Section B ADDITIONAL PAGE 8

of 82

NAME OF COMMITTEE (Provide Complete Name as Registered with	ish Filing Depositional	TYPE OF REPORT	
JOHN GOMES FOR MAYOR	in ruing keposuory)	APRIL 10 FILLING	
	hutana Descired this Desired ONLY	AFRIE TO FIELING	
A. Total Contributions from Small Contri (See instructions for definition of Small Contributor)	SUBTOTAL SECTION A	\$	
R	Itemized Contributions from Indivi	duals	70.70
Last Name	First		MI
SOTO	PEDRO		
Residential Street Address 225 VINE ST	BRIDGEPORT	State Zip C	^{60de}
Principal Occupation	Name of Employer	0. 00.	
MANAGER	VINE ST APARTI	MENT	
	is in excess of \$400 to a candidate for a chief executive or or business he/she is associated with have a contract than \$5,000? Ores No		Contribution
Is this contribution associated with an event reported in Section L1? Yes Is contribution If yes,	ator a principal of a state contractor or prospective state indicate which branch or branches		
Method of Contribution: OCash OPersonal Check Ocredit/Debit Card OPayroll Debit Card	eduction OMoney Order 3/2/23	Aggregate Contributions	
Last Name	First		MI
NEVES	SIMONE	7	
Residential Street Address	City	State Zip Co	
84 OAKVIEW CIRCLE APT 203	BRIDGEPORT Name of Employer	CT 066	504
Principal Occupation CLEANING	SELF-EMPLOYER		
	s in excess of \$400 to a candidate for a chief executive or business he/she is associated with have a contract han \$5,000?		Contribution
event reported in Section L1? O No If yes, i	tor a principal of a state contractor or prospective state indicate which branch or branches ernment the contract is with:	contractor? Yes	
Method of Contribution:	_	Aggregate Contributions	
Cash OPersonal Check Ocredit/Debit Card OPayroll De			
ast Name LUCIANO DE SILVEIRA	First GUILHERME		MI
Residential Street Address	City	State Zip Co	ode
10 CRESTVIEW DR	BRIDGEPORT	CT 066	06
Principal Occupation	Name of Employer	_	
BUSINESS OWNER	GL CONTRACTO	1000	
	in excess of \$400 to a candidate for a chief executive or business he/she is associated with have a contract vana \$5,000? Yes No		Contribution
vent reported in Section L1?	or a principal of a state contractor or prospective state indicate which branch or branches imment the contract is with:	ONo Legislative	
Method of Contribution: Ocash Personal Check Ocredit/Debit Card Payroll Dec		Aggregate Contributions	
Casa Orcisonal Check Octobro Debit Card Orayfoll Dec	SUBTOTAL Section B — This I	Page \$950.00	
	TOTAL of additional Section B Pa		
	UTIONS FROM INDIVIDUALS (Sections A ter total on Line 13, Column A of Summary Page T	+ B) ¢64 775	

I. MONETARY RECEIPTS (Sections A-K)

	MITTEE (Provide Comple	te Name as Registered w	TYPE OF REPORT				
JOHN GOME	S FOR MAYOR		4	4 0		APRIL 10 FILING	
		Cı. C	ontributio	ons from O	ther Comn		
Name of Committee					Name of Treas	wer	
Address				Is this contrevent report	ed in Section Li	ist Event #	Amount of Contribution
City		State	Zip Code	Date Rece		Aggregate Contributions	
Name of Committee			<u> </u>		Name of Treas	urer	
Address			<u>.</u>	event report	ed in Section L1 If yes, 1	ist Event #	Amount of Contribution
City		State	Zip Code	Date Reco	rived	Aggregate Contributions	
Name of Committee			,		Name of Treas	urer	
Address				Is this contri event report	ed in Section L1	ed with an Yes No? ist Event #	Amount of Contribution
City		State	Zip Code	Date Rece	rived	Aggregate Contributions	
Water v r	C2. R	eimbursement	s or Surpl	lus Distribi	utions from	other Committees	
Name of Committee			-		Name of Treas		-
Address				City			State Zip Code
Date Received	Expenditure # (if applicable)	Payment Type OReimburseme	nt for shared e	expense OS	urplus Distribut	ion	Amount of Receipt
Description							
Name of Committee					Name of Treas		
Address				City	-		State Zip Code
Date Received	Expenditure # (if applicable)	Payment Type Reimbursen	nent for shared	d expense C	Surplus Distrib	ution	Amount of Receipt
Description				··		· · · · · · · · · · · · · · · · · · ·	
			SUBTO	TAL Section	n C — This	Page	·
		Met ex			l Section C		
	TOTAL OF (Sections	ALL COMMITT C1 + C2) (Enter to	EE CONT	RIBUTIONS 1, Column A of	SAND REC	Totals)	

I. MONETARY RECEIPTS (Sections A—K)

Revised January 2015	I. MONE IAKI	KEC	DII ID (Beet			
NAME OF COMMITTEE (Provide Complete	Name as Registered with Filing Reposit	ory)	81/1 = E - H	TYPE OF		
JOHN GOMES FOR MAYOR				APRIL	10 FILING	
	D. Loans	Receiv	ed this Period		41.00	
Name of Lender	-		Source of Loan Bank Cano	lidate 🔘 Individua	Other Committee	Date of Receipt
Street Address	City	··· ·		State	Zip Code	Is there a Cosigner or Guarantor of this loan? O Yes No
Name of Cosigner/Guarantor (if applicable)						Amount Received
Street Address	City	·		State	Zip Code	
Name of Lender		-	Source of Loan Bank Cand	lidate 🔘 Individua	Other Committee	Date of Receipt
Street Address	City			State	Zip Code	Is there a Cosigner or Guarantor of this loan? O Yes O No
Name of Cosigner/Guarantor (if applicable)				<u> </u>		Amount Received
Street Address	City		-	State	Zıp Code	
Name of Lender			Source of Loan Bank Cand	lidate 🔘 Individua	Other Committee	Date of Receipt
Street Address	City			State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)		•				Amount Received
Street Address	City			State	Zip Code	
			TOTAL SECTI	ON D		
E. Receipts from I	Entities other than Indivi	iduals	or Other Comm	nittees (Referen	dum Committe	es ONLY)
Name of Entity						
Street Address		·		Date Received		Amount Received
City		State	Zip Code	Aggregate Contrib	outions	
Name of Entity			'		·	
Street Address				Date Received		Amount Received
City		State	Zip Code	Aggregate Contrib	outions	
Name of Entity				<u>,</u>		
Street Address	<u>.</u>			Date Received		Amount Received
City		State	Zip Code	Aggregate Contrib	outions	
			TOTAL SECTI	ON E	<u>.</u>	

Page 6 of 17

List this transaction associated with an event reported in Section L1? No No Amount	NAME OF COMMITT	EE (Provide Complete Name as Regis	ered with Filing Repository)	Transmit sind	TYPE OF REPORT
Is this transaction succided with an event reported in Section I.1? One of Receipt Is this transaction associated with an event reported in Section I.1? One of Receipt Is this transaction associated with an event reported in Section I.1? One of Receipt Is this transaction associated with an event reported in Section I.1? One of Receipt Is this transaction associated with an event reported in Section I.1? One of Receipt Is this transaction associated with an event reported in Section I.1? One of Receipt 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 One of Receipt Amount TOTAL SECTION G H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY) Method of payment: Ocioch Opersonal Check Ocedit/Debit Card Amount Ocioch Opersonal Check Ocedit/Debit Card Amount Ocath Opersonal Check Ocedit/Debit Card Oc					JANUARY 10 FILING
Is this transaction associated with an event reported in Section 1.1? Due of Receipt Is this transaction associated with an event reported in Section 1.1? Due of Receipt Is this transaction associated with an event reported in Section 1.1? Due of Receipt Is this transaction associated with an event reported in Section 1.1? TOTAL SECTION F G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Organization Committees ONLY) Due of Receipt Amount Amount TOTAL SECTION G H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY) Method of payment: Ocash O Personal Check O Credit/Debit Card Amount Amount Ocash O Personal Check O Credit/Debit Card Amount TOTAL SECTION H Amount Amount Amount Amount Ocash O Personal Check O Credit/Debit Card Ocash O Personal Check O Credit/Debit Card Ocash Ocash O Personal Check O Credit/Debit Card Ocash Ocash O Personal Check O Credit/Debit Card Ocash Ocash Ocash O Personal Check O Credit/Debit Card Ocash		F. Amount Transferred	from Affiliated Busines	s Treasury (Busines	ss Entity Committees ONLY)
Is this transaction associated with an event reported in Section L1?	Date of Receipt	Is this transaction assoc	iated with an OYes If yes	10000	
Is this transaction associated with an event reported in Section L1? Bere of Receipt Is this transaction associated with an event reported in Section L1? TOTAL SECTION F G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Organization Committees ONLY) Date of Receipt Date of Receipt Amount TOTAL SECTION G H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY) Method of payment: OCash O Personal Check O Credit/Debit Card Amount Amount Amount Amount TOTAL SECTION G H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY) Amount Amount OCash O Personal Check O Credit/Debit Card Amount Amount OCash O Personal Check O Credit/Debit Card OCash OCash O Personal Check O Credit/Debit Card OCash OCash O Personal Check O Credit/Debit Card OCash OCash O Personal Check O Credit/Debit Card	Date of Receipt			, list Event #	Amount
TOTAL SECTION F G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Organization Committees ONLY) Date of Receipt Amount TOTAL SECTION G TOTAL SECTION G H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY) Method of payment OCash O Personal Check O Credit/Debit Card Amount Amount Amount Amount Amount OCash O Personal Check O Credit/Debit Card OCash O Personal Check O Credit/Debit Card OCash OCash O Personal Check O Credit/Debit Card	Date of Receipt		ated with an PYes If yes n L1?	, list Event #	Amount
G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Organization Committees ONLY) Date of Receipt Amount Amount TOTAL SECTION G H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY) Method of payment: Ocash Personal Check Ocash Opersonal Check Credit/Debit Card Amount Amount Ocash Opersonal Check Ocash Opersonal Check Ocash Opersonal Check Ocash Ocash Ocash Opersonal Check Ocash Ocash Ocash Ocash Ocash Opersonal Check Ocash Oca	Date of Receipt		ated with an PYes If yes No	, list Event #	Amount
Amount Amount Amount TOTAL SECTION G H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY) Method of payment: OCash OPersonal Check OCredit/Debit Card Method of payment: OCash OPersonal Check OCredit/Debit Card Method of payment: OCash OPersonal Check OCredit/Debit Card Method of payment: OCash OPersonal Check OCredit/Debit Card Method of payment: OCash OPersonal Check OCredit/Debit Card Amount TOTAL SECTION H	m Pallaling III x			TOTAL SECTION	F
Amount Amount Amount TOTAL SECTION G H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY) Method of payment: OCash OPersonal Check OCredit/Debit Card Method of payment: OCash OPersonal Check OCredit/Debit Card Method of payment: OCash OPersonal Check OCredit/Debit Card Method of payment: OCash OPersonal Check OCredit/Debit Card Method of payment: OCash OPersonal Check OCredit/Debit Card Amount TOTAL SECTION H					
Amount Amount Amount TOTAL SECTION G H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY) Method of payment: OCash OPersonal Check OCredit/Debit Card Method of payment: OCash OPersonal Check OCredit/Debit Card Method of payment: OCash OPersonal Check OCredit/Debit Card Method of payment: OCash OPersonal Check OCredit/Debit Card Method of payment: OCash OPersonal Check OCredit/Debit Card Amount TOTAL SECTION H	G. Amount T	Transferred from Affilia	ted Labor Union or Oth	er Organization T	reasury (Organization Committees ONLY)
TOTAL SECTION G H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY) Method of payment: OCash OPersonal Check OCredit/Debit Card Method of payment: Amount Method of payment: OCash OPersonal Check OCredit/Debit Card Amount Method of payment: OCash OPersonal Check OCredit/Debit Card Method of payment: OCash OPersonal Check OCredit/Debit Card TOTAL SECTION H	Date of Receipt				
H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY) Method of payment:		Amount	Amount		Amount
Method of payment: OCash OPersonal Check OCredit/Debit Card Method of payment: OCash OPersonal Check OCredit/Debit Card Amount Method of payment: OCash OPersonal Check OCredit/Debit Card Amount Amount OCash OPersonal Check OCredit/Debit Card Amount OCash OPersonal Check OCredit/Debit Card TOTAL SECTION H	7 2 3		T	OTAL SECTION G	
Method of payment: OCash OPersonal Check OCredit/Debit Card Method of payment: OCash OPersonal Check OCredit/Debit Card Amount Method of payment: OCash OPersonal Check OCredit/Debit Card Amount Amount OCash OPersonal Check OCredit/Debit Card Amount OCash OPersonal Check OCredit/Debit Card TOTAL SECTION H					
Method of payment: Amount		H. Personal Funds of	the Candidate Received	this Period (Cand	idate Committees ONLY)
Method of payment: Cash Personal Check Credit/Debit Card Method of payment: OCash Personal Check Credit/Debit Card Amount Method of payment: Amount Amount TOTAL SECTION H	Date of Receipt		O Personal Check	Credit/Debit Ca	
Amount OCash OPersonal Check OCredit/Debit Card Method of payment: Amount OCash OPersonal Check OCredit/Debit Card TOTAL SECTION H	Date of Receipt	Method of payment:			Amount
Amount OCash OPersonal Check OCredit/Debit Card TOTAL SECTION H	Date of Receipt	Method of payment		O C. Himsking	
OCash O Personal Check O Credit/Debit Card TOTAL SECTION H			Personal Check	Credit/Debit Ca	
	Date of Receipt	_ "	Personal Check	Credit/Debit Ca	
I. Anonymous Contributions				TOTAL SECTION	NH
I. Anonymous Contributions					
			I. Anonymous Cor	tributions	

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.

SEEC FORM 20 Resized January 2015	I. MONETARY RECEIPTS	(Sections A—l	K)	Page 7 of 17
NAME OF COMMITTEE (Provide Complete	e Name as Registered with Filing Repository)		E OF REPORT	
JOHN GOMES FOR MAYOR		JAN	NUARY 10 FILIN	G
	J. Interest from Deposits in Author			
Name of Institution		Date	Received	Amount
Street Address	City	State	Zip Code	
Name of Institution		Date	Received	Amount
Street Address	City	State	Zip Code	
	тот	AL SECTION J		
K. N	Aiscellaneous Monetary Receipts not Co	nsidered Contri	butions	
Name			Date of Transaction	Amount Received
Street Address	City	Star	te Zip Code	
Description				
Name		- 46 - 360	Date of Transaction	Amount Received
Street Address	City	Stat	te Zip Code	
Description		-		
Name		838	Date of Transaction	Amount Received
Street Address	City	Stat	e Zip Code	
Description				
Name			Date of Transaction	Amount Received
Street Address	City	Stat	te Zip Code	
Description				
	TOTAL S	ECTION K		
SUMMA	RY OF OTHER MONETARY RECEI	PTS (Sections D	through K)	
Total Loans Received this Period (Sec	ction D)			
Total Receipts from Entities other tha	n Individuals or Other Committees (Section E)	+		7
Total Amount Transferred from Affili	ated Business Treasury (Section F)	+		
Total Amount Transferred from Affili	ated Labor Union or Other Organization Treas	ury (Section G) +		
Total Amount of Personal Funds of th	e Candidate Received this Period (Section H)	+		
Total Amount of Interest from Deposi	ts in Authorized Accounts (Section J)	+		
Total Miscellaneous Monetary Receip	ts not Considered Contributions (Section K)	+	ý.	
hha)	Total of Othe	r Monetary Rec	Control of the Contro	

Restred January 2015	II. EVENTACI	IVIII (Sections L1-	–L3)		
	(Provide Complete Name as Registered with Filing Repository,		TYPE OF REPORT	I (ME IIS)	
JOHN GOMES FOR			APRIL 10 FILIN	iG	
	L1. Ever	nt Information			
Event # Date of Event Letter 020423A	CAMPAIGN KICKOFF & HEADQUAR	TERS OPENING		Was this a f	fundraising event s ② No
Location: Street Address		City		State	Zip Code
2196 EAST MAIN S	TREET	BRIDGEPORT		СТ	06610
Subpart 1: (All Committee Was this event hosted at a			5 In-Kind Donations nuse Party and complete	e required inf	formation for any
	e goods or services donated by a business entity nated by an individual of up to \$100?	Yes (If yes, go to Section L and complete required No		ot Considered	d Contributions
Was this fundraiser a tag with purchases from an in	sale, auction, or other sale of donated items dividual of up to \$100?	OYes (If yes, enter Total Reco	eipts here.)	\$	
Subpart 2: (Party Comm Were there purchases of a sign associated with this f	ittees, Municipal Candidates and Political Comu dvertising space in a program book or on a undraiser?	Yes (If yes, go to Section L:	Committees) 3 Purchases of Adverti- olete required information		a Program Book
Subpart 3: (Town Comn Did your committee sell f gathering held within the	ood or beverage at a fair or similar mass	OYes (If yes, enter Total Reco	eipts here.)	\$	
Event#	Description			Was this a 6	andericina second
Date of Event Letter 03/09/202:	JOHN GOMES FOR MAYOR FUNDRA	AISER NIGHT		Was unis a nu OYes	undraising event ONo
Location: Street Address 355 JAMES STREET	-	BRIDGEPORT		State	Zip Code 06604
Subpart 1: (All Committee Was this event hosted at a		Yes (If yes, go to Section L5 Associated with a House purchases made by hoste	se Party and complete	required info	rmation for any
	goods or services donated by a business entity ated by an individual of up to \$100?	Yes (If yes, go to Section L4 and complete required i		ot Considered	Contributions
Was this fundraiser a tag s with purchases from an inc	ale, auction, or other sale of donated items lividual of up to \$100?	Yes (If yes, enter Total Rece No		\$	
	ttees, Municipal Candidates and Political Comm Ivertising space in a program book or on a undraiser?	or on a Sign and comp	Purchases of Advertis		ı Program Book
Subpart 3: (Town Commi Did your committee sell fo gathering held within the st	od or beverage at a fair or similar mass	OYes (If yes, enter Total Recei	ipts here.)	\$	
SUBTOTAL Section	L1-Subpart 1 (All Committees) Total Receipts fro	om Sale of Donated Items — 7	This Page		
		on L1—Subpart 3 <i>(Town Committe</i> pts from Food Purchases — T			
		TOTAL of additional Section	L1 Pages		
		PTS FROM SMALL PUR Line 16a, Column A of Summary			

Section L1. ADDITIONAL PAGE 2 of 2

NAME OF COMMITTEE	NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT		
JOHN GOMES FOR	MAYOR		APRIL 10 FILLIN	IG	***************************************		
	L1. Even	t Information			vacasimos —		
Event # Date of Event Letter 033023/	Description COCKTAIL GATHERING FUNDRAISE	R		Was this a fur Yes	ndraising event?		
Location: Street Address		City		State	Zip Code		
256 OAK STREET		BRIDGEPORT		СТ	06604		
Subpart 1: (All Committee Was this event hosted at a		OYes (If yes, go to Section L.: Associated with a Hou purchases made by host No	5 In-Kind Donations no use Party and complete t(s) for food, beverage an	required infor	Contributions mation for any		
	e goods or services donated by a business entity nated by an individual of up to \$100?	• Yes (If yes, go to Section Land complete required in No		ot Considered (Contributions		
Was this fundraiser a tag s with purchases from an in	sale, auction, or other sale of donated items dividual of up to \$100?	OYes (If yes, enter Total Reco	-	\$			
Subpart 2: (Party Common Were there purchases of a sign associated with this f	ittees, Municipal Candidates and Political Comb dvertising space in a program book or on a undraiser?	mittees other than Exploratory Yes (If yes, go to Section L3	Committees) Purchases of Advertiselete required information		Program Book		
Subpart 3: (Town Comm Did your committee sell for gathering held within the	ood or beverage at a fair or similar mass	OYes (If yes, enter Total Reco	eipts here.)	\$			
Event # Date of Event Letter	Description		Į,	Was this a fun O Yes	draising event?		
Location Street Address		City		State	Zip Code		
Subpart 1: (All Committee Was this event hosted at a		O Yes (If yes, go to Section L5 Associated with a House purchases made by hoste No	In-Kind Donations not se Party and complete a (s) for food, beverage an	required inform	Contributions mation for any		
Did this fundraiser include of up to \$200 or items don	goods or services donated by a business entity ated by an individual of up to \$100?	Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) No					
Was this fundraiser a tag s with purchases from an inc	ale, auction, or other sale of donated items lividual of up to \$100?	O Yes (If yes, enter Total Reco	57.5	\$			
Subpart 2: (Party Commi Were there purchases of ac sign associated with this fi	ttees, Municipal Candidates and Political Comn dvertising space in a program book or on a undraiser?	O Yes (If yes, go to Section L3 or on a Sign and comp	Purchases of Advertisi		Program Book		
Subpart 3: (Town Commi Did your committee sell fo gathering held within the s	od or beverage at a fair or similar mass	OYes (If yes, enter Total Receipts here.) ONo					
SUBTOTAL Section	L1-Subpart 1 (All Committees) Total Receipts fro	om Sale of Donated Items — T	This Page				
	SUBTOTAL Secti	on L1—Subpart 3 <i>(Town Committ</i> pts from Food Purchases — T	ees ONLY)				
		TOTAL of additional Section	L1 Pages				
	TOTAL OF ALL RECENT	IPTS FROM SMALL PUR Line 16a, Column A of Summary	CHASES Page Totals)				

Section L3. ADDITIONAL PAGE 1 of 30

NAME OF COMMITTEE	AME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TY					TYPE OF REPORT			
JOHN GOMES FOR	MAYOR				APRIL 10 F	ILLIN	3		
	L3. Purchase	s of Advertisi	ng in a Progra	m Book or o	n a Sign			The state of the s	
Name of Purchaser			-				se Made By:		
Skedaddle Cars						_	siness Entity lividual/Sole I	Other	
Street Address		· <u>-</u>	City	· · · · · · · · · · · · · · · · · · ·		<u> </u>	State	Zip Code	
118 Lindley St			Bridgeport				СТ	6604	
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purch	ase	Amount of S	gn Purchase	
2/7/23	030923A			\$250					
Name of Purchaser	,	<u> </u>	· .	1		-	e Made By:		
La Poblanita							siness Entity lividual/Sole F	Other	
Street Address			City	 	-		State	Zip Code	
1660 Park Ave Bridgeport					СТ	6604			
Date Received	Event #	Aggregate Purchases	ggregate Purchases for All Events Amount of Program Ad Purch			ise .	Amount of Si	gn Purchase	
2/7/23	030923A			\$250					
Name of Purchaser	·	•.				_	e Made By:		
CRN Agency						Ξ.	siness Entity ividual/Sole P	OOther	
Street Address			City				State	Zip Code	
1681 Park Ave			Bridgeport				СТ	6604	
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purcha	ise .	Amount of Si	gn Purchase	
2/7/23	030923A			\$250					
Name of Purchaser		•		· · · · · · · · · · · · · · · · · · ·			e Made By:	- 4	
Andre Cayo LLC						_	siness Entity ividual/Sole P	Other	
Street Address			City				State	Zip Code	
2777 Summer St 5th I	FI	i	Stamford				СТ	6905	
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purcha	se A	Amount of Sig	gn Purchase	
2/9/23	030923A			\$250					
Name of Purchaser	(±					Purchase	Made By:		
(Kathy Chiluisa) CT S	old Homes LLC						iness Entity ividual/Sole Pi	Other	
treet Address			City				State	Zip Code	
105 Technology Drive	Suite 1A		Trumbull				СТ	6611	
Date Received	Event #	Aggregate Purchases f	for All Events	Amount of Prop	gram Ad Purcha	se A	mount of Sig	n Purchase	
2/7/23	030923A			\$250					
	SUBTOTAL Section L3 To	tal Purchases of	Advertising in Pro	ogram Book —	This Page \$,250		-	
	SUBTOTAL Section	n L3 Total Purch	ases of Advertisi	ng on a Sign —	- This Page				
. File			TOTAL of ad	ditional Section	n L3 Pages \$	1,250			
TOTAL	OF ALL PURCHASES OF	ADVERTISING	G IN A PROGRA	M BOOK or C	N A SIGN &	35,700)		
		(Enter total on L	ine 16c, Column A	of Summary P	age Totals)	,			

Section L3. ADDITIONAL PAGE 2 of 30

NAME OF COMMITTEE	AME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE O				TYPE OF REPO	PE OF REPORT			
JOHN GOMES FOR	MAYOR		8.00.00		APRIL 10 F	ILLING	3		
	L3. Purchase	s of Advertisi	ng in a Progra	m Book or o	n a Sign				
Name of Purchaser					- 5/3/4/11	Purchas	se Made By:		
KJC Homes LLC (VIL	LA)					_	siness Entity lividual/Sole l	Other	
Street Address	· · ·		City	. –			State	Zip Code	
8 Point Beach Dr			Milford				СТ	6460	
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purch	ase	Amount of S	gn Purchase	
2/7/23	030923A			\$250					
Name of Purchaser			<u>-</u>			l	Purchase Made By:		
Silva Enterprises LLC	;					1 =	siness Entity lividual/Sole F	Other Proprietorship	
Street Address			City				State	Zip Code	
66 Cleveland Ave			Bridgeport				СТ	6606	
Date Received	Event #	Aggregate Purchases	Aggregate Purchases for All Events Amount of Program Ad Purch			ase .	Amount of Si	gn Purchase	
2/8/23	030923A			\$250					
Name of Purchaser							e Made By:	0	
Ostos Tires Services	LLC					1 =	siness Entity ividual/Sole P	Other roprietorship	
Street Address			City				State	Zip Code	
15 Gilmore St			Bridgeport				СТ	6608	
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purchs	ise	Amount of Si	gn Purchase	
2/8/23	030923A	ı		\$250					
Name of Purchaser						-	e Made By:	_	
J & H Auto Body LLC							siness Entity ividual/Sole P	OOther roprictorship	
Street Address			City				State	Zip Code	
674 Madison Ave			Bridgeport				СТ	6606	
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purcha	ise /	Amount of Sig	n Purchase	
2/7/23	030923A			\$250					
Name of Purchaser							Made By:	_	
Kelly & Zusany Nail Ll	_C					_	iness Entity	_	
itreet Address	···		City			Oina	vidual/Sole P	Zip Code	
848 North Ave			Bridgeport				СТ	6606	
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Prog	gram Ad Purcha	se A	mount of Sig	n Purchase	
2/7/23	030923A			\$250					
100 3 200 7 1 No. 7	SUBTOTAL Section L3 To	tal Purchases of	Advertising in Pr	ogram Book —	- This Page \$	1,250			
	SUBTOTAL Section								
	OOD TOTAL SECU	a 23 I otal I til Cl							
TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN CASE						,250			
TOTAL	OF ALL PURCHASES OF	F ADVERTISING (Enter total on L	G IN A PROGRA Line 16c, Column A	M BOOK or O of Summary P	ON A SIGN	35,700)		

Section L3. ADDITIONAL PAGE 3 of 30

NAME OF COMMITTEE	(Provide Complete Name as Registe	red with Filing Reposite	ory)	STATISTICS.	TYPE OF REPO	RT	V 4-824	Tarrier Inches	
JOHN GOMES FOR					APRIL 10 F	ILLING	3		
		s of Advertisis	ng in a Progra	m Book or o	n a Sign	NAME OF THE OWNER, OWNER, OWNER, OWNER, OWNER, OWNER,	45 TH		
Name of Purchaser	ADI Z UI DIIMO	.5 01124 01 1151				Purchas	e Made By:	Control of the Control of the	
El Tenampa LLC						● Bu	siness Entity	Other	
Li Terrampa LLO			<u> </u>			Oind	ividual/Sole I	roprietorship	
Street Address			City				State	Zip Code	
2382 Main st			Bridgeport				СТ	6606	
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purch	ase .	se Amount of Sign Purchase		
2/8/23	030923A			\$250					
Name of Purchaser							e Made By:		
Anthony Barber Shop	•					I I	siness Entity ividual/Sole P	Other	
Street Address			City				State	Zip Code	
990 Madison Ave Bri			Bridgeport				СТ	6606	
Date Received	Event #	rent # Aggregate Purchases for All Events Amount of Program Ad Pu			gram Ad Purchs	ise A	Amount of Sig	gn Purchase	
2/8/23	030923A			\$250					
Name of Purchaser		•		<u>:</u>		Purchase	Made By:		
Granfield Liquor						_	siness Entity ividual/Sole P	OOther roprietership	
Street Address			City				State	Zip Code	
326 Granfield Ave			Bridgeport				СТ	6610	
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purcha	ise A	amount of Sig	n Purchase	
2/8/23	030923A			\$250					
Name of Purchaser				•		Purchase	Made By:		
Spark City Smoke & V	ape					Business Entity OOther			
Street Address		. 1	Cit			OIndi	vidual/Sole P		
815 Lafayette Blvd			City				State	Zip Code	
<u> </u>			Bridgeport				CI	6604	
Date Received	Event #	Aggregate Purchases i	for All Events	`	gram Ad Purcha	se A	amount of Sig	n Purchase	
2/4/23	030923A			\$250					
Name of Purchaser							Made By:		
Spark City Smoke & V	ape				:	-	iness Entity vidual/Sole Pr	OOther	
treet Address			City				State	Zip Code	
1258 Barnum Ave			Bridgeport				СТ	6614	
Date Received	Event #	Aggregate Purchases f	or All Events	Amount of Prog	gram Ad Purcha	se A	mount of Sig	n Purchase	
2/3/23	030923A			\$250					
	SUBTOTAL Section L3 To	tal Purchases of A	Advertising in Pro	ogram Book —	- This Page \$1	,250			
	SUBTOTAL Section	n L3 Total Purch	ases of Advertisi	ng on a Sign —	- This Page				
TOTAL of additional Section L3 Pages \$						1,250			
TOTAL	OF ALL PURCHASES OF	ADVERTISING	THE SHOW OF		N A GYCON				
			ine 16c, Column A			35,700	<u> </u>		

Section L3. ADDITIONAL PAGE 4 of 30

						1000		Line array in terms
	(Provide Complete Name as Registe	red with Filing Reposit	ory)	国际公司	TYPE OF REPO			STREET, STREET,
JOHN GOMES FOR					APRIL 10 F	ILLING	3	
	L3. Purchase	s of Advertisi	ng in a Progra	m Book or o	n a Sign			
Name of Purchaser			-			l _	e Made By:	
Papiya LLC						1 -	siness Entity	Other
			1 100			O Individual/Sole Proprietorship		
Street Address			City				State	Zip Code
436 Rubber Ave			Naugatuck				СТ	6770
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purch	ase	Amount of Si	gn Purchase
2/3/23	03092023			\$250				
Name of Purchaser			•				e Made By:	_
Bangla Bazar						_	siness Entity lividual/Sole P	Other
Street Address			City				State	Zip Code
1218 State St			Bridgeport	_			СТ	6605
Date Received Event # Aggregate Purchases for All Events Amount of Program Ad Purc			gram Ad Purch	ıse .	Amount of Si	gn Purchase		
2/15/23	03092023		\$250					
Name of Purchaser						-	e Made By:	
Park City Gulf LLC					_	siness Entity ividual/Sole P	OOther roprietorship	
Street Address			City	•			State	Zip Code
1267 Fairfield Ave			Bridgeport				СТ	6605
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purch	ise .	Amount of Si	gn Purchase
2/8/23	03092023			\$250	-			
Name of Purchaser							e Made By:	
1258 Barnum Ave LLC	0						siness Entity	Other
N			a .			Olnd	ividual/Sole P	
Street Address 1258 Barnum Ave			City Stratford				State	Zip Code 6614
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purchs		L Amount of Sig	m Purchasa
2/3/23	03092023	NEBIORING 1 (MOISSO)	IOI ALII DAGING	\$250	gram Au t uttil	134	rinount of Si	in I di Chase
Name of Purchaser		<u> </u>				Purchas	Made By:	
						● Bus	iness Entity	Other
CZ & Kali LLC						Olnd	ividual/Sole Pi	_
Street Address			City				State	Zip Code
815 Lafayette BLVD			Bridgeport		82		СТ	6604
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purcha	se /	Amount of Sig	n Purchase
2/7/23	030923A			\$250				
	SUBTOTAL Section L3 To	tal Purchases of	Advertising in Pr	ogram Book	– This Page \$	1,250	-	
	SUBTOTAL Section	on L3 Total Purel	hases of Advertisi	ing on a Sign —	– This Page		• • •	
			TOTAL of ac	lditional Section	n L3 Pages \$	1,250		
TOTAL	OF ALL PURCHASES OF	F ADVERTISING		District Control	DNI A CYCINI	35,70		
			Line 16c, Column A			ال / ردد	,	

Section L3. ADDITIONAL PAGE 5 of 30

NAME OF COMMITTEE					TYPE OF REPO	·			
JOHN GOMES FOR	MAYOR				APRIL 10 F	ILLIN	3		
	L3. Purchase	s of Advertisi	ng in a Progra	m Book or o	on a Sign		n en je	OF STREET	
Name of Purchaser	•					I _	e Made By:	_	
H & NM Cleaning LL0	С						siness Entity	Other	
						Oinc	lividual/Sole l		
Street Address			City				State	Zip Code	
2351 Main St			Bridgeport				СТ	6606	
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	ogram Ad Purch	ase	Amount of Si	gn Purchase	
2/10/23	03092023			\$250					
Name of Purchaser						l	Purchase Made By:		
Evolution Barber Sho	p					Business Entity Other OIndividual/Sole Proprietorship			
Street Address			City				State	Zip Code	
1271 North Ave Bridgeport					СТ	6604			
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purch	ase	Amount of Si	gn Purchase	
2/5/23	03092023		\$250						
Name of Purchaser		<u> </u>				_	e Made By:		
Evolution Sport Bar						ΙΞ	siness Entity ividual/Sole P	Other	
Street Address			City				State	Zip Code	
1279 North Ave		Bridgeport				СТ	6604		
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purcha	ase A	Amount of Si	gn Purchase	
2/5/23	03092023			\$250			_		
Name of Purchaser					·	_	e Made By:	_	
Varela Deli Mini Marke	et .					Business Entity Other			
			r			Olnd	ividual/Sole P		
treet Address			City				State	Zip Code	
1193 North Ave			Bridgeport				CT	6604	
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purcha	ise A	Amount of Sig	n Purchase	
2/25/23	03092023			\$250					
lame of Purchaser						Purchase	Made By:		
Cell Fix							iness Entity ividual/Sole Pr	_	
treet Address		·	City				State	Zip Code	
3920 Main St			Bridgeport				СТ	6606	
Pate Received	Event #	Aggregate Purchases i	for All Events	Amount of Prop	gram Ad Purcha	se A	mount of Sig	n Purchase	
2/6/23	03092023			\$250					
	SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page \$								
	SUBTOTAL Section	on L3 Total Purch	ases of Advertisi	ng on a Sign —	– This Page				
TOTAL of additional Section L3 Pages					n L3 Pages \$	\$1,250			
TOTAL	TOTAL OF ALL BURGHLONG ON A DUMBONGING IN A DOCK AN DOOK ON A CICK					\$35,700			
		(Enter total on L	ine 16c, Column A	of Summary F	age Totals)	20,700			

Section L3. ADDITIONAL PAGE 6 of 30

NAME OF COMMITTEE	AME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE C						OF REPORT			
JOHN GOMES FOR	MAYOR				APRIL 10 F	ILLIN	G			
	L3. Purchas	es of Advertisi	ing in a Progra	am Book or o	on a Sign	150	1	A TAIN		
Name of Purchaser						Purcha	se Made By:			
D' Alba Liquor Store	LLC					()	siness Entity	Other		
Street Address		··	Total			OIn	T	Proprietorship		
4500 Main st			City				State	Zip Code		
	Τ=	1	Bridgeport			—	<u> </u>	6606		
Date Received	Event #	Aggregate Purchase	s for All Events	1	ogram Ad Purch	ase	Amount of S	ign Purchase		
2/6/23	030923A			\$250						
Name of Purchaser	•					I	se Made By:	•		
Key Food						1	siness Entity	Other		
Street Address			City			Oinc	lividual/Sole I	Zip Code		
2251 Main St			Bridgeport				CT	6606		
Date Received	Event #	Aggregate Purchases		Amount of Pro	gram Ad Purch	200				
2/6/23		riggregate i talenases	NO AN Evenia		gram Au Furço	130	Amount of Si	gn rurchase		
	030923A			\$250						
Name of Purchaser							e Made By siness Entity	004		
Brazilian Sport Club L	LC					_	siness Entity lividual/Sole P	Other		
Street Address			City			<u>Ome</u>	State	Zip Code		
29 Federal St			Bridgeport				СТ	6604		
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purchs	se ,	Amount of Si	pn Purchase		
2/5/23	030923A			\$250	5			B 7 41 411434		
Name of Purchaser				Ψ L 00		Donahaa	e Made By:			
							siness Entity	Other		
Oasis Sport Club LLC							ividual/Sole P	_		
treet Address			City				State	Zip Code		
533 Madison Ave			Bridgeport				СТ	6604		
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Prog	gram Ad Purcha	se /	Amount of Sig	n Purchase		
2/5/23	030923A	1		\$250						
lame of Purchaser						Purchase	Made By:			
Azul Restaurant Bar L	10				ľ		iness Entity	Other		
						OIndi	vidual/Sole Pi	oprietorship		
treet Address			City				State	Zip Code		
920 Madison Ave			Bridgeport			- 1	СТ	6606		
ate Received	Event#	Aggregate Purchases	for All Events	Amount of Prog	ram Ad Purcha	se A	mount of Sig	n Purchase		
2/5/23	030923A			\$250				j		
	SUBTOTAL Section L3 To	tal Purchases of	Advertising in Pr	ogram Book —	This Page \$1	1,250				
	SUBTOTAL Section	n L3 Total Purch	ases of Advertisi	ng on a Sign —	This Page	·				
				A STATE OF THE PARTY OF T		050				
TOTAL	OF ALL PURCHASES O	ADVERTISING		M BOOK or O	N A STON	,250				
			ine 16c, Column A			35,700) 			

Section L3. ADDITIONAL PAGE 7 of 30

L.								
	E (Provide Complete Name as Regis	tered with Filing Reposi	iory)		TYPE OF REPO	RT	ダキット	HAVE BETTER
JOHN GOMES FO	R MAYOR				APRIL 10 F	ILLIN	G	31344
	L3. Purchas	ses of Advertisi	ing in a Progra	am Book or	on a Sign			
Name of Purchaser	1075				- 715	Purcha	se Made By:	
Gonzalez & Gonzal	ez LLC					1 =	siness Entity	•
Street Address			1.0			Oinc	_	Proprietorship
			City				State	Zip Code
P.O. Box 9226			Bridgeport				СТ	6604
Date Received	Event #	Aggregate Purchase	s for All Events	Amount of Pro	ogram Ad Purch	ase	Amount of S	ign Purchase
2/3/23	030923A			\$250				
Name of Purchaser						Purchas	e Made By:	-
Madison Auto II LLC						_	siness Entity	Other
Samuel Add		<u> </u>				Olnd	lividual/Sole I	1
Street Address			City				State	Zip Code
1960 Main St			Bridgeport				CT	6604
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purchs	ise /	Amount of Si	gn Purchase
2/6/23	030923A			\$250				
Name of Purchaser		<u>-l</u>			·	Purchas	e Made By:	
Marlon Architectural	Woodworking Le					Bus	siness Entity	Other
						OInd	ividual/Sole P	roprietorship
Street Address			City				State	Zip Code
271 Wheeler Ave			Bridgeport				СТ	6606
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purcha	se /	Amount of Sig	gn Purchase
2/6/23	030923A			\$250				
lame of Purchaser	<u> </u>					Purchase	Made By:	
Dasis Investment II L	.LC					Bus	iness Entity	Other
						Olndi	ividual/Sole Pi	roprietorship
reet Address			City				State	Zip Code
88 Bassick Ave		ı	Bridgeport				СТ	6605
ate Received	Event #	Aggregate Purchases	for All Events	Amount of Prog	gram Ad Purcha	se A	mount of Sig	n Purchase
2/6/23	030923A			\$250				
ame of Purchaser	<u></u>	<u>. </u>			<u> </u>	Purchase	Made By:	
Madison Auto Sale &	Sanione					_	iness Entity	Other
Madison Adio Gale &	Delvices					OIndi	vidual/Sole Pr	_
reet Address			City				State	Zip Code
86 Madison Ave			Bridgeport				СТ	6604
ate Received	Event #	Aggregate Purchases for	or All Events	Amount of Prog	ram Ad Purchas	e A	mount of Sig	n Purchase
/6/23	030923A			\$250				- 1
		a late to the late		10-11-10-19-15-10-10-10-10-10-10-10-10-10-10-10-10-10-	0.0730Frg.Co.			
	SUBTOTAL Section L3 To	tal Purchases of A	Advertising in Pro	ogram Book —	This Page \$1	,250		
	SUBTOTAL Section	on L3 Total Purch	ases of Advertisi	ng on a Sign —	This Page			
		4	TOTAL of ad	ditional Section	L3 Pages \$1	,250		
TOTAL	OF ALL PURCHASES O	F ADVERTISING	IN A PROGRA	M BOOK or O	N A SIGN			
OLD THE DESIGNATION OF THE PARTY OF THE PART			ine 16c, Column A			5,700		

Section L3. ADDITIONAL PAGE 8 of 30

MANUE OF COMMERCE				Over The Labor Labor	mmr on nen		San Street of the	The Part of the Pa
JOHN GOMES FOR	(Provide Complete Name as Regist	ered with Filing Repost	tory)	194	APRIL 10 F			CATTERNATURE!
TOTAL STATE OF THE		es of Advertisi	ing in a Progr	om Rook or a		ALLII V		etable to the
Name of Purchaser	List I di Chas	es of Auvertis	ing in a 1 rogra	III DOOK OF O	n a oign	Purcha	se Made By:	
Candel Electrical Co	ntracting LLC						siness Entity	Other
Cander Electrical Co	miracung LLC					1	dividual/Sole	_
Street Address			City			•	State	Zip Code
9 Dome Dr			Shelton				СТ	6484
Date Received	Event #	Aggregate Purchase	s for All Events	Amount of Pro	gram Ad Purch	ase	Amount of S	ign Purchase
2/4/23	030923A	1		\$250				
Name of Purchaser						-	e Made By:	
Tropicana LLC							siness Entity ividual/Sole I	Oother
Street Address			City			O III	State	Zip Code
744 Madison Ave			Bridgeport				СТ	6606
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purchs	ise /	Amount of Si	gn Purchase
2/3/23	030923A			\$250				
Name of Purchaser	<u> </u>	·				Purchase	e Made By:	·
European Boutique						-	siness Entity ividual/Sole P	OOther
Street Address		-	City			Ona	State	Zip Code
1115 Madison Ave			Bridgeport				СТ	6606
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Prog	ram Ad Purcha	se A	Amount of Sig	i zn Purchase
2/2/23	030923A			\$250	•			
Name of Purchaser		<u> </u>				Purchase	Made By:	
Affordable Motors, Inc	;					_	iness Entity	Other
treet Address			Ch			OIndi	vidual/Sole Pr	
408 Grand St			City Bridgeport				State	Zip Code
Date Received	Event #				<u> </u>	— І	СТ	6604
		Aggregate Purchases	for All Events	Amount of Prog	ram Ad Purcha	se A	mount of Sig	n Purchase
2/2/23	030923A			\$250				
ame of Purchaser						_	Made By:	
CS Property Enterprise	es LLC					_	iness Entity	OOther
reet Address			City			Ornan	vidual/Sole Pr	Zip Code
Woody Crst			West Haven				СТ	6516
ate Received	Event #	Aggregate Purchases for	or All Events	Amount of Progr	am Ad Purchas	e A	mount of Sig	n Purchase
2/3/23	030923A			\$250			•	
	SUBTOTAL Section L3 To	tal Purchases of A	Advertising in Pr	ogram Book —	This Page \$1	.250		
	SUBTOTAL Section							
TOTAL	OF ALL BUDGULERS OF	ADIMPAGE		ditional Section	ACTIVATION.	,250		
TOTAL	OF ALL PURCHASES OF	(Enter total on L	in A PROGRA ine 16c, Column A	M BOOK or ON of Summary Pa	y A SIGN \$3	5,700		

Section L3. ADDITIONAL PAGE 9 of 30

NAME OF COMMITTEE	(Provide Complete Name as Regist	ered with Filing Reposi	itory)		TYPE OF REP	ORT	10 Y 3-4	With the State of the
JOHN GOMES FOF	MAYOR			100 (11)	APRIL 10 F	FILLIN	G	
	L3. Purchas	es of Advertis	ing in a Progr	am Book or o	n a Sign			
Name of Purchaser						Purcha	se Made By:	
Chaves Grocery							siness Entity	
Street Address	-		Ta:			Oin		Proprietorship
355 Grand St			City				State	Zip Code
			Bridgeport				СТ	6604
Date Received	Event #	Aggregate Purchase	s for All Events	Amount of Pro	gram Ad Purch	ase	Amount of S	ign Purchase
2/1/23	030923A			\$250				
Name of Purchaser						Purchas	se Made By:	
Manuela A Bataguas	Realty LLC					● Bu	siness Entity	Other
		<u> </u>				Oind	lividual/Sole	Proprietorship
Street Address			City				State	Zip Code
1097 North Ave			Bridgeport				СТ	6604
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purch	ase .	Amount of Si	gn Purchase
2/13/23	030923A	1		\$250				
Name of Purchaser			 .	<u> </u>		Purchas	e Made By:	
Minos Auto Center In	^					_	siness Entity	Other
	<u> </u>					OInd	ividual/Sole F	_
Street Address			City				State	Zip Code
2205 East Main St			Bridgeport				СТ	6610
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Prog	ram Ad Purchs	ase /	Amount of Si	gn Purchase
2/9/23	030923A	1		\$50				-
Name of Purchaser		<u> </u>				Purchase	: Made By:	
Sensible Rental Car							iness Entity	Other
							vidual/Sole P	
treet Address			City				State	Zip Code
840 South Ave			Bridgeport				СТ	6604
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Prog	ram Ad Purcha	se 4	mount of Sig	n Purchasa
2/7/23	030923A			\$50		~ "	amount of Dig	to 1 at CHASC
ame of Purchaser		<u>_</u>		Ψ30				
							Made By:	2 01
Rosa Florist LLC					ľ		iness Entity vidual/Sole Pr	_
reet Address			City				State	Zip Code
3622 Main St			Bridgeport			- 1	СТ	6606
ate Received	Event #	Aggregate Purchases f		Amount of Progr	rom Ad Davaho			
3/7/23	030923A			_	Am Ad Futtilas	* ^	mount of Sig	n Purcnase
21128	0000207			\$50				
	SUBTOTAL Section L3 To	tal Purchases of A	Advertising in Pr	ogram Book —	This Page \$6	350		
	SUBTOTAL Section	n L3 Total Purch	ases of Advertisi	ng on a Sign —	This Page			
			TOTAL of ad	ditional Section	L3 Pages \$6	550		
TOTAL	OF ALL PURCHASES OF	ADVERTISING	IN A PROGRA	M BOOK or Ol	NA SIGN CO	5,700		
	A STATE OF THE PARTY OF THE PAR	(Enter total on L	ine 16c, Column A	of Summary Pa	ge Totals)	3,700		

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	MITTEE (Provide Complete Name	as Registered with Filing Repo	sitory)	TYPE OF RI	PORT	9 n 9 n 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	atta Majo
JOHN GOMES	S FOR MAYOR			APRIL 10	FILLI	NG	
	L3. Pu	rchases of Advertis	sing in a Pro	gram Book or on a Sign			
Name of Purchaser Funeraria Luz	De Paz LLC				0	chase Made By: Business Entity Individual/Sole	_
Street Address		······································	City			State	Zip Code
426 E. Washin	gton Ave		Bridgeport			СТ	6608
Date Received	Event #	Aggregate Purchas	ses for All Events	Amount of Program Ad Pur	chase	Amount of S	ign Purchs
2/8/23	030923A			\$250			
Name of Purchaser					Purch	hase Made By:	
Juncos Restau	rant LLC					Business Entity Individual/Sole 1	Other Proprietorsh
treet Address			City			State	Zip Code
559 Harral Ave			Bridgeport			СТ	6604
Date Received	Event #	Aggregate Purchase	es for All Events	Amount of Program Ad Pure	:hase	Amount of Si	gn Purcha:
2/14/23	030923A			\$250			
ame of Purchaser					Purch	ase Made By:	
Tire Tech 2 GO	LLC					Business Entity ndividual/Sole P	Other
treet Address			City			State	Zip Code
375 Pequonnoc	k St		Bridgeport			СТ	6604
Date Received	Event #	Aggregate Purchase	s for All Events	Amount of Program Ad Purc	hase	Amount of Sig	gn Purchas
/31/23	030923A			\$250			
ame of Purchaser					Purch	ase Made By:	
Bom Preco Sup	ermarket 2 LLC				⊚ Bi	usiness Entity	Other
reet Address			120		Olu	dividual/Sole P	
27 North Ave			City			State	Zip Code
ate Received	Event #		Bridgeport			СТ	6606
/8/23		Aggregate Purchases	for All Events	Amount of Program Ad Purch	ıase	Amount of Sig	n Purchase
	030923A			\$250	<u> </u>		
me of Purchaser						se Made By:	
om Preco Supe	ermarket LLC					usiness Entity	Other
eet Address			City	· · · · · · · · · · · · · · · · · · ·	1 Oin	dividual/Sole Pr	Oprietorship Zip Code
21 Madison Ave	•		Bridgeport			1	6606
te Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purch	ase	Amount of Sign	
8/23	030923A			\$250		711000111 V1 O161	i i di citase
	SUBTOTAL Section	L3 Total Purchases of	Advertising in I	Program Book — This Page	<u></u> 31,250	·	
************	SUBTOTAL	Section L3 Total Purcl	nases of Adverti	sing on a Sign — This Page			
			TOTAL of	additional Section L3 Pages	- 31,250		
TO	TAL OF ALL PURCHAS	ES OF ADVERTISING	G IN A PROGR	AM BOOK or ON A SIGN	25 70	0	
Section with the	一种人的工作的 一种人的人	(Enter total on L	ine 16c, Column	A of Summary Page Totals)	35,70		

Section L3. ADDITIONAL PAGE 11 of 36

NAME OF COMMITTEE	(Provide Complete Name as Registe	ered with Filing Reposit	ory)	Comment of the Commen	TYPE OF REPO	ORT		原的作品等	
JOHN GOMES FOR	MAYOR				APRIL 10 F	RIL 10 FILLING			
	L3. Purchase	es of Advertisi	ng in a Progra	ım Book or c	n a Sign				
Name of Purchaser Chaves Bakery III, IN	NC .					● Bu	se Made By: Isiness Entity dividual/Sole l	Other Proprietorship	
Street Address			City				State	Zip Code	
865 Madison Ave		_	Bridgeport				СТ	6606	
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purch	ase	Amount of Si	gn Purchase	
2/11/23	030923A			\$250					
Name of Purchaser							e Made By:		
Leontino's						1 =	siness Entity	Other	
Street Address			City			O ino	lividual/Sole F	Zip Code	
1581 Capitol Ave			Bridgeport				СТ	6604	
Date Received	Event #	Aggregate Purchases		Amount of Pro	gram Ad Purch	ase .	Amount of Si		
2/13/23	030923A			\$250	Parent and a second		sinount of or	gu i ui chașe	
Name of Purchaser	<u> </u>					Purchas	e Made By:		
Ki-Delicia LLC						100	siness Entity ividual/Sole P	Other roprietorship	
Street Address			City			•	State	Zip Code	
200 Beer St			Bridgeport				СТ	6606	
Date Received	Event #	Aggregate Purchases	ases for Ali Events Amount of Program Ad Purcha				Amount of Sig	n Purchase	
2/13/23	030923A	ľ		\$250					
Name of Purchaser		Į.		l 		Purchase	: Made By:	······································	
Just Right Auto SPA &	Detailing					_	siness Entity ividual/Sole Pi	Other	
treet Address			City		-		State	Zip Code	
555 Center St			Bridgeport				СТ	6604	
Date Received	Event #	Aggregate Purchases f	or All Events	Amount of Prog	ram Ad Purcha	se A	mount of Sig	n Purchase	
2/13/23	030923A			\$250		1			
ame of Purchaser	····					Purchase	Made By:		
Lada Auto Sales						_	iness Entity vidual/Sole Pr	Other oprietorship	
reet Address			City					Zip Code	
550 North Ave		i	Bridgeport				СТ	6606	
ate Received	Event #	Aggregate Purchases fo	or All Events	Amount of Prog	ram Ad Purcha	se A	mount of Sig	n Purchase	
2/13/23	030923A			\$250					
	SUBTOTAL Section L3 To	tal Purchases of A	dvertising in Pro	ogram Book —	This Page \$,250	<u> </u>		
	SUBTOTAL Section	n L3 Total Purch	ases of Advertisi	ng on a Sign —	This Page				
			TOTAL of ad	ditional Section	L3 Pages \$,250	·		
TOTAL	OF ALL PURCHASES OF	ADVERTISING (Enter total on L				35,700	,		
		7-1000 03000 OH DI	1007 COMMIN A	of Chimmury 1	P 101413)	_			

Section L3. ADDITIONAL PAGE 12 of 30

JOHN GOME	MMITTEE (Provide Complete Name ES FOR MAYOR	as Registered with Filing Rep	ository)		TYPE OF REPO		- 1/2/22/16	
JOI II GOIVE		mahanas af A I		and belong the state of	APRIL 10 F	ILLIN	G	
Name of Purchaser	L3. F	rchases of Advert	ising in a Pro	gram Book or	on a Sign			
BailBonds							se Made By: usiness Entity	. 001
Dailborids							dividual/Sole	_
Street Address			City			<u> U </u>	State	Zip Code
60 Wabuda P	PI		Shelton				СТ	6484
Date Received	Event #	Aggregate Purch	ases for All Events	Amount of Pr	ogram Ad Purchi	ase	Amount of S	Sign Purchs
2/9/23	030923A			\$250			111	
Name of Purchaser						Purchas	e Made By.	
Ceviche Palac	ce LLC						siness Entity	Other
Street Address			la:			Oind	lividual/Sole	Proprietors
1429 East Mai	in St		City				State	Zip Code
Date Received	···		Bridgeport				СТ	6608
	Event #	Aggregate Purchas	ses for All Events	Amount of Pro	gram Ad Purcha	se A	Amount of S	ign Purchas
2/9/23	030923A			\$250				
lame of Purchaser		· · · · · · · · · · · · · · · · · · ·					Made By:	
High Class Aut	to & Security LLC						iness Entity	Other
treet Address			City			O Indi	ividual/Sole 1	
434 Grand St			Bridgeport			1	State	Zip Code
ate Received	Event #	Aggregate Purchase	<u> </u>	Amount of Ban	gram Ad Purchas			6604
2/8/23	030923A			\$250	grain Au Purchas	e A	mount of Si	gn Purchas
ame of Purchaser				Ψ230		<u> </u>		
ulie-SP LLC W	line & Liquore				- 1	200	Made By: ness Entity	O 0:1
					I .	-	ridual/Sole P	Other roprietorship
reet Address			City				State	Zip Code
11 Atlantic St			Stamford				CT	6901
ate Received	Event #	Aggregate Purchases	s for All Events	Amount of Prog	ram Ad Purchase	Ai	mount of Sig	n Purchase
/3/23	030923A			\$250		1		
me of Purchaser					P	urchase λ	Made By:	
arin LLC Atlant	tic Market				1.39		ess Entity	Other
et Address						Indivi	idual/Sole Pr	oprietorship
09 Atlantic St			City			S	State	Zip Code
e Received	Town #		Stamford			- 10	СТ	6901
	Event #	Aggregate Purchases	for All Events	Amount of Progr	am Ad Purchase	Ап	ount of Sign	n Purchase
3/23	030923A			\$250				
	SUBTOTAL Section	L3 Total Purchases of	Advertising in P	rogram Book —	This Page \$1,2	250		
7 3 7 1	A STATE OF THE PARTY OF THE PAR	Section L3 Total Purci						
				dditional Section		250		
T	OTAL OF ALL PURCHASE	S OF ADVERTISING			LASICM			
		(Enter total on L	ine 16c, Column	A of Summary Page	e Totals) \$35	,700		

Section L3. ADDITIONAL PAGE 13 of 30

JOHN GOME	MMITTEE (Provide Complete Name ES FOR MAYOR	e as Registered with Filing Rej	pository)		TYPE OF REPO		NE DESCRIPTION
		rehoses of Advant	Haine in a Dec		APRIL 10 F	ILLING	
Name of Purchaser	13.1	irchases of Advert	using in a Pro	gram Book or o	n a Sign		AND DESIGNATION OF THE PARTY OF
180 Main St L	LC DBA: Beverage Kin	0				Purchase Made B Business Er	
	-LO DDA: Develage Kill	g 				O Individual/S	
Street Address			City			State	Zip Code
180 Main St			Norwalk			СТ	6851
Date Received	Event #	Aggregate Purch	ases for All Events	Amount of Prog	ram Ad Purcha	se Amount	of Sign Purch
2/10/23	030923A			\$250			oign ruten
Name of Purchaser						Purchase Made By	
Jai Martha LL(C DBA: In & Out Variety				1	Business Ent	
treet Address			City			O Individual/So	
178 Main St			Norwalk			State	Zip Code
Date Received	Event#	A				CT	6851
2/10/23	030923A	Aggregate Purcha	ses for All Events	Amount of Progr	am Ad Purchas	e Amount o	f Sign Purchs
ame of Purchaser	030923A			\$250			
						Purchase Made By:	
Sri Balaji LLC (DBA: Super 7 Food & Ma	arket				Business Enti	
reet Address			City			Individual/So	
09 New Cana	an Ave		Norwalk			State	Zip Code
ate Received	Event #	Aggregate Purchase		AA-EB		СТ	6850
2/10/23	030923A		tot 1111 Stellis	Amount of Progra \$250	em Ad Purchase	Amount of	Sign Purchas
une of Purchaser	<u> </u>				P	urchase Made By:	
antos Interiors	LLC					Business Entit	
eet Address			City			Individual/Sol	
0 Wintergreen	Dr		Easton			State	Zip Code
te Received	Event #	Aggregate Purchase	<u> </u>	1.		СТ	6612
13/23	030923A	Tage against a driving	o tol All Evells	Amount of Progra	m Ad Purchase	Amount of	Sign Purchase
ne of Purchaser				\$250			
						rchase Made By:	
CI Woodworkir	1g LLC					Business Entity	
et Address			City			Individual/Sole State	Zip Code
0 Holly Dale R	ld		Fairfield			CT	6824
Received	Event #	Aggregate Purchases	for All Events	Amount of Program	Ad Purchase		ign Purchase
11/23	030923A			\$250	wi simple	wingant Al 2	aRu Latevasé
	SUBTOTAL Section	L3 Total Purchases of	Advertising in P	rogram Book — Th	is Page \$1,2	50	
	CONTRACTOR OF STREET	Section L3 Total Purcl	Annual Control		LINE BUILDING		
	1 × 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			dditional Section La		 50	
TC	TAL OF ALL PURCHASE	S OF ADVERTISING			CICN		
动性性 图 2		(Enter total on L	ine 16c, Column	A of Summary Page	Totals) \$35,	700	

Section L3. ADDITIONAL PAGE 14 of 30

JOHN GOMES F	OR MAYOR	-							
	L3. Purchases of Advertising in a Program Book or on a Sign						0 FILLING		
	L3. Pur	chases of Advertis	ing in a Prog	ram Book or	on a Sign	THE P			
Name of Purchaser Alba's Hair Salon						© В	ase Made By: usiness Entity idividual/Sole	_	
treet Address			City		<u></u>		State	Zip Code	
850 State St			Bridgeport				CT	6604	
Oate Received 2/13/23	030923A	Aggregate Purchase	s for All Events	Amount of Pro	ogram Ad Purc	hase	Amount of S	ign Purcha	
ame of Purchaser Durango Insurance	e & Financial Services				·	⊚ Bı	se Made By: usiness Entity dividual/Sole	Other	
reet Address			City				State	Zip Code	
2574 Main St			Bridgeport				СТ	6606	
ate Received 2/15/23	Event # 030923A	Aggregate Purchases	s for All Events	Amount of Pro	gram Ad Purch	ase	Amount of Si	gn Purchas	
ame of Purchaser		<u> </u>		1	·	Purchas	se Made By:		
ohnel's A Cut Abo	ve LLC					● Bu	siness Entity lividual/Sole I	Other	
eet Address		· · · · · · · · · · · · · · · · · · ·	City				State	Zip Code	
715 North Ave			Bridgeport				СТ	6604	
te Received /14/23	030923A	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purch	ese .	Amount of Si	gn Purchas	
me of Purchaser filliam Services (V ret Address	ertical services)		City			⊚ Bus	e Made By: siness Entity ividual/Sole P	Other roprietorshi	
Peet St			Bridgeport				CT	6606	
e Received 14/23	030923A	Aggregate Purchases	for All Events	Amount of Prog	ram Ad Purchs	ise A	Amount of Sig	n Purchase	
	DBA: 46 Stoningto LL	.c			_	Bus	Made By: iness Entity vidual/Sole Pr	Other	
et Address 00 Mmain sdt			City Stratford				State	Zip Code 6614	
Received	Event #	Aggregate Purchases fo	or All Events	Amount of Progr	ram Ad Purcha	se A	mount of Sign		
2/23	030923A			\$250		1			
	SUBTOTAL Section L	3 Total Purchases of A	dvertising in Pr	rogram Book —	This Page \$1	,150			
	SUBTOTAL S	ection L3 Total Purch	ases of Advertisi	ing on a Sign —	This Page				
			TOTAL of ac	lditional Section	L3 Pages \$1	,150			
TOTA	L OF ALL PURCHASES	OF ADVERTISING (Enter total on Li	IN A PROGRA	M BOOK or Ol	N A SIGN \$3	5,700		·	

Section L3. ADDITIONAL PAGE 15 of 30

NAME OF COM	MITTEE (Provide Complete Name	as Registered with Filing Dans	reitami)	TUDE OF DE	TO DO	THE PARTY OF THE P	1500
JOHN GOMES	FOR MAYOR	as negatives with ruting Repo	виогу)	TYPE OF RI		VG	TREE LE
	L3. Pu	rchases of Adverti	sing in a Pro	gram Book or on a Sign	I ILLII		F-1865EV
Name of Purchaser			m a 1 1 0	P. TIM DOOK OF OH & DIGHT	Pure	hase Made By:	ATTESN SER
JMP & Sons ((Jaime Pereira)				1 -	Business Entity	Othe
						ndividual/Sole	_
Street Address	· · · · · · · · · · · · · · · · · · ·		City			State	Zip Code
3885 Main St			Bridgeport	t		СТ	6606
Date Received	Event #	Aggregate Purchas	ses for All Events	Amount of Program Ad Pur	chase	Amount of S	ign Purch
3/1/23	030923A	1		\$250		741242111 00 2	ABA L GIVIA
Name of Purchaser					Purch	ase Made By:	
Bandera's Latin	Fusion LLC					usiness Entity	-
treet Address			City		Oli	dividual/Sole	
336 Granfield A	ve .		1			State	Zip Code
Date Received	Event #	-1	Bridgeport			СТ	6610
		Aggregate Purchase	es for All Events	Amount of Program Ad Pure	:hase	Amount of S	ign Purcha
2/16/23	030923A			\$250			
ame of Purchaser					Purcha	se Made By:	
uis P Matins R	ealtor					usiness Entity	Other
reet Address		_	City		O In	dividual/Sole I	
Greenbrier Rd			Trumbull			State	Zip Code
ate Received	Event #						6611
2/10/23		Aggregate Purchase:	s for All Events	Amount of Program Ad Purc	hase	Amount of Si	gn Purchas
	030923A			\$50			
ame of Purchaser					35	se Made By:	-
lite Ventures In	c DBA: Danbury Smoke	e Shop				siness Entity	Other
eet Address			City		Olno	lividual/Sole P	
28 Federal Roa	d		Danbury			State	Zip Code
ate Received	Event #		<u> </u>			СТ	6611
/21/23	1	Aggregate Purchases	for All Events	Amount of Program Ad Purci	ase .	Amount of Sig	n Purchase
	030923A			\$250			
ne of Purchaser					Purchase	Made By:	
lazes Inc DBA:	New Milford				I -	siness Entity	Other
et Address			City	<u></u>	OInd	ividual/Sole Pr	
55 Westport Ave	1		City				Zip Code
e Received	.	=-	Norwalk			СТ	6851
	Event #	Aggregate Purchases i	for All Events	Amount of Program Ad Purch	ase A	mount of Sign	n Purchase
21/23	030923A			\$250			
	SUBTOTAL Section	L3 Total Purchases of	Advertising in P	rogram Book — This Page \$	1,050		
1263	SUBTOTAL	Section L3 Total Purch	ases of Adverti	sing on a Sign — This Page			
73 3 33			TOTAL of a	additional Section L3 Pages \$	1,050		
ТО	TAL OF ALL PURCHASI	ES OF ADVERTISING	IN A PROGR	AM POOK as ON A SIGN			
		(Enter total on L.	ine 16c. Column	A of Summary Page Totals)	35,700	1	

Section L3. ADDITIONAL PAGE 16 of 30

NAME OF COMM	ITTEE (Provide Complete Name	e as Registered with Filing Repo	ository)	and the same of th	YPE OF REPOR	T	00
JOHN GOMES	FOR MAYOR		2127	-	PRIL 10 FIL		
100	L3. Pt	irchases of Adverti	sing in a Pro	gram Book or on	a Sign		
Name of Purchaser Dayanna's Beau						Purchase Made By Business En Individual/S	tity Othe
Street Address			City			State	Zip Code
1197 North Ave			Bridgeport	t		СТ	6604
Date Received 2/28/23	Event # 030923A	Aggregate Purcha	ses for All Events	Amount of Progra	m Ad Purchase	Amount	of Sign Purch
Name of Purchaser Hako Trattoria Ll	LC				6	wrchase Made By: Business Ent Individual/So	ity Other
1479 Barnum Av	e		City Stratford			State CT	Zip Code 6614
Date Received	Event #	Aggregate Purchase	es for All Events	Amount of Program	n Ad Purchase	Amount o	f Sign Purcha
2/10/23	030923A]		\$250			-
Pame of Purchaser Damota Tile Plus	LLC				(6	rchase Made By: Business Enti Individual/So	
242 Cutlers Farm	Rd		City			State	Zip Code
ate Received	Event #		Monroe			СТ	6468
2/20/23	030923A	Aggregate Purchase	s for All Events	Amount of Program	Ad Purchase	Amount of	Sign Purchas
ame of Purchaser Neves Brothers Co	onstruction LLC		Tar		•	rchase Made By: Business Entit Individual/Sol	_
O. Box 2579			Shelton			State	Zip Code 6484
/20/23	030923A	Aggregate Purchases	for All Events	Amount of Program	Ad Purchase	Amount of	Sign Purchase
me of Purchaser //ilson's Welding L	LC				•	hase Made By: Business Entity Individual/Sole	
7 Madison Ave			City Bridgeport			State	Zip Code 6604
20/23	Event # 030923A	Aggregate Purchases	for All Events	Amount of Program	Ad Purchase	Amount of S	Sign Purchase
	SUBTOTAL Section	L3 Total Purchases of	Advertising in P	rogram Book — This	Page \$1.25	50	
		Section L3 Total Purch			36.78mm		
				dditional Section L3		0	
TOT	AL OF ALL PURCHASI	ES OF ADVERTISING (Enter total on L	IN A PROGRA ine 16c, Column	AM BOOK or ON A	SIGN \$35,7	00	

Section L3. ADDITIONAL PAGE 17 of 30

NAME OF COMMITTEE	(Provide Complete Name as Regist	tered with Filing Reposi	tory)		TYPE OF REP	ORT	Norsex.	SHOW THE ANGE
JOHN GOMES FOR	MAYOR				APRIL 10 F	ILLIN	G	
	L3. Purchas	es of Advertisi	ng in a Progra	am Book or	on a Sign			
Name of Purchaser	150			200-1			se Made By:	
Connecticut Housing	Restoration LLC					1 -	usiness Entity	
Street Address			City		.	OIn	_	Proprietorship
15 Sunset Cir			Woodbridge				State	Zip Code
							СТ	6525
Date Received	Event #	Aggregate Purchases	s for All Events	Amount of Pro	ogram Ad Purch	ase	Amount of S	ign Purchase
2/9/23	030923A]		\$250				
Name of Purchaser			_			Purcha	se Made By:	
NHB Associates, LLC						● Bu	siness Entity	Other
Street Address			la:			Oine	lividual/Sole I	
15 Sunset Circle			City				State	Zip Code
	·		Woodbridge				СТ	6525
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purch	ase .	Amount of Si	gn Purchase
2/19/23	030923A	1		\$250				
Name of Purchaser	·	<u></u>		· · · · · · · · · · · · · · · · · · ·		Purchas	e Made By:	
JC Mectec, LLC							siness Entity lividual/Sole F	Other
Street Address	<u> </u>		City	*****			State	Zip Code
1178 Wells Place			Stratford				СТ	6615
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purcha	ise /	L Amount of Si	en Purchase
2/7/23	030923A			\$250				
Name of Purchaser	<u> </u>					Purchase	e Made By:	
Reis Quality Carpentr	y LLC						siness Entity	Other
treet Address		· · ·	Circ			OInd	ividual/Sole P	
751 Lindley st			City				State	Zip Code
			Bridgeport	· · · · · · · · · · · · · · · · · · ·			СТ	6606
Pate Received	Event #	Aggregate Purchases i	for All Events	Amount of Prog	gram Ad Purcha	se A	Amount of Sig	n Purchase
2/60/23	030923A			\$250				
ame of Purchaser	-					Purchase	Made By:	
Vip Barber Shop LLC						OBus	iness Entity	Other
reet Address						Indi	vidual/Sole Pr	oprietorship
			City			- 1	State	Zip Code
I64 Huntington Tpke	· · · · · · · · · · · · · · · · · · ·		Bridgeport				СТ	6610
ate Received	Event #	Aggregate Purchases fo	or All Events	Amount of Prog	ram Ad Purcha	se A	mount of Sig	n Purchase
3/9/23	030923A			\$50		-		
	SUBTOTAL Section L3 To	tal Purchases of A	dvertising in Pro	ogram Book —	This Page \$1	050		
	SUBTOTAL Section	n L3 Total Purch	ases of Advertisi	ng on a Sign —	This Page			
5 6 6 6 2			TOTAL of ad	ditional Section	L3 Pages \$1	050		
TOTAL	OF ALL PURCHASES OF	ADVERTISING	IN A PROGRA	M BOOK or O	N A SIGN	5,700		
The state of the s		(Enter total on L	ne 16c, Column A	of Summary Pa	ige Totals)	-,		

Section L3. ADDITIONAL PAGE 18 of 30

NAME OF COMMI	ITTEE (Provide Complete Name	as Boolstoned with William Dane	-21	TIME OF BE	TO DO	S	
JOHN GOMES		us kegisierea with riting kepos	sitory)	APRIL 10		NC	
		rchases of Advertis	sing in a Prog	ram Book or on a Sign	FILLI	NG	EVACUACINE S
Name of Purchaser	2311	Tenases of Advertis	sing in a 1 rog	am book or on a sign	Por	hase Made By:	
OMR-Multiservic	cae I I C				10-0	Business Entity	y Other
OWN CHANGING					1 -	Individual/Sole	
Street Address	····		City			State	Zip Code
940 E. Main St			Bridgeport			СТ	6608
Date Received	Event #	Aggregate Purchas	es for All Events	Amount of Program Ad Pur	chase	Amount of	 Sign Purchase
2/27/23	030923A			\$250	201		
Name of Purchaser					Purcl	nase Made By:	
GP Exteriors LLC						Business Entity	_
treet Address	· · · · · · · · · · · · · · · · · · ·		City		101	ndividual/Sole	Zip Code
601 Main St			Monroe			СТ	6468
Pate Received	Event #	Aggregate Purchase		Amount of Program Ad Purc	haraT.		
2/24/23	030923A			_	пизе	Amount of S	ign Purchase
ame of Purchaser	030923A			\$250			
				·-	100	ase Made By:	_
ConstruTech						Susiness Entity	_
eet Address			City		<u>Un</u>	ndividual/Sole	Zip Code
Bradley LN			Sandy Hook			СТ	6482
nte Received	Event #	Aggregate Purchases	1.0			1	
/27/23	030923A		No All Evens	Amount of Program Ad Purc	1856	Amount of S	ign Purchase
me of Purchaser	·				Purcha	ise Made By:	
laribel Grocery					_	usiness Entity	Other
et Address		· · · · · · · · · · · · · · · · · · ·	City		Olu	dividual/Sole I	
35 Madison Ave			City Bridgeport			State	Zip Code
te Received	E					СТ	6604
	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purch	ase	Amount of Si	gn Purchase
/21/23 ———	030923A			\$250			
ne of Purchaser				<u> </u>	Purcha:	se Made By:	
harlestin Chiropr	actic Group LLC				1 -	siness Entity	Other
et Address			l an	 	Oinc	lividual/Sole P	
71 Ferry BLVD			City			State	Zip Code
<u> </u>			Stratford			СТ	6615
Received	Event #	Aggregate Purchases f	for All Events	Amount of Program Ad Purch	ıse .	Amount of Sig	n Purchase
22/23	030923A			\$250			
	SUBTOTAL Section	L3 Total Purchases of	Advertising in P	rogram Book — This Page \$	1,250		
	SUBTOTAL	Section L3 Total Purch	ases of Advertis	ing on a Sign — This Page			<u> </u>
			TOTAL of ac	iditional Section L3 Pages \$	1,250		
тот	AL OF ALL PURCHAS	ES OF ADVERTISING	G IN A PROGRA	M BOOK or ON A SIGN			
	Haliston Many	(Enter total on L	ine 16c, Column A	of Summary Page Totals)	35,700	J	

Section L3. ADDITIONAL PAGE 19 of 30

	MITTEE (Provide Complete Name	as Registered with Filing Re	pository)	CALL TO SERVICE	TYPE OF REPOR		- W	
JOHN GOMES	S FOR MAYOR				APRIL 10 FIL	LING	i	
Name of Burnhauer	L3. Pu	rchases of Adver	tising in a Pro	gram Book or		21111111		100
MTM Family lin	mited Partnership DBA:	: Ideal Laundromat			į	Busi	Made By: iness Entity vidual/Sole	Other Proprietorship
Street Address			City	- ·	<u></u> L		State	Zip Code
120 River St			Bridgepor	t			CT	6604
Date Received	Event #	Aggregate Purch	hases for All Events	Amount of Pa	rogram Ad Purchas	e A	mount of S	ign Purchase
2/22/23	03092023	- 60		\$250				
Name of Purchaser					1	Purchase	Made By:	
OutDoor Lawn	Services LLC						ness Entity vidual/Sole 1	Other Proprietorship
Street Address			City				State	Zip Code
15 Saxony Dr			Trumbull				CT	6611
Date Received	Event #	Aggregate Purch	ases for All Events	Amount of Pr	ogram Ad Purchase	e Ai	mount of Si	ign Purchase
2/21/23	030923A	1		\$250				
Name of Purchaser			· <u>-</u>		P	urchase l	Made By:	
Churrasqueira (Avenida) LLC				(Buşir	ness Entity	Other
treet Address			City				State	Zip Code
757 Madison Av	е		Bridgeport				CT	6606
Pate Received	Event #	Aggregate Purcha	sses for All Events	Amount of Pro	gram Ad Purchase	A	nount of Si	gn Purchase
2/24/23	030923A			\$250				
ame of Purchaser					Pt	urchase N	Ande By:	
	DBA: (Brasas Restaur	ant)			1.	-	ess Entity	Other
reet Address			City	-			State	Zip Code
439 Madison Av	/e		Bridgeport			- (CT	6606
ate Received	Event #	Aggregate Purchas	ses for All Events	Amount of Pro	gram Ad Purchase	Am	ount of Sig	n Purchase
/24/23	030923A			\$250		ĺ		
me of Purchaser	<u> </u>				Pu	rchase M	lade By:	
	eauty Salon LLC	_			2.7	-	ess Entity dual/Sole Pro	Other
eet Address	-		City					Zip Code
28 Barnum Ave			Bridgeport			0	ст	6608
te Received	Event #	Aggregate Purchase	es for All Events	Amount of Prog	gram Ad Purchase	Am	ount of Sign	n Purchase
27/23	030923A	,		\$250				
	SUBTOTAL Section	L3 Total Purchases o	of Advertising in	Program Book —	This Page \$1,2	250		
	SUBTOTAL	Section L3 Total Pur	chases of Advert	ising on a Sign —	This Page	-		
			TOTAL of	additional Section	n L3 Pages \$1,2	50		
то	TAL OF ALL PURCHAS	ES OF ADVERTISE	NG IN A PROGI	RAM BOOK or O	N A SIGN \$35	700		_
11-27-27-20		(Enter total on	Line 16c, Columi	A of Summary Po	age Totals)	700		

Section L3. ADDITIONAL PAGE 20 of 30

	(Provide Complete Name as Registe	ered with Filing Reposit	(ory)	THE RESIDEN	TYPE OF REP		WITH THE PARTY.	Service Control
JOHN GOMES FOR				COLOR OF THE REAL PROPERTY.	APRIL 10 F	TILLIN	G	
	L3. Purchase	es of Advertisi	ng in a Progra	am Book or o	n a Sign			
Name of Purchaser						1_	se Made By: usiness Entity	Other
Lucidara Pelegriti							dividual/Sole	_
Street Address			City			10	State	Zip Code
19 Benson Rd			Bethel				СТ	1
Date Received	Event #	Aggregate Purchase	s for All Events	Amount of Pro	gram Ad Purcl	inse	Amount of S	ign Purchase
2/24/23	030923A			\$50				
Name of Purchaser		1				Purchas	se Made By:	
Sergio Filho							siness Entity Iividual/Sole I	Other
Street Address			City			<u> </u>	State	Zip Code
19 Benson Rd			Bethel				СТ	
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purch	ase	Amount of Si	gn Purchase
2/24/23	030923A			\$50				
Name of Purchaser							e Made By:	
Monteiro's Masonry (Construction LLC						siness Entity lividual/Sole P	Other
Street Address			City				State	Zip Code
4 Lawrence Court			Milford				СТ	
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purch	ase A	Amount of Si	gn Purchase
2/22/23	030923A			\$250				
Name of Purchaser						Purchas	e Made By:	
Apex Property Service	es LLC					I =	siness Entity ividual/Sole P	Other
Street Address			City				State	Zip Code
19 Benson RD			Bethel				СТ	
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Prog	gram Ad Purch	ase /	Amount of Sig	n Purchase
2/24/23	030923A			\$250				[1
Name of Purchaser				<u> </u>		Purchase	Made By:	
Tex Auto services LLC	2					Bus	iness Entity	OOther
	·	 :				OIndi	ividual/Sole Pr	-
treet Address			City				State	Zip Code
106 Commercial St			Bridgeport				СТ	
Date Received	Event #	Aggregate Purchases i	for All Events	Amount of Prog	ram Ad Purcha	ise A	Amount of Sig	n Purchase
2/27/23	030923A			\$250				
	SUBTOTAL Section L3 To	tal Purchases of	Advertising in Pr	rogram Book —	This Page \$	850		
	SUBTOTAL Section	on L3 Total Purch	nases of Advertisi	ing on a Sign —	This Page			- "
			TOTAL of no	dditional Section	L3 Pages \$	850	-	
TOTAL	OF ALL PURCHASES OF					35,700		
	A STATE OF THE PARTY OF THE PAR	Enter total on L	ine 16c, Column A	t of Summary Pe	age Totals)			

Section L3. ADDITIONAL PAGE 21 of 30

NAME OF COMMITTEE	(Provide Complete Name as Registe	ered with Filing Reposit	ory)	Sign Care Control	TYPE OF REPO	ORT	Gertlerik	SEVERAL CHIEF
JOHN GOMES FOR			240000000		APRIL 10 F	ILLIN	G	
	L3. Purchas	es of Advertisi	ng in a Progra	m Book or o	n a Sign			
Name of Purchaser						Purcha	se Made By:	
Roxo's Construction	LLC					● Bı	siness Entity	Other
						Oh	dividual/Sole	Proprietorship
Street Address			City				State	Zip Code
25 Harvard St			Bridgeport				СТ	6606
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purch	ase	Amount of S	ign Purchase
2/24/23	030923A	1		\$250				
Name of Purchaser				•			e Made By:	
RPM Energy Solution	LLC						siness Entity	Other
Street Address			City			Oind	lividual/Sole I	Proprietorship Zip Code
69 Perry RD			Hamden				CT	'
Date Received	Event #	A gamageta Burahasaa					L	6514
		Aggregate Purchases	IOF All Events		gram Ad Purchs	ise	Amount of Si	gn Purchase
2/25/23	030923A			\$250				
Name of Purchaser						_	e Made By:	
ALDS Drywall Service	es					-	siness Entity ividual/Sole P	Other
Street Address			City				State	Zip Code
2165 Madison Ave			Bridgeport				СТ	6604
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purcha	se /	Amount of Sig	n Purchase
2/21/23	030923A			\$250	•			
Name of Purchaser	·	· · · · · · · · · · · · · · · · · · ·				Purchase	Made By:	
De Soto Tax Services	LFC				ľ	Bus	iness Entity	Other
	· · · · · · · · · · · · · · · · · · ·					OInd	ividual/Sole P	roprietorship
treet Address			City				State	Zip Code
955 E. Main St			Bridgeport				СТ	6608
Pate Received	Event #	Aggregate Purchases f	or All Events	Amount of Prog	ram Ad Purcha	se A	mount of Sig	n Purchase
2/21/23	030923A			\$250				
ame of Purchaser						Purchase	Made By:	
Borges Concrete Pum	ning LLC					Bus	iness Entity	Other
						O Indi	vidual/Sole Pr	oprietorship
reet Address		1	City				State	Zip Code
55 Meadow Brook DR			Monroe				СТ	6468
ate Received	Event #	Aggregate Purchases for	or All Events	Amount of Prog	ram Ad Purchas	e A	mount of Sig	n Purchase
2/22/23	030923A			\$250				
	SUBTOTAL Section L3 To	tal Purchases of A	Advertising in Pro	ogram Book —	This Page \$1	,250	-	
	SUBTOTAL Section	n L3 Total Purch	ases of Advertisin	ng on a Sign —	This Page			
			TOTAL of ad	ditional Section	L3 Pages \$1	,250		
TOTAL	OF ALL PURCHASES OF		IN A PROGRA	M BOOK or O	N A SIGN 83	5,700		
		(Enter total on Li	ine 16c, Column A	of Summary Pa	ige Totals)	0,700		

Section L3. ADDITIONAL PAGE 22 of 30

NAME OF COMMITTEE	(Provide Complete Name as Registe	red with Filing Reposit	ory)		TYPE OF REPO	ORT	- 43 A *	
JOHN GOMES FOR	MAYOR				APRIL 10 F	ILLING	3	
	L3. Purchase	es of Advertisi	ng in a Progra	m Book or o	n a Sign	N. V.	12 P	
Name of Purchaser						Purchas	se Made By:	
Don Raphael LLC						T-1	siness Entity	Other
int.			T .			OInd	lividual/Sole I	· · ·
Street Address			City				State	Zip Code
256 Oak st			Bridgeport				СТ	6604
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purch	ase /	Amount of Si	gn Purchase
3/3/23	030923A			\$250				
Name of Purchaser	•	•		•		Purchase	e Made By:	
Rosely Restaurant						-	siness Entity	Other
· · · · · · · · · · · · · · · · · · ·			T			OInd	ividual/Sole P	
Street Address			City				State	Zip Code
944 E. Main St			Bridgeport				СТ	6608
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purch	ase /	Amount of Si	gn Purchase
2/23/23	030923A			\$250		İ		
Name of Purchaser		•		•		Purchase	e Made By:	
Connecticut Educatio	nal Solution Inc.					1 =	siness Entity	Other
Street Address			Lov			OInd	ividual/Sole P	
			City				State	Zip Code
42 Ridgewood Court			Shelton				СТ	6684
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purchs	ise A	Amount of Sig	gn Purchase
2/18/23	030923A			\$200				
Name of Purchaser				<u> </u>		Purchase	Made By:	
Pacific Iron Works LL0	C					Bus	iness Entity	Other
	·					OIndi	ividual/Sole Pi	
Street Address			City				State	Zip Code
592 Knowlton St			Bridgeport				СТ	6608
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purcha	se A	amount of Sig	n Purchase
2/23/23	030923A			\$250				
Vame of Purchaser						Purchase	Made By:	
Eiu e Oall O DDA. Ei						_	iness Entity	Other
FIX & GO LLC DBA; FI	xgo Auto and Services					Olndi	vidual/Sole Pr	- 1
treet Address			City				State	Zip Code
1500 Barnum Ave			Bridgeport				СТ	6610
Pate Received	Event #	Aggregate Purchases f	or All Events	Amount of Prog	ram Ad Purcha	se A	mount of Sig	n Purchase
2/22/23	030923A			\$250				
	SUBTOTAL Section L3 To	tal Purchases of	Advortising in Dr.	ogram Rook	This Dags C1	1200		
	SUBTOTAL Section	n L3 Total Purch	ases of Advertisi	ng on a Sign —	- This Page			
			TOTAL of ad	lditional Section	n L3 Pages \$1	1200		
TOTAL	OF ALL PURCHASES OF					35,700)	
	THE PERSON NAMED IN	(Enter total on L	ine 16c, Column A	of Summary P	age Totals)	,. ••		

Section L3. ADDITIONAL PAGE 23 of 30

NAME OF COM	MITTEE (Provide Complete Name	e as Registered with Filing Rena	diary)	2 2 2 3 3	TYPE OF REPO	PT	THE REAL PROPERTY.	ASSESSED BOOK
JOHN GOMES		The state of the s			APRIL 10 F		G	
Property of	L3. Pt	rchases of Advertis	sing in a Pro	gram Book or				ALC: NO.
Name of Purchaser					on a colem	Purch	se Made By:	
Sinucas Sport	Bar DBA: Camarote La	aunae				© В	usiness Entity	Other
						Olu	dividual/Sole	Proprietorshi
Street Address			City			,	State	Zip Code
61 Hurd Ave			Bridgeport				СТ	6604
Date Received	Event #	Aggregate Purchas	es for All Events	Amount of Pro	gram Ad Purcha	se	Amount of S	Sign Purchase
2/20/23	030923A			\$250				
Name of Purchaser	<u> </u>					Purcha	se Made By:	
Andy Garage L	LC					● Bu	siness Entity	Other
treet Address	<u> </u>					Olno	dividual/Sole	Proprietorship
			City				State	Zip Code
48 Trowel St			Bridgeport				СТ	6607
Date Received	Event #	Aggregate Purchase	s for All Events	Amount of Pro	gram Ad Purcha	se .	Amount of S	ign Purchase
2/26/23	030923A			\$250		1		
lame of Purchaser						Purchas	e Made By:	
Janta Home Imp	provements LLC					-	siness Entity	Other
· · · · · · · · · · · · · · · · · · ·						OInd	lividual/Sole I	Proprietorship
treet Address			City				State	Zip Code
24 Mitchell Rd			Bridgeport				CT	6611
ate Received	Event #	Aggregate Purchases	s for All Events	Amount of Prog	gram Ad Purchas	ie /	Amount of Si	gn Purchase
2/21/23	030923A	- 1		\$250				
ame of Purchaser	· · · · · · · · · · · · · · · · · · ·				Ţ	Purchase	Made By:	
Campos Constru	ection					Bus	iness Entity	Other
eet Address	<u> </u>				(Olndi	ividual/Sole P	roprietorship
04 Wells St			City				State	Zip Code
			Bridgeport			- 1	СТ	6606
ate Received	Event #	Aggregate Purchases	for All Events	Amount of Prog	ram Ad Purchase	P A	mount of Sig	n Purchase
/20/23	030923A			\$250				
me of Purchaser		<u>.</u>			P	urchase	Made By:	
ces Bail Bonds						Busi	iness Entity	Other
et Address						Indi	vidual/Sole Pr	oprietorship
			City				State	Zip Code
125 North Ave			Bridgeport				СТ	6604
te Received	Event #	Aggregate Purchases i	for All Events	Amount of Progr	am Ad Purchase	A	mount of Sig	n Purchase
21/23	030923A			\$250				
	SUBTOTAL Section	L3 Total Purchases of	Advertising in F	rogram Book —	This Page \$1,	250		
	SUBTOTAL	Section L3 Total Purch	ases of Adverti	sing on a Sign —	This Page	_		
			TOTAL of a	dditional Section	L3 Pages \$1,2	250		
то	TAL OF ALL PURCHAS	ES OF ADVEDTISING		No. of the last of	LAGICINI			
		(Enter total on L	ine 16c, Column	AM BOOK or ON A of Summary Pay	ge Totals) \$35	,700		

Street Address

Date Received

2/22/23

Street Address

Date Received

2/22/23

Street Address

Section L3. ADDITIONAL PAGE 24 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 (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT JOHN GOMES FOR MAYOR **APRIL 10 FILLING** L3. Purchases of Advertising in a Program Book or on a Sign Name of Purchaser Purchase Made By: Business Entity Other **Summit Financial Group** ☐ Individual/Sole Proprietorship City Zip Code 288 Broad St Milford CT 6460 Event # Aggregate Purchases for All Events Amount of Program Ad Purchase Amount of Sign Purchase 030923A \$250 Name of Purchaser Purchase Made By: Business Entity Other MBP LLC DBA: Milford BluePrint OIndividual/Sole Proprietorship City State Zip Code 470 Naugatuck Ave Milford CT 6460 Event # Aggregate Purchases for All Events Amount of Program Ad Purchase Amount of Sign Purchase 030923A \$250 Name of Purchaser Purchase Made By: Business Entity Other O & C Roofing LLC ☐ Individual/Sole Proprietorship City Zip Code State 631 Lindley St Rridgeport

OUT Ellidiey Of			puddebou			61	6606
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purci	1230	Amount of S	ign Purchase
2/21/23	030923A			\$250			
Name of Purchaser					Purc	hase Made By:	-
Bay Restoration	LLC				(3)	Business Entity	Other
	,				O	Individual/Sole	Proprietorship
Street Address			City			State	Zip Code
550 New Haven	Ave		Milford			СТ	6460
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purch	23e	Amount of Si	ign Purchase
2/22/23	030923A			\$250			
Name of Purchaser					Purch	ase Made By:	
Seymour Pastry	and Cakes LLC				-	Business Entity	Other
Street Address			City		O	ndividual/Sole F	
1649 Main St			•			State	Zip Code
			Bridgeport			СТ	6604
Date Received	Event #	Aggregate Purchases i	for All Events	Amount of Program Ad Purch	ase	Amount of Si	gn Purchase
2/28/23	030923A			\$250			
	SUBTOTAL Section	L3 Total Purchases of	Advertising in	Program Book — This Page \$	1,25	0	
	SUBTOTAL	Section L3 Total Purch	ases of Advert	ising on a Sign — This Page			 -
		District of the second	TOTAL of	additional Section L3 Pages \$	1.25	n	
THE STATE OF THE S	OTAL OF ALL PURCEES	SES OF ADVEDTISING	The state of the state of	AM BOOK ON A CYCN	35,7		
Te	UTAL OF ALL PURCHAS	DO OF MUTBERINGHIC					

Section L3. ADDITIONAL PAGE 25 of 30

	(Provide Complete Name as Registe	ered with Filing Reposit	tory)		TYPE OF REPO		Trabet and	THE REPORT OF THE
JOHN GOMES FOR				STATE OF THE PARTY AND ADDRESS OF THE PARTY AN	APRIL 10 F	ILLING	3	
	L3. Purchas	es of Advertisi	ng in a Progra	am Book or o	n a Sign			
Name of Purchaser						1	se Made By:	○ ort
MVP Car Wash LLC						_	isiness Entity lividual/Sole I	Other
Street Address			City			<u> </u>	State	Zip Code
1726 Fairfield Ave			Bridgeport				СТ	6605
Date Received	Event #	Aggregate Purchases	s for All Events	Amount of Pro	gram Ad Purch:	ase /	Amount of Si	ign Purchase
2/27/23	030923A	ł		\$250				
Name of Purchaser				1		Purchas	e Made By:	
Colon & Villaplana							siness Entity lividual/Sole P	Other
Street Address			City				State	Zip Code
101 Merritt 7 Corpora	te Park 3rd FL		Norwalk				СТ	6851
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Prog	ram Ad Purcha	se /	Amount of Sig	gn Purchase
2/27/23	030923A			\$250				
Name of Purchaser		<u> </u>				Purchase	e Made By:	· · ·
Eli & Co Partners							siness Entity ividual/Sole P	OOther
Street Address			City				State	Zip Code
167 Old Post Rd Suit	e 3A		Southport				СТ	6890
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Prog	ram Ad Purcha	se A	Amount of Sig	gn Purchase
2/27/23	030923A			\$250				
Name of Purchaser	·· -						Made By:	_
A and G Mechanical F	IVAC LLC					_	iness Entity ividual/Sole Pr	O0ther roprietorship
treet Address			City				State	Zip Code
P.O.Box 229			Stratford				CT	6850
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Prog	ram Ad Purcha	se A	mount of Sig	n Purchase
3/1/23	030923A			\$250				
lame of Purchaser						Purchase	Made By:	
S K Smoke Junction L	LC					Busi	iness Entity	Other
85						OIndi	vidual/Sole Pr	
reet Address		1	City					Zip Code
71 Oxford Rd			Oxford				СТ	6478
ate Received	Event #	Aggregate Purchases for	or All Events	Amount of Progr	am Ad Purchas	æ A	mount of Sign	n Purchase
2/28/23	030923A			\$250				
	SUBTOTAL Section L3 To	tal Purchases of A	Advertising in Pro	ogram Book	This Page \$1	,250		
	SUBTOTAL Section	n L3 Total Purch	ases of Advertisi	ng on a Sign —	This Page			
			TOTAL of ad	ditional Section	L3 Pages \$1	,250		\$2
TOTAL	OF ALL PURCHASES OF		IN A PROGRA			5,700		
				, , , , , ,				

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	E (Provide Complete Name as Registe	ered with Filing Reposit	lory)	TYPE OF R			Sondin a
JOHN GOMES FOR				APRIL 10	J FILLI	NG	
	L3. Purchase	es of Advertisi	ng in a Progra	am Book or on a Sign			
Name of Purchaser					1 -	hase Made By: Business Entity	Other
DR. Wood Floor LLC	>				12	Individual/Sole	_
Street Address			City			State	Zip Code
54 Pomona Rd			Trumbull			СТ	6611
Date Received	Event #	Aggregate Purchases	s for All Events	Amount of Program Ad Pu	rchase	Amount of S	ign Purchase
3/1/23	030923A			\$250			
Name of Purchaser					Purc	hase Made By:	
MaKula Construction	LLC					Business Entity Individual/Sole I	Other
Street Address			City			State	Zip Code
6 Woodbine Cir			Bridgeport			СТ	6606
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Pu	rchase	Amount of Si	gn Purchase
3/1/23	030923A			\$250			8
	000923A			Ψ230		bara Norda Dan	
Name of Purchaser					1 2 - 1	hase Made By: Business Entity	Other
Grand Junco LLC					_	Individual/Sole P	-
Street Address			City			State	Zip Code
595 Grand st			Bridgeport			СТ	6604
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Put	rchase	Amount of Si	gn Purchase
3/1/23	030923A			\$250	*		5
Name of Purchaser	J	<u>'</u>		· · · · · · · · · · · · · · · · · · ·	Purch	nase Made By:	 -
La Fonda Restaurant	ł				● F	Business Entity	Other
			T		O	ndividual/Sole P	
Street Address			City			State	Zip Code
3851 Main st			Bridgeport	<u> </u>		СТ	6604
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Pui	chase	Amount of Sig	gn Purchase
3/2/23	030923A			\$250			
Name of Purchaser		•		<u> </u>	Purch	ase Made By:	· · · · · · · · · · · · · · · · · · ·
The Finch Firm LLC						Business Entity	OOther
					Or	ndividual/Sole P	
treet Address			City			State	Zip Code
799 Silver Lane			Trumbull			СТ	6611
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Pur	chase	Amount of Sig	n Purchase
3/2/23	030923A			\$250			
	SUBTOTAL Section L3 To	tal Purchases of	Advertising in Pr	ogram Book — This Page	\$1,25	0	
	SUBTOTAL Section	on L3 Total Purcl	nases of Advertisi	ing on a Sign This Page			
			TOTAL of ac	iditional Section L3 Pages	\$1,25	0	
TOTAL	OF ALL PURCHASES O				\$35,7	00	
		Crier total on L	ane 100, Column A	of Summary Page Totals)			

Section L3. ADDITIONAL PAGE 27 of 30

	(Provide Complete Name as Registe	red with Filing Reposit	ory)	TYPE OF REI		wkirtheke	PAR DANS
JOHN GOMES FOR		10.70 707 117 107 107 107		APRIL 10	FILLIN	G	
100 May 100 Ma	L3. Purchase	es of Advertisi	ng in a Progra	am Book or on a Sign			
Name of Purchaser					2.2	ise Made By:	004
CM Brandao LLC						usiness Entity dividual/Sole 1	Other
Street Address			City		Om	State State	Zip Code
3916 Main st			Bridgeport			СТ	6606
Date Received	Event #	A gong gate Purphoses		Amount of Program Ad Purc	hasal		1
		Aggregate Purchases	I IOF All Evells		HASE	Amount of S	ign rurchase
3/2/23	030923A	<u> </u>		\$250			
Name of Purchaser						se Made By:	Oates
Luzara Sweets						usiness Entity dividual/Sole I	Other
Street Address			City		10	State	Zip Code
7 Riverside Drive			Shelton			СТ	6468
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purc	hase	Amount of Si	gn Purchase
3/1/23	030923A			\$200			P
	030923A			\$200			
Name of Purchaser						se Made By: Isiness Entity	Other
Ask Wholesalers and	Distributors LLC					dividual/Sole F	_
Street Address			City		10	State	Zip Code
350 Long Beach BLV	D LLC Unit F		Stratford			СТ	6615
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purc	hase	Amount of Si	gn Purchase
3/2/23	030923A			\$250			•
Name of Purchaser		•		•	Purchas	se Made By:	
Westviile Quality Mark	cet		51		_	siness Entity	Other
Street Address			City		Olno	lividual/Sole P	
243 Alden Ave			City New Haven			CT	Zip Code 6515
						<u></u>	
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purci	iase .	Amount of Si	gn Purchase
3/2/23	030923A			\$250			
Name of Purchaser					120	e Made By:	_
Cork And Keg Pursh						siness Entity	OOther
treet Address	<u> </u>		City		Olnd	lividual/Sole Pr	Zip Code
430 Rubber ave			Naugatuck			CT	6770
Pate Received	Event #						
		Aggregate Purchases f	or All Events	Amount of Program Ad Purch	iase /	Amount of Sig	n Purchase
3/2/23	030923A			\$250			
	SUBTOTAL Section L3 To	tal Purchases of	Advertising in Pr	ogram Book — This Page	\$1,200		
	SUBTOTAL Section	n L3 Total Purch	ases of Advertisi	ng on a Sign — This Page			
			TOTAL of ad	iditional Section L3 Pages	\$1,200		
TOTAL	OF ALL PURCHASES OF	ADVERTISING	IN A PROGRA	M BOOK or ON A SIGN	tor 70		
				of Summary Page Totals)	\$35,70		

Section L3. ADDITIONAL PAGE 28 of 30

				Larrest discount				
	(Provide Complete Name as Registe	ered with Filing Reposit	tory)		TYPE OF REPO		till invocable	THE PARTY
JOHN GOMES FOR					APRIL 10 F	ILLING	G	
Manual Control	L3. Purchas	es of Advertisi	ng in a Progra	m Book or o	n a Sign		Million 19	plining 24,
Name of Purchaser							se Made By: isiness Entity	Other
Trumbull Food Mart	LLC					_	dividual/Sole	
Street Address	-		City				State	Zip Code
648 White Plains RD) 	_	Trumbull				СТ	6611
Date Received	Event #	Aggregate Purchases	s for All Events	Amount of Prop	gram Ad Purch	ase .	Amount of Si	gn Purchase
3/2/23	030923A			\$250				
Name of Purchaser	·					100	e Made By:	_
Associaco Caboverd	iana (Cape Verdean)						siness Entity lividual/Sole P	Other roprietorship
Street Address			City				State	Zip Code
235 Linen Ave			Bridgeport				СТ	6604
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Prog	ram Ad Purcha	ise /	Amount of Si	gn Purchase
	030923A			\$50				
Name of Purchaser	<u>' </u>					190.7	e Made By:	
DNA Campaigns							siness Entity	Other
Street Address			City			Oina	ividual/Sole P	Zip Code
800 Village Walk			Guilford				СТ	6437
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Prog	ram Ad Purcha	se /	Amount of Sig	n Purchase
2/28/23	030923A			\$250				
Name of Purchaser						Purchase	e Made By:	
So Fair Media						Ξ	siness Entity ividual/Sole Pi	OOther roprietorship
treet Address			City		•		State	Zip Code
29 South Fair St		ŀ	Guilford				СТ	6437
Date Received	Event #	Aggregate Purchases (for All Events	Amount of Progr	ram Ad Purcha	se A	Amount of Sig	n Purchase
2/28/23	030923A			\$250				
ame of Purchaser			,	·		Purchase	Made By:	
Boteco - Ipanema						_	iness Entity vidual/Sole Pr	OOther
treet Address			City			Onor	State State	Zip Code
70 N Main St			Norwalk				СТ	6854
ate Received	Event #	Aggregate Purchases for	or All Events	Amount of Progr	am Ad Purchas	ie A	mount of Sig	n Purchase
2/6/23	030923A			\$250			_	
	SUBTOTAL Section L3 To	tal Purchases of A	Advertising in Pro	ogram Book —	This Page \$1	,050		
	SUBTOTAL Section	n L3 Total Purch	ases of Advertisir	ng on a Sign —	This Page			
			TOTAL of ad	ditional Section	L3 Pages \$1	,050		
TOTAL	OF ALL PURCHASES OF		G IN A PROGRAI			5,700)	
			200, CUININI /1	-, Samerous y I u	- I Dimis/			

Section L3. ADDITIONAL PAGE 29 of 30

NAME OF COMMIT	TTEE (Provide Complete Name a	s Registered with Filing Repo	sitory)	Arthreeming	TYPE OF REPO	RT	MONE TO THE	19 H L H 27
JOHN GOMES F					APRIL 10 F	ILLIN	IG	
	L3. Pur	chases of Adverti	sing in a Prog	gram Book or o	n a Sign			
Name of Purchaser Reyna Leading L	LC					③ В	ase Made By: usiness Entity adividual/Sole	•
Street Address			City				State	Zip Code
2096 Central Par	k Ave		Yonkers				NY	10710
Date Received	Event #	Aggregate Purcha	ses for All Events	Amount of Pro	gram Ad Purcha	tse	Amount of S.	ign Purchase
3/9/23	030923A	1		\$250				
Name of Purchaser						Purcha	se Made By:	-
Bar Karaoke Hok	dings LLC					_	usiness Entity dividual/Sole I	Other
Street Address			City			<u>Om</u>	State State	Zip Code
1103 Main st			Bridgeport				СТ	6610
Date Received	Event #	Aggregate Purchas	1 ,	Amount of Pro	gram Ad Purcha		Amount of Si	
2/23/23	030923A			\$250	gram Ad Fulcila	36	Amount of Si	ga rurcaase
Name of Purchaser				14200		Purchs	se Made By:	
Solmar's Bar						③ Bu	se made by: Isiness Entity dividual/Sole P	Other
Street Address	·		City	<u> </u>			State	Zip Code
290 George St			Bridgeport				СТ	6604
Date Received	Event #	Aggregate Purchas	es for All Events	Amount of Pro	gram Ad Purcha	se	Amount of Si	gn Purchase
3/4/23	030923A			\$250				
Name of Purchaser						Purchas	se Made By:	
Goncalves Plumbi	ng LLC					I	siness Entity	Other
treet Address		· · · · · · · · · · · · · · · · · · ·	City			Olno	lividual/Sole P	Zip Code
93 Tunxis Hill Rd			Fairfield				СТ	6825
Date Received	Event #	Aggregate Purchase	s for All Events	Amount of Pros	ram Ad Purchas	<u></u>	Amount of Sig	in Purchase
2/28/23	030923A			\$250]	ALLOUITE OF DIE	in I di Cuase
lame of Purchaser					Į.	Purchas	e Made By:	
Mclean Law PLLC					9	● Bu:	siness Entity	Other
	· · · · · · · · · · · · · · · · · · ·	_	1			Olnd	ividual/Sole Pr	
reet Address	- F00		City				State	Zip Code
2 Trap Falls Rd Ste			Shelton				СТ	6484
ate Received	Event #	Aggregate Purchase	s for All Events	Amount of Prog	ram Ad Purchas	e A	Amount of Sig	n Purchase
3/29/23	030923A			\$250		L		
	SUBTOTAL Section	L3 Total Purchases of	Advertising in	Program Book —	This Page \$1	,250		
	SUBTOTAL	Section L3 Total Pure	chases of Advert	ising on a Sign —	This Page			
			TOTAL of	additional Section	L3 Pages \$1	,250		. "
тот	AL OF ALL PURCHAS			RAM BOOK or O		5,700)	

Section L3. ADDITIONAL PAGE 30 of 30

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

	TEE (Provide Complete Name as Reg	istered with Filing Repos	iltory)	美国的政治 (教)	TYPE OF REPO	RT		
JOHN GOMES F					APRIL 10 F	ILLIN	IG.	
None of Park	L3. Purchs	ses of Advertis	ing in a Progr	ram Book or	on a Sign	PAGE	7	
Name of Purchaser							se Made By:	
BBB Attorney & C	Councelors					_	usiness Entity	Other Proprietorship
Street Address			City			<u>Um</u>	State	Zip Code
3651 Main St			Stratford				СТ	6614
Date Received	Event #	Aggregate Purchase	es for All Events	Amount of Pro	gram Ad Purch			Sign Purchase
3/30/23	030923A			\$250	rgi will rid I di Çiji	130	Amount of S	nga rutcusse
Name of Purchaser						Purcha	se Made By:	
Familiar Mortgage	Services				ı		siness Entity	OOther
Street Address	· · · · · · · · · · · · · · · · · · ·		City			Oine	State	Proprietorship Zip Code
2 Trap Falls Rd s	te 509		Shelton				СТ	6484
Date Received	Event #	Aggregate Purchase	s for All Events	Amount of Pro	gram Ad Purcha	se	Amount of S	ign Purchase
3/9/23	030923A			\$250				
Name of Purchaser					· ·	Purcha:	se Made By:	
Crespo Law Firm							siness Entity	Other
Street Address		<u> </u>	City			Oind	lividual/Sole I	Proprietorship Zip Code
44 Lyon Terrace			Bridgeport				CT	6604
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	gram Ad Purcha	se .	Amount of Si	gn Purchase
3/10/23	030923A			\$250				
lame of Purchaser						Purchas	e Made By:	
Green Paint						_	siness Entity ividual/Sole P	Other
treet Address			City			Olid	State	Zip Code
357 Post Rd Ste 35	56		Fairfield			Ī	СТ	6824
ate Received	Event #	Aggregate Purchases	for All Events	Amount of Prog	ram Ad Purchas		Amount of Sig	In Purchase
3/9/23	030923A			\$250				Sin t dictinse
ame of Purchaser				<u>.</u>	11	Purchase	: Made By:	
Prime Events							iness Entity	Other
reet Address					(OIndi	vidual/Sole Pi	
2 Griffing Ave			City				State	Zip Code
	Tr #		Danbury				СТ	6810
Ne Received	Event #	Aggregate Purchases	for All Events	Amount of Prog	ram Ad Purchase	₽ A	mount of Sig	n Purchase
/9/23	030923A			\$250				
	SUBTOTAL Section L3 T	otal Purchases of	Advertising in Pr	ogram Book —	This Page \$1,	,250		
	SUBTOTAL Secti	on L3 Total Purch	ases of Advertisi	ing on a Sign —	This Page			
			TOTAL of ad	lditional Section	L3 Pages \$1.	.250		
ТОТА	AL OF ALL PURCHASES O	F ADVERTISING	IN A PROGRA	M BOOK or O	N A SIGN COL			——
the state of the s		(Enter total on L	ine 16c, Column A	of Summary Pa	ge Totals) 43	5,700		

Section L3, ADDITIONAL PAGE 31 of 31

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 COMM	ITTEE (Provide Complete Name	as Registered with Filing Repos	itory)	TYP	E OF REPORT	STEPHEN BY	STATE OF STREET
JOHN GOMES			- 50	AP	RIL 10 FILLI	NG	
	L3. Pu	rchases of Advertis	ing in a Pro	gram Book or on a	Sign		
Name of Purchaser						chase Made By:	
Maribel Grocery	,				6	Business Entit	y Other
					O	Individual/Sol	e Proprietorshi
Street Address			City			State	Zip Code
235 Madison Av	e		Bridgeport	t		СТ	6604
Date Received	Event #	Aggregate Purchase	s for All Events	Amount of Program	Ad Purchase	Amount of	Sign Purchase
2/21/23	03092023			\$250			
ame of Purchaser					2.5	hase Made By:	
					I	Business Entity	_
reet Address			City		<u> O</u>	Individual/Sole	
			City			State	Zip Code
ate Received	Event #	Aggregate Purchases	for All Events	Amount of Program	Ad Purchase	Amount of 5	Sign Purchase
		ł					Bi
me of Purchaser					Purch	hase Made By;	
						Business Entity	Other
						ndividual/Sole	_
et Address			City			State	Zip Code
						1	
te Received	Event #	Aggregate Purchases	for All Events	Amount of Program	d Purchase	Amount of S	Sign Purchase
		1					-Bu carenase
me of Purchaser							
						ase Made By: usiness Entity	⊘ ort.
_						ndividual/Sole 1	Other
et Address			City			State	Zip Code
							Dip Code
e Received	Event #	Aggregate Purchases f	for Ali Events	Amount of Program A	d Purchase	Amount of Si	ign Purchase
ne of Purchaser		 -			Purchs	se Made By:	-
					⊚ Bι	usiness Entity	Other
et Address					Olne	dividual/Sole P	roprietorship
n Addiess]'	City			State	Zip Code
						1	
Received	Event #	Aggregate Purchases for	or All Events	Amount of Program A	l Purchase	Amount of Sig	gn Purchase
\$ 1							
	SUBTOTAL Section	L3 Total Purchases of A	dvertising in l	Program Book — This]	Page \$250		
	SUBTOTAL	Section L3 Total Purchs	ases of Adverti	ising on a Sign — This l	age		
				additional Section L3 P			
тот	AL OF ALL PURCHASI	ES OF ADVERTISING	THE RESERVE OF THE PARTY OF	at a supplied the supplied the supplied to the	COL		
		(Enter total on Li	ne 16c, Column	A of Summary Page To	(als) \$35,70	0	
				11.11	-		

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	(Provide Complete Name as Register	ed with Filing Reposito	ליביי		TYPE OF REPO	RT			
JOHN GOMES FOR					APRIL 10 FI	0 FILING			
CONTRACTOR CONTRACTOR		s of Advertisi	ng in a Progr	am Book or o	n a Sign	12.00	R KIN		
Name of Purchaser	Lo. I ul chase	3 01 120 101 11511	5			Purchase	Made By:		
Transcot I detailed						OBus	siness Entity	Other	
						OInd	ividual/Sole P	roprietorship	
Street Address		· · · · · · · · · · · · · · · · · · ·	City				State	Zip Code	
	<u> </u>	Aggregate Purchases	for All Frants	A mount of Pr	ogram Ad Purcha	se /	Amount of Sig	n Purchase	
Date Received	Event #	Aggregate Purchases	IOI All Evenis	Amount	AP. W. 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			•	
Name of Purchaser		<u>. </u>				_	Made By	O = 1	
						T	iness Entity	Other	
						Ulnd	ividual/Sole P	Zip Code	
Street Address			City				State	Zip Code	
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pro	ogram Ad Purcha	se A	Amount of Sig	n Purchase	
						Purchas	e Made By:		
Name of Purchaser							siness Entity	Other	
						_	ividual/Sole P	roprietorship	
Street Address		<u> </u>	City				State	Zip Code	
Siteet Plantons									
	-	1	6 - AN T	A ount of Pu	ogram Ad Purcha	150	Amount of Sig	n Purchase	
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Fr	ogram Au Fulcha	150 2	zmount of St	gn z uremuse	
Name of Purchaser	<u> </u>						e Made By:	_	
						_	siness Entity	O Other	
						Olnd	ividual/Sole P	Zip Code	
Street Address			City				State	Zip Code	
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pr	ogram Ad Purcha	ıse	Amount of Sig	gn Purchase	
						Purchas	e Made By:		
Name of Purchaser						_	siness Entity	Other	
						_	ividual/Sole P	roprietorship	
Street Address		<u> </u>	City				State	Zip Code	
Olifor (more)									
		T		A a sum A of Do	ogram Ad Purcha		Amount of Sig	n Purchase	
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Pr	ogram Ad Furena	ise i	Amount of Si	gn i di chase	
	SUBTOTAL Section L3 To	otal Purchases of	Advertising in	Program Book -	— This Page				
	SUBTOTAL Secti	on L3 Total Purc	hases of Advert	ising on a Sign	— This Page				
			TOTAL of	additional Sect	on L3 Pages	_			
TOTAL	L OF ALL PURCHASES O	F ADVERTISIN	G IN A PROGI Line 16c, Colum	RAM BOOK or	ON A SIGN		.		
		Enter total on	Line 100, Commi	ar of Ganunary	z age z oranoj	_	-		

II. EVENT ACTIVITY (Sections L1—L5)

Rasted Juneary 2015		II. EVENT HE		-	YPE OF REPOR	Т			
		s Registered with Filing Reposito	ory)		PRIL 10 FILI				
JOHN GOMES FO		<u> </u>				NG			
	L4	. In-Kind Donations	Not Conside	red Contributi	ons				
Name of Donor									
Peter Pedreira			in the second				State	Zip Code	
Street Address			City				CT	06606	
110 Ruth St			Bridgeport						
Donation Given By:	Description of Donation						arket Vi	lue of Donation	
Business Entity	Flowers			Aggregate Value for t	Lie Event	\$100			
O Individual	Date Received	Event #		Aggregate value for the	nis Event				
O Sole Proprietorship	03/09/23	030923a		<u> </u>		<u> </u>			
Name of Donor									
Alberto Guzman	_						State	Zip Code	
Street Address			City			i			
1287 North Ave			Bridgeport	<u> </u>			CT	6604	
Donation Given By:	Description of Donation					Fair Ma	arket V	lue of Donation	
Business Entity	Evolution Entertai	ment				\$200.	.00		
Olndividual	Date Received	Event #		Aggregate Value for t	his Event				
Sole Proprietorship	03/09/23	030923A	_	<u> </u>					
Name of Donor									
Brandon Rodrigue	z								
Street Address			City				State	Zip Code	
871 Sylvan Ave			Bridgepor	t	_		CT	06606	
Donation Given By	Description of Donation					Fair M	arket V	alue of Donation	
OBusiness Entity	DJ					\$250.	.00		
O Individual	Date Received	Event #		Aggregate Value for t	his Event				
O Sole Proprietorship	03/09/23	030923a							
Name of Donor									
Don Raphael									
Street Address			City				State	Zip Code	
256 oak st			Bridgepor	t			CT	06604	
	Description of Donation					Fair M	arket V	lue of Donation	
Donation Given By: Business Entity	Fundraiser Event,	food.				\$100			
OIndividual	Date Received	Event #		Aggregate value for the	his Event	1 \$100			
O Sole Proprietorship	03/30/23	033023A							
		SUE	3TOTAL Section	L4 — This Page	\$650				
		тот	AL of additional	Section L4 Pages					
		DANIATIONO NOT	ONCIDEDED	ONTRIBITIONS					
TOT	TAL OF ALL IN-KINI	DONATIONS NOT Co (Enter total on Line 21,	Column A of Sum	mary Page Totals	\$650				
		,							

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing Re	pository)		TYPE OF RE	PORT	
JOHN GOMES FOR	<u> </u>			APRIL 10	FILING	3
	5. In-Kind Donations Not Consid	ered Contributions Assoc	iated with a l	Iouse Par	ty	
Name of Host			Is this event committee?	supporting m	ore than o ation in A	
Street Address		City			State	Zip Code
Description of Donation		<u> </u>	<u>.</u> . · · 	Fair Ma	rket Valu	e of Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—thi	s host/candidate	-		
lame of Host			committee?	OYes ON	o	one candidate
			If yes, co	mplete Itemiz	State	Zip Code
Street Address		City			State	Zip Code
Description of Donation		. <u> </u>		Fair Ma	rket Value	of Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—thi	s host candidate	1		
Name of Host	<u> </u>		committee?	supporting m OYes ON omplete Itemiz	o	one candidate o
treet Address		City			State	Zip Code
Description of Donation				Fair Ma	i rket Value	of Donation
Svent #	Aggregate Value of this Eventall hosts	Aggregate Value of all Events this	s host candidate			
Name of Host			committee?	supporting m OYes ON omplete Itemiz	0	one candidate o
itreet Address		City	19 900, 00	miproco scorio	State	Zīp Code
Description of Donation				Fair Mar	rket Value	of Donation
event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events this	s host candidate			
		SUBTOTAL Section L5 -	- This Page			
		TOTAL of additional Section	on L5 Pages			
TOTAL (ASSOCIATED WITH	OF ALL IN-KIND DONATIONS NO A HOUSE PARTY (Enter total on	OT CONSIDERED CONTI	RIBUTIONS by Page Totals)			

III. NONMONETARY RECEIPTS (Sections M—O)

Review January 2017	II. NOMMO		0217 135 (233)	MINE OF REPORT	
NAME OF COMMITTEE (Provide Complete	Name as Registered with	Filing Repository)		TYPE OF REPORT	
JOHN GOMES FOR MAYOR				APRIL 10 FILING	
	9/8 (14)	M. In-Kind Co	ontributions		And the second second
Name					
Street Address			City		State Zip Code
Type of contributor: Committee	Date Received	Aggregate Contributions	Description of In-Ki	nd Contribution	
OIndividual / Sole Proprietorship Oother	TC . I II . I . I . I . I	of \$400 to a con-	didata for a chief evecutiv	e officer of a municipality,	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does contributor or l valued at more than	business he/she is assoc \$5,000?	iated with have a contract OYes No	with said municipality	Fair Market Value of this Contribution
ls this contribution associated with an event reported in Section L1? If yes, list Event #	No If yes.	itor a principal of a state indicate which branch rinment the contract is v	e contractor or prospective or branches with: Executiv	e state contractor? No Legislative	
Name					470,800cm 4470cm
Street Address			City		State Zip Code
Type of contributor: OCommittee	Date Received	Aggregate Contributions	Description of In-Ki	nd Contribution	
Olndividual / Sole Proprietorship Other		£640040 a co	adidate for a chief executi	ve officer of a municipality,	Fair Market Value
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	dana contributor or	business he/she is asso	ciated with have a contrac Yes No	et with said municipality	of this Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	No If yes, i	tor a principal of a state indicate which branch rnment the contract is w	contractor or prospective or branches with: Executive	e state contractor? Yes No Contractor? Yes No	
Name					
Street Address			City		State Zip Code
Type of contributor: OCommittee Olndividual / Sole Proprietorship Oother	Date Received	Aggregate Contributions	Description of In-Ki	nd Contribution	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in	excess of \$400 to a car business he/she is asso	ciated with have a contract	ive officer of a municipality, at with said municipality	Fair Market Value of this Contribution
Is this contribution associated with an	Yes Is contribu	tor a principal of a state	O Yes O No		
event reported listed in Section L1? If yes, list Event #	O No If yes, of gover	indicate which branch rument the contract is w	or branches with: Executive	e OLegislative	<u> </u>
		SUBTOTA	L Section M — This	Page	
		TOTAL of a	dditional Section M P	ages	
TOTAL OF ALL IN-KIND CON	TRIBUTIONS (E	Enter total on Line 23, Co	olumn A of Summary Page	· Totals)	
	N. Refund	dable Deposit to	Telephone Comp		
Last Name of Individual		First		МІ	Date Deposit Made
Residential Street Address		City		State Zip Code	Amount of Deposit
Name of Telephone Company					<u> </u>
M-900					_
Street Address		City	20 - 20	State Zip Code	
TOTAL CI	ECTION N.C.	total on Line 24 Colum	mn A of Summary Page 1	Totals)	

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize receipt of organization expenditures from Legislative Leadership, Legislative Caucus or Party Committees. Section O removed.

SEEC FORM 20

IV. EXPENDITURES (Sections P—T)

Page 13 of 17

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
JOHN GOMES			APRIL 10 FILING	
OTH GONE		aid by Committee	TO THE REAL PROPERTY.	
Name of Payee Street Address		City	Date of Payment	Method of Payment Check # Debit Card DEFT State Zip Code
Sucet Maries				
Purpose of Expenditure (by code)	Description	Ever	nt #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unle None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)	ndependent [Ол Ов Ос О в	
Name of Payee			Date of Payment	Method of Payment Check # Debit Card EFT
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description	Even	nt #	Amount
Expenditure # (# applicable)	Type of Expenditure (Itemization in Addendum P Required unle None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribu	Independent	OA OB OC OD	
Name of Payee			Date of Payment	Method of Payment: O Check # O Debit Card OEFT
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description	Ever	at #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unit None of the below Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contril) Independent	OA O B O C O D	
Name of Payee			Date of Payment	Method of Payment: Check # Debit Card DEFT
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description	Eve	nt #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)	Independent	OA OB OC OD	
	SI	JBTOTAL Section P — Th	is Page	
		AL of additional Section P		
	TOTAL OF ALL EXPEN	NSES PAID BY COMMI 19, Column A of Summary Pag	TTEE e Totals)	

SEEC FORM 20

Section P. ADDITIONAL PAGE 1___ of 22__

NAME OF COMMIT		W. STATE STATE					
JOHN GOMES				APRIL 10 FILLING	з		
0.17 2 0.4	P. Expenses	Paid by Committee	1		110	21,200	
Name of Payee Monday.com				Date of Payment 01/04/23	Method of P Check Debit (#	
Street Address		City			State	Zip Code	
1550 Market Str	eet	Denver			co	802202	
Purpose of Expenditure (by code)	Description PROJECT MANAGEMENT SOFTWARE		Event		\$288.0	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unit None of the below (does not involve another candidate or con Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri	mmittee)	dent	A OB OC OD	No. of the Control of		
Name of Payee EIG Constant Co	ontact			Date of Payment 01/04/23	Method of P Check Debit (#	
Street Address		City			State	Zip Code	
1601 Trapelo Ro	ad Suite 329	Waltham			MA	2451	
Purpose of Expenditure (by code) WEB	Description MARKETING SOFTWARE		Event #	#	\$191.4	Amount	
Expenditure # (If applicable)							
Name of Payce Amazon				Date of Payment 01/11/23	Method of P Check Debit	#Card OEFT	
Street Address 411 Terry Ave N		City Seattle			State	2ip Code 98109	
Purpose of Expenditure (by code) A-Sign	Print Logo on Cloth		Event #	#	\$159.	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or coi Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control	ommittee) re) Indepen	ndent	DA OB OC OD			
Name of Payee Lamar Media				1/12/23	Method of P Check Debit (#Card OEFT	
Street Address		City			State	Zip Code	
32 Midland Stree	et	Windsor			СТ	06095	
Purpose of Expenditure (by code) A-Sign	Description Billboards		Event #	# 	\$1,052	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unit None of the below (does not involve another candidate or con Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contril	mmittee)	dent	ed) DA OB OC OD			
	S	UBTOTAL Section P —	– This	Page \$1,690.9			

SEEC FORM 20 British January 2015

Section P. ADDITIONAL PAGE 2____ of 22___

Expenditure # (if applicable) Expenditure # (if applicable) Type of Expenditure Coording Coor	P. Expenses The position lease Enditure (Itemization in Addendum P Required unit of the below (does not involve another candidate or contacted with reimbursement sought (joint expenditure nated without reimbursement sought (in-kind contacted without reimbursement soug	mmittee) (e) Independent of the	Event # Event # ation OA Date Da	OB OC OD e of Payment 13/23	Method of	Card OEFT Zip Code 11417 Amount 0.00 ayment: # Card OEFT Zip Code
Juan Marte Street Address 10523 90TH St Purpose of Expenditure (by code) OVHD Expenditure # (if applicable) None of Coordin Name of Payee Staples Street Address 1201 Kings Highway Purpose of Expenditure by code) OFFICE Expenditure # (if applicable) Type of Expenditure by code) OFFICE Expenditure # (if applicable) None of Coordina Coordina Coordina Issue of Payee PRPRC treet Address	deposit for lease Inditure (Itemization in Addendum P Required under the below (does not involve another candidate or continuated with reimbursement sought (joint expenditure another without reimbursement sought (in-kind contracted without reimbursement sought) (in-kind contracted without reimbursement sought (in-kind contracted without reimbursement sought)) (in-kind contracted without reimbursement sought (in-kind contract	City Ozone Park Independent of the below in	Event # Event # s checked) ndent ation OA Date 1/	OB OC OD	© Check Debit State NY \$6,000 Method of P Check Debit C State	Card OEFT Zip Code 11417 Amount 0.00 ayment: # Card OEFT Zip Code
Street Address 10523 90TH St Purpose of Expenditure (by code) OVHD Expenditure # (if applicable) None of Coordin Name of Payee Staples Street Address 1201 Kings Highway Purpose of Expenditure by code) OFFICE Expenditure # (if applicable) Type of Expenditure Description Office S Expenditure # (if applicable) None of Coordina Coordina Type of Expenditure of Expenditure of Payee PRPRC Treet Address	deposit for lease enditure (Itemization in Addendum P Required un of the below (does not involve another candidate or co- nated with reimbursement sought (io-kind contra nated without reimbursement sought (in-kind contra contra Supplies diture (Itemization in Addendum P Required uni the below (does not involve another candidate or con-	Ozone Park Independent of the below it is interested in the property of the below it is interested in the propert	Event # s checked) ndent tation A Dat 1/	OB OC OD	© Check Debit State NY \$6,000 Method of P Check Debit C State	Card OEFT Zip Code 11417 Amount 0.00 ayment: # Card OEFT Zip Code
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None of Coordina	the below (does not involve another candidate or corr	less "None of the below" is	1		\$39.34	Amount
PRPRC	ated with reimbursement sought (joint expenditure ated without reimbursement sought (in-kind contril	nmittee)) Independ	dent_	ЭвОс Ор	φ39.34	F
			Date	of Payment	Method of Pa O Check #	2001
		Bridgeport			State CT	Zip Code 06601
urpose of Expenditure Description (Christma	as Coquito Contest fee		Event #			mount
None of Coordina	diture (Itemization in Addendum P Required un- the below (does not involve another candidate or con ated with reimbursement sought (joint expenditure ated without reimbursement sought (in-kind contril	nmittee)	dent	Ов Ос Ор	\$300.0	10
POST OFFICE			Date	of Payment	Method of Pay O Check #	
15 BOSTON AVE		City BRIDGEPORT				Zip Code 6610
rpose of Expenditure Description POST MAILING	S STAMPS		Event #			mount
None of the Coordinate	iture (Itemization in Addendum P Required unle the below (does not involve another candidate or com- red with reimbursement sought (joint expenditure) ed without reimbursement sought (in-kind contribu-	nittee) O Independe	ent)в О с О р	\$120.00	
	SU	BTOTAL Section P —				

Section P. ADDITIONAL PAGE 3 of 22

NAME OF COM	MITTEE (Provide Complete Name as Registered with Filing	Repository)	W. H. CO.	Ernje	ANN B	TYPE OF REPORT	a de la grave	THE PROPERTY OF
JOHN GOME	ES FOR MAYOR					APRIL 10 FILIN	IG	
	P. Ex	xpenses l	Paid by (Committe	e			B. C. S.
Name of Payee				_		Date of Payment		of Payment:
Creative Outo	door AD					1/20/23	OChe	The second secon
Street Address		T	City			<u> </u>	State	it Card OEF
8875 Hidden	River Parkway suite 300	ľ	Tampa				FL	33637
Purpose of Expenditur	re Description		<u> </u>		Event	#	+ -	
(by code) A-SIGN	N Advertisement-BINS]	,	-	Amount
Expenditure #							\$372	2.00
(if applicable)	Type of Expenditure (Itemization in Addendum P Re			the below" is	checke	d)		
	None of the below (does not involve another cano Coordinated with reimbursement sought (joint	t expenditure)		O Indepen	ndent		1	
lama of Passas	Coordinated without reimbursement sought (in	n-kind contribi	ution)	T		A OB OC OD		
Name of Payee						Date of Payment		Payment:
META Platform	ns 				- 1	1/23/23	O Checo	
Street Address			City				State	Zip Code
1601 Willow R	d		Menio Pa	ırk			CA	94025
urpose of Expenditure	Description				Event #		+	America
A-Web	Facebook AD						1	Amount
xpenditure #	Type of Expenditure (Itemization in Addendum P Req		"N		<u> </u>		\$25.0	00
(fapplicable)	None of the below (does not involve another candi			the below" is	checked)		
	Coordinated with reimbursement sought (joint e	expenditure)		O Independ	lent			
ame of Payee	Coordinated without reimbursement sought (in-	kind contribut	ion)	Organizat		OBOC OD		
ONA					- 1	Date of Payment	Method of	Payment: # 2003
						1/24/23	O Debit	
reet Address	W W0.40	Ci	ity				State	Zip Code
300 Village Wa	uk #248	10	Guilford				СТ	6437
rpose of Expenditure	Description				Event #		-	Amount
CNSLT	WEBISTE, VISIBILITY ETC 1st			- 1				
penditure #	Type of Expenditure (Itemization in Addendum P Req	ouired unles	s "None of	the helow" is	chackad	2	\$8,23	31.37
applicable)	None of the below (does not involve another candi	idate or comm		and design ag	enstate.	,		
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me of Payee	O see small without remoursement sought (m-	KING CONTRIBUT	(ion)	Organiza		OB OC OD		
taples					ľ	ate of Payment	Method of I Check	
pet Address						1/25/23	O Debit	
201 Kings High	huene	City	-				State	Zip Code
	iway	F:	airfield				CT	06824
pose of Expenditure code)	Description	- <u>-</u>		1	Event #			Amount
OFFICE	OFFICE SUPPLIES			ŀ		ı		
enditure # oplicable)	Type of Expenditure (Itemization in Addendum P Requ	uired unless	"None of th	e below" is ci	hecked)		\$19.97	
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ı	Coordinated with reimbursement sought (joint exp Coordinated without reimbursement sought (in-kir	penditure)	\	Independe	_			
		with thirtio	111/	Organization	on QA	OB OC OD		_
		Crip	TOTAL S	otion D	Phic D	CO C40 04		
		SUBT	TOTAL Se	ection P — 1	This Pa	\$8,648.34		

Section P. ADDITIONAL PAGE 4___ of 22__

-	411.1	EE (Provide Complete Name as Registered with Filling Repositor	(ער	No. of the last	2.14	TYPE OF REPORT		house divides
JOHN GOME	SF	FOR MAYOR				APRIL 10 FILLI	ING	
		P. Expense	s Paid by	Committe	е		System is	
lame of Payee						Date of Payment		of Payment:
amar Media						1/26/23	© Che	
treet Address			City			<u></u>	State	Zip Code
32 Midland St			Windsor				СТ	6095
rpose of Expenditure y code)		Description			Even	ıt #		Amount
A-SIGN	1							
spenditure #	T	ype of Expenditure (Itemization in Addendum P Required 1	unless "None	of the below" is	s check	ed)	\$898	3.00
-рушчине)	(None of the below (does not involve another candidate or c	committee)	•			1	
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ne of Payee		Coordinated without termoursement sought (in-kind con	itribution)	Organiz	ation	Date of Payment		C.D.
ptimum							O Chec	f Payment:
et Address						1/27/23	Debi	
			City				State	Zip Code
O Box 70340)		Philade	lphia			PA	19176
pose of Expenditure	\neg	Description			Event	#	+	Amount
WEB		Office Internet			1			zamount
enditure #	Tv	oe of Expenditure (Itemization in Addendum P Required un	ulan WM	Cal L.1 # 1		n	\$50.0	00
pplicable)		None of the below (does not involve another candidate or co		y tne below" is	спеске	ea)	1	
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se Lopez						1/30/23	Check	
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			City			1700720	© Debit State	Card OEF
et Address E Roosevelt	l Ro		City Chicago)		1700/20		
et Address E Roosevelt ose of Expenditure		escription)	Event 6		State	Zip Code 60605
et Address E Roosevelt ose of Expenditure	E	Pescription)	Event #		State	Zip Code
et Address DE Roosevelt Ose of Expenditure COMPANY CO	Į,	Pescription CONSULTING	Chicago				State	Zip Code 60605 Amount
et Address DE Roosevelt ose of Expenditure code)	Ту	Description CONSULTING pe of Expenditure (Itemization in Addendum P Required un	Chicago				State	Zip Code 60605 Amount
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Section P. ADDITIONAL PAGE 5___ of 22__

NAME OF COMM	1111	EE (Provide Complete Name as Registered with Filing Repositor	(ער	- / / / / / / / / / / / / / / / / / / /	-4-7	TYPE OF REPORT	-17-26	100 A CO. 1
JOHN GOME	S F	FOR MAYOR				APRIL 10 FILLII	NG	
		P. Expense	s Paid	by Committe	ee			在 图像是现在的
Name of Payee BJ'S Street Address						Date of Payment 1/30/23	O Che	it Card OEFT
40 Black Rock		ırnpike	City Fairf	ield			State	Zip Code 06825
Purpose of Expenditure (by code) OFFICE		Description Office Supplies	_		Even	ut #	6174	Amount
Expenditure # (if applicable)		ype of Expenditure (Itemization in Addendum P Required use None of the below (does not involve another candidate or condinated with reimbursement sought (joint expendituse) Coordinated without reimbursement sought (in-kind control of the control	committee) ure)	O Indepe	ndent	A OB OC OD	_ \$174 	.50
Name of Payee META PLATFO Street Address	RN	1S				Date of Payment 1/31/23	Method of Check	k#
1601 Willow Ro			Menic	o Park			State CA	Zip Code 94025
Purpose of Expenditure by code) A-WEB	- 1	Description FACEBOOK AD			Event	#	\$50.0	Amount
Expenditure # (if applicable)	0	pe of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or con Coordinated with reimbursement sought (joint expenditum Coordinated without reimbursement sought (in-kind contri	mmittee)	Independent	ident_	d) A O B O C O D		
Name of Payee Habitad for Hur treet Address	nar	nity				Date of Payment 1/31/23	Method of I O Check	#
1785 Stratford	٩ve		City Stratfo	ord			State CT	Zip Code 06615
urpose of Expenditure by code) EFV		Pescription CHAIRS			Event #			Amount
xpenditure # applicable	0	oc of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or col Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contra	mmittee)	O Indepen	dent	A OB OC OD	\$51.0	5
ame of Payee				- Olgania	$\overline{}$	Date of Payment 1/31/23	Method of P Check Debit (#
11 Terry Ave N			City Seattle)			State WA	Zip Code 98109
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		SU	ЉТОТА	L Section P —		200000		
<u> </u>								

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NAME OF COMM	ITTEE (Provide Complete Name as Registered w	vith Filing Repository)	X21 00	TYPE OF REPORT	SERVE SALE	A PARTY AND
JOHN GOME	S FOR MAYOR				APRIL 10 FILLI	NG	
		P. Expenses	Paid by Comm	ittee		Mary S	
Name of Payee		9-12		741	Date of Payment	1 -	Payment:
GOOGLE GSI	UITE				2/1/23	Chec Debit	
Street Address		•	City			State	Zip Code
1600 Amphithe	eatre Pkwy		Mountain View	1		CA	94043
Purpose of Expenditure (by code)	1 ''''	<u> </u>		Eve	nt#		Amount
WEB	GOOGLE APPS SUITE					000 5	•
Expenditure # (f applicable)	Type of Expenditure (Itemization in Addend	lum P Required u	nless "None of the belo	w" is checi	ked)	203.5	2
	None of the below (does not involve an Coordinated with reimbursement sous	other candidate or co					
	Coordinated without reimbursement s	gnt (joint expenditui ought (in-kind conti		dependent panization	DA OB OC OD		
lame of Payee		·			Date of Payment	Method of	
Amazon					2/1/23	Check Debit	
treet Address			City	- · · · · · · · · · · · · · · · · · · ·		State	Card CEFT Zip Code
111 Terry Ave N	1		Seattle			WA	98109
urpose of Expenditure by code)	Description			Event	#	 	Amount
INAUG	Grand Opening Kit			020	042023	005.0	
xpenditure # (applicable)	Type of Expenditure (Itemization in Addendu	ım P Required un	less "None of the below	v" is check	ed)	\$85.0	6
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	Coordinated with reimbursement sough Coordinated without reimbursement so	nt (joint expenditure rught (in-kind contril	T	ependent enization	A OBOC OD		
ame of Payee					Date of Payment	Method of P	
ioshua Miranda	1				2/1/23	© Check	
reet Address		· · ·	City		<u> </u>	Debit (Zip Code
						June .	
37 Wood Ave		N	Bridgeport			CT	6604
rpose of Expenditure	Description	N	-	Event	#	СТ	6604
7 Wood Ave	Description Photo / Video	N	-	Event	#	СТ	6604
rpose of Expenditure code) A	Photo / Video	ım P Required un	Bridgeport			СТ	6604
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Section P. ADDITIONAL PAGE 7___ of 22__

NAME OF COM	ALTTI	E (Provide Complete Name as Registered with Filing Repositor	יון	Vertin	TYPE OF REPORT	nakan mana	
JOHN GOME	SF	OR MAYOR			APRIL 10 FILLIN	vg	
		P. Expense	es Paid by Committ	ee			
Name of Payee Juan Marte					Date of Payment 2/2/23		Payment: k # <u>2006</u> Card O EFT
Street Address 10523 90TH S	St		Ozone Park			State	Zip Code 11417
Purpose of Expenditure (by code) OVHD	e	Description Office Lease Payment		Event	#	\$14,0	Amount
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Independent Organization Date of Payment						
Name of Payee Dollar General	l				Date of Payment 2/3/23	Method of I Check	#
Street Address 577 Fairfield av	ve		BRIDGEPORT			State CT	Zip Code 06604
Purpose of Expenditure (by code) OFFICE		DESCRIPTION DESCRIPTION OF THE STREET OF THE		Event	·	45.68	Amount
Expenditure # if applicable)	-	e of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind control	ommittee) re)	ndent	A OBOC OD	,0,00	
Price Rite					Date of Payment 2/3/23	Method of P Check Debit C	#
164 Boston ave	€		Bridgeport			State CT	Zip Code 6610
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xpenditure # (applicable)	0	e of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control	ommittee) re)	ndent	A OB OC OD	\$6.38	
ame of Payee META PLATFOI reet Address	RMS	8			Date of Payment 2/6/23	Method of Pa	<i></i>
601 Willow Rd			Menlo Park			State	Zip Code 94025
	De	ACEROOK AD		Event #			mount
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rpose of Expenditure y code) A-WEB Expenditure # Applicable)	Туре	of Expenditure (Itemization in Addendum P Required unity None of the below (does not involve another candidate or con Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contril	nmittee)	dent	Ов Ос Ор	\$50.00	

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Section P. ADDITIONAL PAGE 8 of 22

	1111	EE (Provide Complete Name as Registered with Filing Repositor))	1000	TYPE OF REPORT	Harris /-	SERVICE THE PARTY OF
JOHN GOME	SF	FOR MAYOR			APRIL 10 FILL	LING	
	100	P. Expenses	s Paid by Com	mittee			
Name of Payee					Date of Payment		Payment:
Amazon					2/6/23	Chec Debit	
reet Address			City			State	Zip Code
11 Terry Ave			Seattle			WA	98109
rpose of Expenditure y code)		Description		E	vent #		Amount
OFFICE	Ξ	OFFICE SUPPLIES-MULTI FLAG					
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et Address					210123	O Debit	Card OEF
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pplicable)	1 4	None of the below (does not involve another candidate or cor	=	IOW IS CITED	.neu/		
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ne of Payee	10	Coordinated without reimbursement sought (in-kind contri	bution) O	rganization	<u> </u>		
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guel Llanos					2/6/23	ODebit (
t Address			City			State	Zip Code
et Address 3 Louisiana At	ve		City Bridgeport				
B Louisiana Av		Description	, -	Eve	nt#	State CT	Zip Code 6610
Louisiana Av	Ī	Description Photo/ Video	, -	Eve	nt#	State CT	Zip Code
S Louisiana Avose of Expenditure code)	Ī	Photo/ Video	Bridgeport			State CT	Zip Code 6610 Amount
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Section P. ADDITIONAL PAGE 9 of 22

NAME OF COMM	IVV	EE (Provide Complete Name as Registered with Filing Repositor))	The state of	3000	TYPE OF REPORT	Parky and	Electrical and
JOHN GOME	SF	OR MAYOR				APRIL 10 FILLI	NG	
	i	P. Expenses	Paid by Con	nmittee	1 3	10 m 100 m		100
Name of Payee Zulmary Toled	0					Date of Payment		f Payment: ck # <u>2005</u> t Card O EF
Street Address 22 Steuben St			Bridgeport				State	Zip Code 6608
Purpose of Expenditure (by code) INAUG Expenditure #	ل	Description Decoration & cake HQ	ula (AN)		Event #		\$150	Amount
(if applicable)	0	ype of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control	ommittee)	Independ	lent _	. Ов Ос Ор		
Name of Payce Carlos Pens						Date of Payment	O Debit	c# <u>2012</u> Card O EFT
74 Commercial	ST	<u> </u>	Bridgeport				State	Zip Code 6604
Purpose of Expenditure by code) OVHD	- 1	Description GARBAGE REMOVAL			Event#	-	\$350	Amount
Expenditure #	0	pe of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or con Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in kind contri	nmittee)	Independe	ent	ОвОс Ор		
ame of Payee DNA Campaign reet Address	ıs				D	ate of Payment 2/7/23	O Debit	# <u>2013</u> Card O EFT
300 Village Wal	k #	248	Guilford				State	Zip Code 6437
rpose of Expenditure y code) CNSLT		Pescription VISIBILITY, LITERATURE ETC 2nd		I	ent#		\$7,35	Amount
(penditure # applicable)	0	pe of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or cor Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri	nmittee)	Independe	ent	Ов Ос Ор	φ,,οο	J.04
me of Payee Mazon eet Address				O'IGOINEAN)		ate of Payment	Method of P Check Debit (#
11 Terry Ave N			City Seattle				State WA	Zip Code 98109
pose of Expenditure code) OFFICE	1	escription Table cover/ envelopes		Е	vent#			Amount
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	ATTTEE (Provide Complete Name as Registered with Filing Repo	sitory)		ALEXA S	TYPE OF REPORT	Little Co.	
JOHN GOME	S FOR MAYOR		_		APRIL 10 FILLI	NG	
	P. Exper	ises Paid b	y Commi	ttee	Asia Ny ma		The state of
Name of Payee					Date of Payment		f Payment:
Home Depot					2/8/23	OChec	
Street Address		City				© Debi	t Card OEF
656 Reservoir	Ave	Bridg	eport			СТ	06606
Purpose of Expenditure	Description		<u> </u>	Event	#	 	1 1 1 1 1
(by code) MISC	Padlock						Amount
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(if applicable)	Type of Expenditure (Itemization in Addendum P Require None of the below (does not involve another candidate		ie of the belon	v" is check	ed)	1	
	Coordinated with reimbursement sought (joint exper	nditure)	O Inde	ependent		1	
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2127 Boston A	v e	Bridge	port			СТ	6610
harpose of Expenditure by code)	Description			Event /	-	 	Amount
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Juan Marte					2/8/23		#_2010_
reet Address		City				O Debit	Card OEFT
10523 90TH St		Ozone	Pork			State	Zip Code
rpose of Expenditure		020116	raik		<u> </u>	NY	11417
v code)	Description						Amount
	LIEACE DAVAIENT DALANGE			Event #			
OVHD	LEASE PAYMENT BALANCE			Event #			
openditure #	Type of Expenditure (Itemization in Addendum P Required		of the below		d)	\$10,0	
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Section P. ADDITIONAL PAGE 13 of 22

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					CESTION.	(2)(4))		

Section P. ADDITIONAL PAGE 14 of 22

NAME OF COMM	AITTEE (Provide Complete Name as Registered with	th Filing Repository			TYPE OF REPORT		
JOHN GOME	S FOR MAYOR				APRIL 10 FILI	LING	
N. H. Sane		P. Expenses	Paid by Commi	ttee	4.		
Name of Payee					Date of Payment	Method of	
USPS					2/22/23	Checl Debit	
Street Address			City			State	Zip Code
115 Boston Av	/e		Bridgeport			СТ	06610
upose of Expenditure by code)				Eve	ent #		Amount
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O Box 70340		ı	Philadelphia			PA	19176
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NA Campaing eet Address 00 Village Wal		gir (ar-kan coad)	City	Event	Date of Payment 2/24/23	Method of P. Check is Debit C State CT	# 2018 Card OEF Zip Code 6437
NA Campaing et Address 00 Village Wal) lk #248		City		Date of Payment 2/24/23	Method of P. Check is Debit C State CT	# 2018 Card OEF Zip Code
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Section P. ADDITIONAL PAGE 15 of 22

NAME OF COMM	ITTEE (Provide	Complete Name as Registered with Filing Reposito	(או)	Take 0	TYPE OF REPORT		San Belle Mille
JOHN GOME	S FOR MAY	OR			APRIL 10 FILLIN	NG .	
	CHARLES IN	P. Expense	es Paid by Commit	tee		UB TE	
Name of Payee					Date of Payment	Method of	•
Creative Outdo	oors Ad				3/3/23	Check Debit	
Street Address	· · · · · · · · · · · · · · · · · · ·		City			State	Zip Code
8875 Hidden F	River Parkwa	y suite 300	Tampa			FL	33637
Purpose of Expenditure (by code)				Even	it #		Amount
A-Signs	Metro B	ns				tene (20
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AIRFIELD CO	UNTY BAN	K			3/3/23	O Check	
treet Address			City			State	Zip Code
PO BOX 2050			RIDGEFIELD			СТ	6877
urpose of Expenditure	Description			Event	#		A.mount
BNK BNK	Returne	d deposit item charge					
xpenditure #	Type of Expendit	ure (Itemization in Addendum P Required u	inless "None of the below"	is checke	<u></u>	\$25.00)
f applicable)	None of the	e below (does not involve another candidate or c	ommittee)		•	l	
	Coordinate	d with reimbursement sought (joint expenditudent) d without reimbursement sought (in-kind continue)	ire) 🚺 Indepe	endent	0-0-0-	1	
ame of Payee	<u> </u>	- The state of the	tribution) Organi	ization	Date of Payment	Method of Pa	tyment:
META PLATFO	RMS				3/3/23	O Check #	
reet Address			City			Debit C State	ard OEFT Zip Code
601 Willow Rd			Menlo Park			CA	94025
rpose of Expenditure	Description		· · · · · · · · · · · · · · · · · · ·	Event	¥		
	Description Facebook	(AD	· · · · · · · · · · · · · · · · · · ·	Event	¥		mount
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A-Web	Facebool Type of Expendi	ure (Itemization in Addendum P Required 2				A	
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A-Web	Type of Expendi	ure (Itemization in Addendum P Required 2) e below (does not involve another candidate or c	committee)	is checke	ed) DA OB OC OD	\$75.00)
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Section P. ADDITIONAL PAGE 16 of 22

NAME OF COMMIT	ITEE (Provide Complete Name as Registered with Filing Repository		STATES .	TYPE OF REPORT	100	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
JOHN GOMES	FOR MAYOR			APRIL 10 FILLIN	G	
T 190 20 100	P. Expenses	Paid by Committee	e		SASSES S	
Name of Payee Canva				3/6/23	Method of Check	: #
Street Address 75 East Santa (Clara	City San Jose	•		State	Zip Code 95113
Purpose of Expenditure (by code) WEB	Description Brand software	•	Event #	,	\$119.9	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u. None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	mmittee) re) Indepen	ident	Ов Ос Ор	Ψιτο.ε	
Name of Payee Staples			D	Pate of Payment	Method of P Check Debit (#
1201 Kings Hwy	,	City Fairfield			State CT	Zip Code 6824
Purpose of Expenditure (by code) OFFICE	Description Copy machine paper/hole puncher		Event#		\$48.9	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or cor Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contri	nmittee)	dent	ОвОс Ор		
Name of Payee BCYL Street Address		City		ate of Payment 3/7/23	Method of Pa Check : Debit C	# <u>2017</u>
urpose of Expenditure	Description		Event#		СТ	
A-OTH	Gala Ad Book				\$300.0	Amount DO
Expenditure # (f applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contr	mmittee)	dent	Ов Ос Ор		
Name of Payee DSCC			Da	ate of Payment 1/7/23	Method of Pa Check # Debit C	2020 ard O EFT
750 Main St suite	∍ 1108-3	City Hartford			State CT	Zip Code 6103
urpose of Expenditure by code) WEB	Description CTVan		Event #		\$800.00	L mount
applicable)	Type of Expenditure (Itemization in Addendum P Required unit None of the below (does not involve another candidate or com Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contril	mittee) O Independ	ent	Ов Ос Ор	\$550.0 (
	SI	JBTOTAL Section P —	DOMESTICS.			

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NAME OF COMM	ATTTEE (Provide Complete Name as Registered with Filing Repositor	(ער	12% - 3-71	TYPE OF REPORT	Espand Pale	
JOHN GOME	S FOR MAYOR			APRIL 10 FILLI	NG	
	P. Expense	es Paid by Co	mmittee			
Name of Payee				Date of Payment		of Payment:
Miguel Llanos				3/7/23		ck # <u>2021</u> oit Card O EF
Street Address		City			State	Zīp Code
58 Louisiana A		Bridgeport			СТ	6610
urpose of Expenditure by code)	Description		Eve	nt #		Amount
A	Photo/video				****	
xpenditure #	Type of Expenditure (Itemization in Addendum P Required)	unless "None of the	below" is chec	ked)	\$200	0.00
application,	None of the below (does not involve another candidate or o	committee)			1	
	Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind con			0-0-0-	l	
ame of Payee	O COOLAMATOR WITHOUT TERMINORS SOURTH (IN-KIRR) CON	itribution)	Organization	DA OB OC OD Date of Payment		of Payment;
amar Media				3/9/23	O Che	
reet Address		Les		0/3/20	O Deb	
2 Midland Str	oot	City			State	Zip Code
2 Midiand Str		Windsor			CT	6095
repose of Expenditure by code)	Description		Even	t#		Amount
A-SIGN	BILLBOARD				1 64 0	00.00
spenditure #	Type of Expenditure (Itemization in Addendum P Required u	nless "None of the	below" is check	ed)	J \$1,0	00.00
<i>аррисионе)</i>	None of the below (does not involve another candidate or co	ommittee)				
	Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	re) 🔘	Independent		1	
me of Payee	O CONTINUES WITHOUT FORMULASCINCER SOUGH (BI-KIRI COME	indution)	Organization	Date of Payment	Method o	f Payment:
PropBox				3/13/23	OChec	•
eet Address		I cir.		0/10/20	(Debi	
33 Brannan S	•	City			State	Zip Code
		San Francis	CO		CA	94107
rpose of Expenditure	Description		Event	#	i	Amount
WEB	Cloud Drive Subscription				\$95.	70
penditure # applicable)	Type of Expenditure (Itemization in Addendum P Required u	nless "None of the	below" is check	ied)	ຫລວ .	12
77	None of the below (does not involve another candidate or co	ommittee)				
	Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont		Independent	DA OB OC OD	1	
me of Payee	O TOTAL TOTAL SOCIETY (BEAUGE COL		Organizations		1	Payment:
•	O TOTAL TOTA		Organization	Date of Payment	Method of Chec	•
me of Payee OPEZ JOSE	O TOTAL CONTRO		Organizations		Method of O Check O Debit	k#EFT
opez Jose		City	Olganizations	Date of Payment	Method of O Check O Debit State	Card ©EFT Zip Code
opez Jose et Address DE Roosevelt pose of Expenditure		City	Event	Date of Payment 3/13/23	Method of O Check O Debit	Card EFT Zip Code 60605
opez Jose et Address DE Roosevelt lose of Expenditure	Rd	City		Date of Payment 3/13/23	Method of Check	Card ©EFT Zip Code 60605 Amount
opez Jose et Address DE Roosevelt cose of Expenditure CNSLT	Rd Description CONSULTING	City Chicago	Event	Date of Payment 3/13/23	Method of O Check O Debit State	Card ©EFT Zip Code 60605 Amount
ppez Jose et Address DE Roosevelt pose of Expenditure code) CNSLT enditure #	Rd Description CONSULTING Type of Expenditure (Itemization in Addendum P Required un	City Chicago	Event	Date of Payment 3/13/23	Method of Check	Card ©EFT Zip Code 60605 Amount
ppez Jose et Address DE Roosevelt cose of Expenditure code) CNSLT enditure #	Description CONSULTING Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or cor Coordinated with reimbursement sought (joint expenditure	City Chicago tless "None of the beautiful t	Event	Date of Payment 3/13/23	Method of Check	Card ©EFT Zip Code 60605 Amount
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ppez Jose et Address DE Roosevelt pose of Expenditure code) CNSLT enditure #	Description CONSULTING Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or cor Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri	City Chicago sless "None of the lemmittee) e) oibution)	Event elow" is checke Independent Organization	Date of Payment 3/13/23 #	Method of Check	Card ©EFT Zip Code 60605 Amount

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT			
JOHN GOMES FOR MAYOR					APRIL 10 FILLING			
	The first of the second	P. Expense	s Paid by Comm	nittee		17 1940		
ame of Payee CVS pharma	су				Date of Payment 3/13/23	OChe	of Payment: ck #	
1875 Boston Ave			Bridgeport			State	Zip Code 06610	
rpose of Expenditury code) OFFIC spenditure # applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Independent					\$37.9	Amount	
me of Payee oing it local	O o o o o o o o o o o o o o o o o o o o	rganization	Date of Payment 3/13/23	Method o	Payment:			
eet Address 29 Jennigns			City Fairfield			State CT	Zip Code 6825	
pose of Expenditure code) A-Web penditure #	Banner Advertisemen Type of Expenditure (Itemization None of the below (does no	Banner Advertisement Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Independent						
elchor Tellez			U G	gantzation	A O B O C O Date of Payment 3/13/23	Method of	# <u>2025</u>	
et Address		141	City			State	Zip Code	
I0 Fulton st			New Haven			СТ	6513	
ose of Expenditure ode) FNDR	Description VIRTUAL AND SOUN Type of Expenditure (Itemization None of the below (does no	in Addendum P Required un	New Haven		923A	1	6513	
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se of Expenditure ode) FNDR Inditure # Indicable) FOF BRIDE Address Lyon Terrace Se of Expenditure de) FNDR	VIRTUAL AND SOUN Type of Expenditure (Itemization None of the below (does no Coordinated with reimburs) Coordinated without reimburs GEPORT	in Addendum P Required until tinvolve another candidate or co	New Haven Inless "None of the belommittee) (b) In ibution) Or	030 ow" is checked dependent ganization	923A A OB OC O Date of Payment 3/14/23	State CT \$1,50 Method of 1 Check Debit	Amount 00.00 Payment: # Card OEFI Zip Code 6604 Amount	
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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)						TYPE OF REPORT			
JOHN GOMES FOR MAYOR						APRIL 10 FILLIN	NG		
The said of	P	. Expenses	Paid by (Committee			CVP		
Name of Payee					17 11	Date of Payment	1-	Payment:	
Creative Outdo	oors AD				3/16/23		O Check # Debit Card OE		
Street Address			City	-			State	Zip Code	
	liver Parkway suite 300		Tampa				FL	33637	
Purpose of Expenditure (by code)					Event #			Amount	
A-SIGN							\$186.	00	
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum None of the below (does not involve anoth Coordinated with reimbursement sough Coordinated without reimbursement sou	ner candidate or co t (joint expenditur	mmittee) e)	O Indepen	dent _	OB OC OD			
Name of Payee META PLATFO	RMS				I	Oate of Payment 3/17/23	Method of I O Check	#	
Street Address			City				State	Zip Code	
1601 Willow Rd			Menlo Pa	ırk			CA	94025	
Purpose of Expenditure (by code)	Description				Event #			Amount	
A-WEB	Facebook AD						\$25.0	n	
(f applicable)	Type of Expenditure (Itemization in Addendum None of the below (does not involve anothe Coordinated with reimbursement sought Coordinated without reimbursement sought	er candidate or con (joint expenditure	nmittee)	O Independ	ent ion O A	OBOCOD	Maked 50		
Eduardo Natal F	Feliz				- 1	3/17/23	Method of P Check Debit (# <u>2019</u>	
20 Albany st apt	13		City LYNN				State Ma	Zip Code 01902	
urpose of Expenditure	Description				Event #	Event#		Amount	
INAUG	Food provided for HQ 2/4			ĺ	02042	0423A \$200.0		20	
xpenditure # f applicable)	Type of Expenditure (Itemization in Addendum None of the below (does not involve anothe Coordinated with reimbursement sought Coordinated without reimbursement sough	er candidate or con (joint expenditure	nmittee)	O Independ	lent	Ов Ос Ор	\$200.1	-	
ame of Payee			_		De	ate of Payment	Method of Pa	•	
AIRFIELD COL	JNTY				3	3/23/23	Check i		
reet Address			City			· 	State	Zip Code	
O BOX 2050			RIDGEFIE	LD			СТ	6877	
rpose of Expenditure y code)	Description			1	Event #		A	mount	
BNK	BANK FEE RETURNED			_			\$25.00		
	Type of Expenditure (Itemization in Addendum In None of the below (does not involve another Coordinated with reimbursement sought (Coordinated without reimbursement sough)	candidate or comr	nittee)	Independe	ent	Ов Ос Ор	423.00		
		su	Company of the	ection P — ?	Description of				

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NAME OF COMM	TYPE OF REPORT					
JOHN GOME	APRIL 10 FILLII	NG				
Name of Bosses	P. Expense	es Paid by Committ	ee		Contact to the	A SA
Name of Payee BBI Technolog Street Address	gies			Date of Payment	Method of O Chec	k #
PO Box 3680		Milford			State	Zip Code 6460
Purpose of Expenditure (by code)	Description Ever				Amouni \$12.83	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required at None of the below (does not involve another candidate or a Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind con	committee) ure) Indep	endent	A OB OC OD	7 12.0	
Name of Payee Lamar Media Street Address				Date of Payment 3/24/23	Method of I O Check	#
32 Midland Str	eet	City Windsor			State CT	Zip Code 06460
Purpose of Expenditure by code) PRNT	Description ADVERTISING-BILLBOARD		Event #]	Amount
Expenditure # If applicable)	Type of Expenditure (Itemization in Addendum P Required und None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control	re) Indepen	ndent	ОВОСОВ	\$1,53	8.75
ame of Payee Jniversal Printi	ng			Date of Payment 3/24/23	Method of Proceed to Check to Debit C	#
75 Ardmore Str	eet	Fairfield			State CT	Zip Code 6824
prose of Expenditure y code) PRNT	Description FUNDRAISER AD BOOK		Event # 030923A		l	mount
spenditure # applicable)	Type of Expenditure (Itemization in Addendum P Required und None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control	ommittee) re)	ndent	OB OC OD	\$3,127	7.68
ptimum		Oogunz	ľ		Method of Pa Check #	
O Box 70340		City Philadelphia			State	ard OEFT Zip Code 19176
pose of Expenditure code) WEB	OFFICE INTERNET		Event #			mount
cenditure # pplicable)	Type of Expenditure (Itemization in Addendum P Required unit None of the below (does not involve another candidate or com Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contrib	nmittee) O Independ	dent	Ов Ос Ор	\$50.00	
	ŝt	JBTOTAL Section P	THE REAL PROPERTY.	0.00		

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT			
JOHN GOMES FOR MAYOR					APRIL 10 FILLI	APRIL 10 FILLING		
	P. 1	Expenses	Paid by Commit	tee				
Name of Payee					Date of Payment	Method of		
Meta Platforms	S				3/27/23	O Check		
Street Address			City			State	Zip Code	
1601 Willow Rd			Menio Park			CA	94025	
Purpose of Expenditure (by code)	Description			Ever	nt #		Amount	
A-WEB	FACEBOOK AD			_				
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P	Required un	iless "None of the below	" is checi	ked)	\$75.0	O	
(у арупсате)	None of the below (does not involve another of	candidate or cor	mmittee)					
	Coordinated with reimbursement sought (ic Coordinated without reimbursement sought	oint expenditur				}		
Name of Payee	O coordinated without reinfoursement sought	(m-king conu	Orga	nization	Date of Payment	Method of I	Payment:	
FAIRFIELD CO	UNTY				3/29/23	O Check		
Street Address			-		3/29/23	O Debit		
			City			State	Zip Code	
PO BOX 2050			RIDGEFIELD			СТ	06877	
ourpose of Expenditure by code)	Description			Even	#	1	Amount	
BNK	BANK FEE RETURNED CHECK						_	
Expenditure #	Type of Expenditure (Itemization in Addendum P)	Required unl	less "None of the helow"	is check	ed)	\$25.0	0	
if applicable)	None of the below (does not involve another ca	-	•					
	Coordinated with reimbursement sought (joi	int expenditure) Indep	endent		1		
Name of Payee	Coordinated without reimbursement sought ((in-kind contrib	oution) Organ	ization	A OBOC OD	124 2 4 4		
ANEDOT					Date of Payment	Method of P		
					03/31/2023	O Debit C	ard OEFT	
treet Address			City	-	03/31/2023	1 -	Card OEFT Zip Code	
treet Address	S STREET SUITE 1770		City NEW ORLEANS		03/31/2023	O Debit C		
treet Address 1340 POYDRAS	S STREET SUITE 1770 Description		•	Event		Debit C State	Zip Code 70112	
treet Address			•	Event		State LA	Zip Code 70112 Amount	
treet Address 1340 POYDRA: urpose of Expenditure vy code) CCP xpenditure #	Description CREDIT CARD FEE CHARGE		NEW ORLEANS		#	Debit C State	Zip Code 70112 Amount	
treet Address 1340 POYDRAS urpose of Expenditure y code) CCP	Description CREDIT CARD FEE CHARGE Type of Expenditure (Itemization in Addendum P.	Required un	NEW ORLEANS		#	State LA	Zip Code 70112 Amount	
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SEEC FORM 20
Revised Joseph 2015

Section P. ADDITIONAL PAGE 21 of 22

NAME OF COMM	ATFIEE (Provide Complete Name as Registered with Filing Repository)	P. St. Continue	1	YPE OF REPORT	100	
JOHN GOME		APRIL 10 FILLING				
	P. Expenses	Paid by Committee	е	Charles and		
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USPS		le:	02/16/23	State	Yes O No
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934 E MAIN ST		BRIDGEPORT		СТ	06608
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IV. EXPENDITURES (Sections P-T)

Page 15 of 17

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