUZ DE PAZ			

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution
				\$1000
Is this contribution associated with an event reported in Section L1?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
<i>If yes, list Event #</i>		<i>If yes, indicate which branch or branches of government the contract is with:</i>		
		<input type="radio"/> Executive <input type="radio"/> Legislative		
Method of Contribution:				Date Received
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order				12/30/22
				Aggregate Contributions

Last Name				First		MI	
KHAIR				ABUL			
Residential Street Address				City		State	Zip Code
1218 STATE ST				BRIDGEPORT		CT	06605
Principal Occupation				Name of Employer			
OWNER				BANGLA BAZAR			

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution
				\$1000
Is this contribution associated with an event reported in Section L1?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
<i>If yes, list Event #</i>		<i>If yes, indicate which branch or branches of government the contract is with:</i>		
		<input type="radio"/> Executive <input type="radio"/> Legislative		
Method of Contribution:				Date Received
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order				12/30/22
				Aggregate Contributions

Last Name				First		MI	
RODRIGUEZ				LUIS			
Residential Street Address				City		State	Zip Code
112 RICHARD BOULEVARD				SHELTON		CT	06484
Principal Occupation				Name of Employer			
FOOD SERVICE MANAGER				NUTRITION SERVICES BRIDGEPORT BOE			

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution
				\$1000
Is this contribution associated with an event reported in Section L1?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
<i>If yes, list Event #</i>		<i>If yes, indicate which branch or branches of government the contract is with:</i>		
		<input type="radio"/> Executive <input type="radio"/> Legislative		
Method of Contribution:				Date Received
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order				12/30/22
				Aggregate Contributions

SUBTOTAL Section B — This Page	\$3,000.00
TOTAL of additional Section B Pages	\$99,304.11
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	\$99,304.11

Section B ADDITIONAL PAGE 40 **of** 55

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
JOHN GOMES FOR MAYOR	JANUARY 10 FILING
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>	\$
SUBTOTAL SECTION A	

B. Itemized Contributions from Individuals

Last Name		First		MI	
SPENCER		ALFREDO			
Residential Street Address		City		State	Zip Code
71 TORREY AVE		BROCKTON		MA	02301
Principal Occupation			Name of Employer		
CONTRACTOR			AS CONSTRUCTION		

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution
				\$250
Is this contribution associated with an event reported in Section L1?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
<i>If yes, list Event # _____</i>		<i>If yes, indicate which branch or branches of government the contract is with:</i>		
		<input type="radio"/> Executive <input type="radio"/> Legislative		
Method of Contribution:			Date Received	Aggregate Contributions
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			12/31/22	

Last Name		First		MI	
FORD		CARLA			
Residential Street Address		City		State	Zip Code
211 STATE ST		BRIDGEPORT		CT	06604
Principal Occupation			Name of Employer		
X RAY TECH			GREENWICH HOSPITAL		

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution
				\$1000
Is this contribution associated with an event reported in Section L1?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
<i>If yes, list Event # _____</i>		<i>If yes, indicate which branch or branches of government the contract is with:</i>		
		<input type="radio"/> Executive <input type="radio"/> Legislative		
Method of Contribution:			Date Received	Aggregate Contributions
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			12/31/22	

Last Name		First		MI	
MARTINEZ		MARCOS			
Residential Street Address		City		State	Zip Code
919 STRATFORD AVE		STRATFORD		CT	06615
Principal Occupation			Name of Employer		
OWNER			MVP CAR WASH		

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution
				\$1000
Is this contribution associated with an event reported in Section L1?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
<i>If yes, list Event # _____</i>		<i>If yes, indicate which branch or branches of government the contract is with:</i>		
		<input type="radio"/> Executive <input type="radio"/> Legislative		
Method of Contribution:			Date Received	Aggregate Contributions
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			12/31/22	

SUBTOTAL Section B — This Page			\$2,250.00
TOTAL of additional Section B Pages			\$99,304.11
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>			\$99,304.11

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
JOHN GOMES FOR MAYOR	JANUARY 10 FILING
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>	\$
SUBTOTAL SECTION A	

B. Itemized Contributions from Individuals

Last Name MORALES		First MARLON		MI
Residential Street Address 271 WHEELER		City BRIDGEPORT	State CT	Zip Code 0666
Principal Occupation CABINET MAKER		Name of Employer MARLON ARCHITECTURAL WOODWORKING LLC		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution \$500	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 12/31/22	Aggregate Contributions	

Last Name FELIZ		First GUIDO		MI M
Residential Street Address 87 E EATON ST		City BRIDGEPORT	State CT	Zip Code 06604
Principal Occupation BARBER		Name of Employer EVOLUTION BARBERSHOP		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution \$200	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 12/31/22	Aggregate Contributions	

Last Name BERRY		First GEORGE		MI
Residential Street Address 75 GRANDVIEW AVE		City NORWALK	State CT	Zip Code 06850
Principal Occupation PLUMBING		Name of Employer A&G MECHANICAL		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution \$250	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 12/31/22	Aggregate Contributions	

SUBTOTAL Section B — This Page	\$950.00
TOTAL of additional Section B Pages	\$99,304.11
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	\$99,304.11

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
JOHN GOMES FOR MAYOR	JANUARY 10 FILING
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>	\$
B. Itemized Contributions from Individuals	

Last Name BULL		First DONALD		MI	
Residential Street Address 7220 LOOKOUT BLUFF TERRANCE			City AUSTIN		State TX
			Zip Code 78735		
Principal Occupation CODING INSTRUCTOR			Name of Employer PERSEVERE		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution \$50
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No			
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received 12/31/22	Aggregate Contributions	

Last Name REID		First WALLACE		MI	
Residential Street Address 16 DOWNING CIRCLE			City BLOOMFIELD		State CT
			Zip Code 06002		
Principal Occupation UNEMPLOYED			Name of Employer UNEMPLOYED		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution \$10
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No			
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received 12/31/22	Aggregate Contributions	

Last Name HOWARD		First DOUGLAS		MI	
Residential Street Address 290 TUNXIS AVE			City BLOOMFIELD		State CT
			Zip Code 06002		
Principal Occupation EDUCATION			Name of Employer HARTFORD PUBLIC SCHOOLS		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution \$100
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No			
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received 12/31/22	Aggregate Contributions	

SUBTOTAL Section B — This Page	\$160.00
TOTAL of additional Section B Pages	\$99,304.11
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	\$99,304.11

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
JOHN GOMES FOR MAYOR	JANUARY 10 FILING
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>	\$
SUBTOTAL SECTION A	

B. Itemized Contributions from Individuals

Last Name WILKINS		First JAMAR		MI	
Residential Street Address 358 ROOSEVELT ST		City FAIRVIEW		State NJ	Zip Code 07022
Principal Occupation SALES MANAGER		Name of Employer FOUR SEASONS			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution \$50	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 12/31/22	Aggregate Contributions		

Last Name ZAMAN		First MUHAMMAD		MI	
Residential Street Address 578 CLEVELAND AVE		City BRIDGEPORT		State CT	Zip Code 06604
Principal Occupation SERVICE		Name of Employer COMMUTER HOUSE			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution \$1000	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 12/31/22	Aggregate Contributions		

Last Name OVALLES		First YESENIA		MI	
Residential Street Address 135 HARRAL AVE		City BRIDGEPORT		State CT	Zip Code 06604
Principal Occupation MANAGER		Name of Employer SOLMAR			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution \$500	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 12/31/22	Aggregate Contributions		

SUBTOTAL Section B — This Page	\$1,550.00
TOTAL of additional Section B Pages	\$99,304.11
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	\$99,304.11

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
JOHN GOMES FOR MAYOR	JANUARY 10 FILING
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>	\$
SUBTOTAL SECTION A	

B. Itemized Contributions from Individuals

Last Name FISCHBEIN		First SHAYA		MI	
Residential Street Address 1654 43RD ST		City BROOKLYN		State NY	Zip Code 11204
Principal Occupation CFO			Name of Employer SHARK WHOLESAL		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution \$500	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input checked="" type="radio"/> Legislative <input type="radio"/> No			
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received 12/31/22	Aggregate Contributions	

Last Name LOCICERO		First RICK		MI	
Residential Street Address 1516 BARNUM AVE		City STRATFORD		State CT	Zip Code 06614
Principal Occupation INSURANCE			Name of Employer RICK LOCICERO STATE FARM		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution \$250	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input checked="" type="radio"/> Legislative <input type="radio"/> No			
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received 12/31/22	Aggregate Contributions	

Last Name GREEN		First CHARLES		MI	
Residential Street Address 196 DEFASHION ST		City SOUTHINGTON		State CT	Zip Code 06479
Principal Occupation ATTORNEY			Name of Employer STATE OF CT		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution \$50	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> <input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input checked="" type="radio"/> Legislative <input type="radio"/> No			
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received 12/31/22	Aggregate Contributions	

SUBTOTAL Section B — This Page	\$800.00
TOTAL of additional Section B Pages	\$99,304.11
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	\$99,304.11

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
JOHN GOMES FOR MAYOR		JANUARY 10 FILING	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A	
		\$	
B. Itemized Contributions from Individuals			
Last Name LIVINGSTON		First CRAIG MI	
Residential Street Address 150 E 52ND ST		City NEW YORK	
		State NY	
		Zip Code 10022	
Principal Occupation INVESTOR		Name of Employer EXACT CAPITAL	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> 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: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> Yes <input type="radio"/> No	
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 12/31/22	
		Aggregate Contributions	
Last Name MAYO		First CLAUDE MI	
Residential Street Address 8 BIRCHWOOD ROAD		City EAST HARTFORD	
		State CT	
		Zip Code 06118	
Principal Occupation ADJUNCT FACULTY		Name of Employer UNIVERSITY OF BRIDGEPORT	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> 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: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> Yes <input type="radio"/> No	
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 12/31/22	
		Aggregate Contributions	
Last Name DREHER		First ALAN MI E	
Residential Street Address 271 IRANISTAN AVE		City BRIDGEPORT	
		State CT	
		Zip Code 06604	
Principal Occupation PROPRIETY MANAGER		Name of Employer DBA ALAN DREHER SOLE PROPRIETOR	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> 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: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> Yes <input type="radio"/> No	
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 12/29/22	
		Aggregate Contributions	
SUBTOTAL Section B — This Page		\$1,519.11	
TOTAL of additional Section B Pages		\$99,304.11	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)		\$99,304.11	

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
JOHN GOMES FOR MAYOR	JANUARY 10 FILING
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>	\$
SUBTOTAL SECTION A	

B. Itemized Contributions from Individuals

Last Name MOTA		First JOSE		MI R
Residential Street Address 100 WALNUT AVE		City SHELTON	State CT	Zip Code 06484
Principal Occupation PROPRIETOR		Name of Employer MOTA SEWER CO		

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	\$200
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 12/30/22	Aggregate Contributions	

Last Name SANTOS		First CHRISTINA		MI MI
Residential Street Address 560 RIVERROAD		City SHELTON	State CT	Zip Code 06484
Principal Occupation MANAGER		Name of Employer SANTOS FOUNDATIONS		

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	\$250
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 12/14/22	Aggregate Contributions	

Last Name SOTO		First PEDRO		MI L
Residential Street Address 225 VINE ST		City BRIDGEPORT	State CT	Zip Code 06604
Principal Occupation PROPERTY MANAGER		Name of Employer DBA PEDRO SOTO SOLE PROPIETOR		

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	\$500
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 12/22/22	Aggregate Contributions	

SUBTOTAL Section B — This Page	\$950.00
TOTAL of additional Section B Pages	\$99,304.11
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	\$99,304.11

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
JOHN GOMES FOR MAYOR	JANUARY 10 FILING
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>	\$
SUBTOTAL SECTION A	

B. Itemized Contributions from Individuals

Last Name RAMIREZ		First ISRAEL		MI G	
Residential Street Address 126A OAK AVE		City SHELTON		State CT	Zip Code 06484
Principal Occupation SALES			Name of Employer STATE FARM		

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	\$100
Method of Contribution:		Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		12/25/22		

Last Name PEREIRA		First JAMIE		MI MI	
Residential Street Address 23 RAYO DR		City SHELTON		State CT	Zip Code 06484
Principal Occupation REALTOR			Name of Employer REMAX REALTY		

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	\$1000
Method of Contribution:		Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		12/23/22		

Last Name ROXO		First JOSE		MI MI	
Residential Street Address 26 CANFIELD DRIVE		City SHELTON		State CT	Zip Code 06484
Principal Occupation OWNER/MANAGER			Name of Employer ROXO CONSTRUCTION LLC		

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	\$1000
Method of Contribution:		Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		12/23/22		

SUBTOTAL Section B — This Page	\$2,100.00
TOTAL of additional Section B Pages	\$99,304.11
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	\$99,304.11

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
JOHN GOMES FOR MAYOR	JANUARY 10 FILING
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>	\$
SUBTOTAL SECTION A	

B. Itemized Contributions from Individuals

Last Name ROXO		First CHRISTOPHER		MI	
Residential Street Address 26 CANFIELD DRIVE			City SHELTON	State CT	Zip Code 06484
Principal Occupation MANAGER			Name of Employer ROXO CONSTRUCTION LLC		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution \$1000
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No			
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received 12/22/22	Aggregate Contributions	

Last Name PREZIOSO		First EILEEN		MI	
Residential Street Address 100 PARROTT DR UNIT 501			City SHELTON	State CT	Zip Code 06484
Principal Occupation MANAGER			Name of Employer SLICE OF LIFE INC		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution \$1000
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No			
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received 12/20/22	Aggregate Contributions	

Last Name MONTEIRO		First FELIPE		MI	
Residential Street Address 4 LAWRENCE COURT			City MILFORD	State CT	Zip Code 06460
Principal Occupation MANAGER			Name of Employer MONTEIRO MANSORY LLC		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution \$1000
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No			
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received 12/22/22	Aggregate Contributions	

SUBTOTAL Section B — This Page	\$3,000.00
TOTAL of additional Section B Pages	\$99,304.11
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	\$99,304.11

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
JOHN GOMES FOR MAYOR	JANUARY 10 FILING
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>	\$
SUBTOTAL SECTION A	

B. Itemized Contributions from Individuals

Last Name		First		MI	
SANTOS		NELSON			
Residential Street Address			City	State	Zip Code
30 WINTERGREEN DRIVE			EASTON		06612
Principal Occupation			Name of Employer		
MANAGER			SANTOS INTERIORS LLC		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		\$1000	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Executive <input checked="" type="radio"/> Legislative			
Method of Contribution:			Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			12/22/22		

Last Name		First		MI	
ROSA		MARIA		L	
Residential Street Address			City	State	Zip Code
2370 NORTH AVE #10F			BRIDGEPORT	CT	06604
Principal Occupation			Name of Employer		
RETIRED			RETIRED		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		\$1000	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Executive <input checked="" type="radio"/> Legislative			
Method of Contribution:			Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			12/23/22		

Last Name		First		MI	
DACRUZ		FABIANO			
Residential Street Address			City	State	Zip Code
125 OAK ST			BRIDGEPORT	CT	06604
Principal Occupation			Name of Employer		
MANAGER			KEYSTONE MASONRY CT LLC		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		\$500	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Executive <input checked="" type="radio"/> Legislative			
Method of Contribution:			Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			12/23/22		

SUBTOTAL Section B — This Page	\$2,500.00
TOTAL of additional Section B Pages	\$99,304.11
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	\$99,304.11

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
JOHN GOMES FOR MAYOR	JANUARY 10 FILING
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>	\$
SUBTOTAL SECTION A	

B. Itemized Contributions from Individuals

Last Name		First		MI	
CONNELLY		JAMES			
Residential Street Address			City	State	Zip Code
42 RIDGEWOOD COURT			SHELTON	CT	06484
Principal Occupation			Name of Employer		
RETIRED			RETIRED		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		\$200	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:			Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			12/22/22		

Last Name		First		MI	
LAFFITTE		SUSIE			
Residential Street Address			City	State	Zip Code
225 INTERVALE RD			TRUMBULL	CT	06611
Principal Occupation			Name of Employer		
RETIRED			RETIRED		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		\$1000	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:			Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			12/22/22		

Last Name		First		MI	
DAGRACA		CARLOS			
Residential Street Address			City	State	Zip Code
12 MARIA ALICA DR			SHELTON	CT	06484
Principal Occupation			Name of Employer		
MANAGER			O&C IMPROVEMENTS LLC		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		\$1000	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:			Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			12/22/22		

SUBTOTAL Section B — This Page			\$2,200.00
TOTAL of additional Section B Pages			\$99,304.11
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>			\$99,304.11

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT
JOHN GOMES FOR MAYOR		JANUARY 10 FILING
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		\$
SUBTOTAL SECTION A		

B. Itemized Contributions from Individuals

Last Name		First		MI
DIOMEDES		FELIZ		
Residential Street Address		City	State	Zip Code
281 RIDGEFIELD AVE		BRIDGEPORT	CT	06610
Principal Occupation		Name of Employer		
EVOLUTION BARBER SHOP		OWNER		

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution \$1000
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____	<input type="radio"/> Yes <input checked="" type="radio"/> 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:	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution:		Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		12/15/22		

Last Name		First		MI
FIGUEROA		MARIA		
Residential Street Address		City	State	Zip Code
281 RIDGEFIELD AVE		BRIDGEPORT	CT	06610
Principal Occupation		Name of Employer		
EVOLUTION SPORT BAR		BAR MANAGER		

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution \$1000
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____	<input type="radio"/> Yes <input checked="" type="radio"/> 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:	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution:		Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		12/15/22		

Last Name		First		MI
FERNANDES		DANGELO		M
Residential Street Address		City	State	Zip Code
1282 NORTH AVE		BRIDGEPORT	CT	06604
Principal Occupation		Name of Employer		
OWNER		TERRA BRASILIS RESTAURANT		

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution \$500
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____	<input type="radio"/> Yes <input checked="" type="radio"/> 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:	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution:		Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		12/15/22		

SUBTOTAL Section B — This Page		\$2,500.00
TOTAL of additional Section B Pages		\$99,304.11
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)		\$99,304.11

Section B ADDITIONAL PAGE 52 of 55

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
JOHN GOMES FOR MAYOR	JANUARY 10 FILING
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>	\$
B. Itemized Contributions from Individuals	

Last Name				First		MI	
SANTOS				DON			
Residential Street Address				City		State	Zip Code
560 RIVER RD				SHELTON		CT	06484
Principal Occupation				Name of Employer			
RETIRED				RETIRED			

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution
				\$250
Is this contribution associated with an event reported in Section L1?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
<i>If yes, list Event # _____</i>		<i>If yes, indicate which branch or branches of government the contract is with:</i>		
		<input type="radio"/> Executive <input type="radio"/> Legislative		
Method of Contribution:				Date Received
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order				12/13/22
				Aggregate Contributions

Last Name				First		MI	
ANDRADE				MARCIO			
Residential Street Address				City		State	Zip Code
296 ANTON ST				BRIDGEPORT		CT	06606
Principal Occupation				Name of Employer			
MANAGER				ANDRADE TILE MARBLE LLC			

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution
				\$1000
Is this contribution associated with an event reported in Section L1?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
<i>If yes, list Event # _____</i>		<i>If yes, indicate which branch or branches of government the contract is with:</i>		
		<input type="radio"/> Executive <input type="radio"/> Legislative		
Method of Contribution:				Date Received
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order				12/19/22
				Aggregate Contributions

Last Name				First		MI	
GAINES				CHAZ			
Residential Street Address				City		State	Zip Code
295 WILDWOOD DR				STRATFORD		CT	06614
Principal Occupation				Name of Employer			
VP BUSINESS BANKING				CITIZENS BANK			

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution
				\$250
Is this contribution associated with an event reported in Section L1?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
<i>If yes, list Event # _____</i>		<i>If yes, indicate which branch or branches of government the contract is with:</i>		
		<input type="radio"/> Executive <input type="radio"/> Legislative		
Method of Contribution:				Date Received
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order				12/28/22
				Aggregate Contributions

SUBTOTAL Section B -- This Page	\$1,500.00
TOTAL of additional Section B Pages	\$99,304.11
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	\$99,304.11

Section B ADDITIONAL PAGE 53 of 55

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>		TYPE OF REPORT	
JOHN GOMES FOR MAYOR		JANUARY 10 FILING	
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>		\$	
SUBTOTAL SECTION A			

B. Itemized Contributions from Individuals

Last Name		First		MI	
RODRIGUES		ALBINO			
Residential Street Address		City		State	Zip Code
484 W MAYFLOWER FL		MILFORD		CT	06460
Principal Occupation			Name of Employer		
LINE WORKER			POOLS BY AL INC		

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution \$250
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		
				<input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No		
Method of Contribution:			Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			12/28/22			

Last Name		First		MI	
NUNES		DELFIN		J	
Residential Street Address		City		State	Zip Code
840 SOUTH AVENUE		BRIDGEPORT		CT	06604
Principal Occupation			Name of Employer		
AUTO BODY			NUNES AUTO & SALES INC		

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution \$1000
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		
				<input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No		
Method of Contribution:			Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			12/31/22			

Last Name		First		MI	
MERCURIO		JON		P	
Residential Street Address		City		State	Zip Code
136 RUNNING BROOK		SHELTON		CT	06484
Principal Occupation			Name of Employer		
RETIRED			RETIRED		

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution \$1000
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		
				<input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No		
Method of Contribution:			Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			12/29/22			

SUBTOTAL Section B — This Page		\$2,250.00
TOTAL of additional Section B Pages		\$99,304.11
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>		\$99,304.11

Section B ADDITIONAL PAGE 54 **of** 55

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>		TYPE OF REPORT	
JOHN GOMES FOR MAYOR		JANUARY 10 FILING	
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>		SUBTOTAL SECTION A	
		\$	
B. Itemized Contributions from Individuals			
Last Name		First	
MOURAO		JUNIOR	
MI			
Residential Street Address		City	
13 FAIRLANE RD		TRUMBULL	
State		Zip Code	
CT		06611	
Principal Occupation		Name of Employer	
WORKER/CEILING		CONSTRUTECH LLC	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	
Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution:		Date Received	
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		12/29/22	
		Aggregate Contributions	
Amount of Contribution			
		\$1000	
Last Name		First	
EASTON		RYAN	
MI			
Residential Street Address		City	
34 ROBERT ST		MILFORD	
State		Zip Code	
CT		06460	
Principal Occupation		Name of Employer	
SALES		DRINKS UNLIMITED	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	
Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution:		Date Received	
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		12/30/22	
		Aggregate Contributions	
Amount of Contribution			
		\$1000	
Last Name		First	
GOMES		JANET	
MI			
Residential Street Address		City	
150 ALPINE STREET		BRIDGEPORT	
State		Zip Code	
CT		06610	
Principal Occupation		Name of Employer	
CLERK		BRIDGEPORT HOSPITAL	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	
Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution:		Date Received	
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		12/29/22	
		Aggregate Contributions	
Amount of Contribution			
		\$1000	
SUBTOTAL Section B — This Page		\$3,000.00	
TOTAL of additional Section B Pages		\$99,304.11	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>		\$99,304.11	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
JOHN GOMES FOR MAYOR		JANUARY 10 FILING	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A	
		\$	
B. Itemized Contributions from Individuals			
Last Name ALVES		First DELICILNE	
Residential Street Address 61 MERCHANT ST		City BRIDGEPORT	
Principal Occupation HOUSE CLEANER		Name of Employer SPECIAL CARE CLEANERS LLC	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		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: <input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 12/30/22	
Aggregate Contributions		Amount of Contribution \$1000	
Last Name MOUTINHO		First MICHAEL	
Residential Street Address 25 MERRIMAC DRIVE		City TRUMBULL	
Principal Occupation MANAGER		Name of Employer MARK IV CONSTRUCTION	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		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: <input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 12/30/22	
Aggregate Contributions		Amount of Contribution \$1000	
Last Name LATORRE		First JOSE	
Residential Street Address 53 COLUMBNE DRIVE		City TRUMBULL	
Principal Occupation NURSE PRACTITIONER		Name of Employer APEX COMMUNITY CARE	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		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: <input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 12/30/22	
Aggregate Contributions		Amount of Contribution \$1000	
SUBTOTAL Section B — This Page		\$3,000.00	
TOTAL of additional Section B Pages		\$99,304.11	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)		\$99,304.11	