

Section B ADDITIONAL PAGE 89 of 82

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
JOHN GOMES FOR MAYOR				APRIL 10 FILLING	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)				SUBTOTAL SECTION A	
				\$	
B. Itemized Contributions from Individuals					
Last Name		First		MI	
SOTO		PEDRO			
Residential Street Address		City		State	Zip Code
225 VINE ST		BRIDGEPORT		CT	06604
Principal Occupation		Name of Employer			
MANAGER		VINE ST APARTMENT			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input checked="" type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		\$350	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		<input type="radio"/> Yes <input checked="" type="radio"/> No	
<input type="radio"/> Yes <input checked="" type="radio"/> No		If yes, indicate which branch or branches of government the contract is with:		<input type="radio"/> Executive <input type="radio"/> Legislative	
If yes, list Event #					
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		3/2/23			
Last Name		First		MI	
NEVES		SIMONE			
Residential Street Address		City		State	Zip Code
84 OAKVIEW CIRCLE APT 203		BRIDGEPORT		CT	06604
Principal Occupation		Name of Employer			
CLEANING		SELF-EMPLOYED			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		\$500	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		<input type="radio"/> Yes <input checked="" type="radio"/> No	
<input type="radio"/> Yes <input checked="" type="radio"/> No		If yes, indicate which branch or branches of government the contract is with:		<input type="radio"/> Executive <input type="radio"/> Legislative	
If yes, list Event #					
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		3/31/23			
Last Name		First		MI	
LUCIANO DE SILVEIRA		GUILHERME			
Residential Street Address		City		State	Zip Code
10 CRESTVIEW DR		BRIDGEPORT		CT	06606
Principal Occupation		Name of Employer			
BUSINESS OWNER		GL CONTRACTOR			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		\$100	
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of a state contractor or prospective state contractor?		<input type="radio"/> Yes <input checked="" type="radio"/> No	
<input type="radio"/> Yes <input checked="" type="radio"/> No		If yes, indicate which branch or branches of government the contract is with:		<input type="radio"/> Executive <input type="radio"/> Legislative	
If yes, list Event #					
Method of Contribution:		Date Received	Aggregate Contributions		
<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		3/30/23			
SUBTOTAL Section B — This Page				\$950.00	
TOTAL of additional Section B Pages					
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)				\$64,775	

I. MONETARY RECEIPTS (Sections A—K)

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

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
JOHN GOMES FOR MAYOR	APRIL 10 FILING

D. Loans Received this Period

Name of Lender	Source of Loan: <input type="radio"/> Bank <input type="radio"/> Candidate <input type="radio"/> Individual <input type="radio"/> Other Committee			Date of Receipt
Street Address	City	State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> No
Name of Cosigner/Guarantor (if applicable)				Amount Received
Street Address	City	State	Zip Code	
Name of Lender	Source of Loan: <input type="radio"/> Bank <input type="radio"/> Candidate <input type="radio"/> Individual <input type="radio"/> Other Committee			Date of Receipt
Street Address	City	State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> No
Name of Cosigner/Guarantor (if applicable)				Amount Received
Street Address	City	State	Zip Code	
Name of Lender	Source of Loan: <input type="radio"/> Bank <input type="radio"/> Candidate <input type="radio"/> Individual <input type="radio"/> Other Committee			Date of Receipt
Street Address	City	State	Zip Code	Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> No
Name of Cosigner/Guarantor (if applicable)				Amount Received
Street Address	City	State	Zip Code	

TOTAL SECTION D

E. Receipts from Entities other than Individuals or Other Committees (Referendum Committees ONLY)

Name of Entity				
Street Address			Date Received	Amount Received
City	State	Zip Code	Aggregate Contributions	
Name of Entity				
Street Address			Date Received	Amount Received
City	State	Zip Code	Aggregate Contributions	
Name of Entity				
Street Address			Date Received	Amount Received
City	State	Zip Code	Aggregate Contributions	

TOTAL SECTION E

I. MONETARY RECEIPTS (Sections A—K)

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

F. Amount Transferred from Affiliated Business Treasury (Business Entity Committees ONLY)

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

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

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

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

Date of Receipt	Method of payment: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card	Amount
Date of Receipt	Method of payment: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card	Amount
Date of Receipt	Method of payment: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card	Amount
Date of Receipt	Method of payment: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card	Amount
TOTAL SECTION H		

I. Anonymous Contributions

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

I. MONETARY RECEIPTS (Sections A—K)

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

J. Interest from Deposits in Authorized Accounts

Name of Institution	Date Received	Amount
Street Address	City	State
		Zip Code
Name of Institution	Date Received	Amount
Street Address	City	State
		Zip Code

TOTAL SECTION J

K. Miscellaneous Monetary Receipts not Considered Contributions

Name	Date of Transaction	Amount Received
Street Address	City	State
		Zip Code
Description		
Name	Date of Transaction	Amount Received
Street Address	City	State
		Zip Code
Description		
Name	Date of Transaction	Amount Received
Street Address	City	State
		Zip Code
Description		
Name	Date of Transaction	Amount Received
Street Address	City	State
		Zip Code
Description		

TOTAL SECTION K

SUMMARY OF OTHER MONETARY RECEIPTS (Sections D through K)

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

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
JOHN GOMES FOR MAYOR			APRIL 10 FILING	
L1. Event Information				
Event # Date of Event	Letter	Description	Was this a fundraising event?	
020423A		CAMPAIGN KICKOFF & HEADQUARTERS OPENING	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Location: Street Address		City	State	Zip Code
2196 EAST MAIN STREET		BRIDGEPORT	CT	06610
Subpart 1: (All Committees) Was this event hosted at a personal residence? <div style="float: right;"> <input type="radio"/> Yes <i>(If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.)</i> <input checked="" type="radio"/> No </div>				
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100? <div style="float: right;"> <input type="radio"/> Yes <i>(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)</i> <input checked="" type="radio"/> No </div>				
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? <div style="float: right;"> <input type="radio"/> Yes <i>(If yes, enter Total Receipts here.)</i> \$ <input checked="" type="radio"/> No </div>				
Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees) Were there purchases of advertising space in a program book or on a sign associated with this fundraiser? <div style="float: right;"> <input type="radio"/> Yes <i>(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)</i> <input checked="" type="radio"/> No </div>				
Subpart 3: (Town Committees ONLY) Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser? <div style="float: right;"> <input type="radio"/> Yes <i>(If yes, enter Total Receipts here.)</i> \$ <input checked="" type="radio"/> No </div>				
Event # Date of Event	Letter	Description	Was this a fundraising event?	
03/09/202		JOHN GOMES FOR MAYOR FUNDRAISER NIGHT	<input checked="" type="radio"/> Yes <input type="radio"/> No	
Location: Street Address		City	State	Zip Code
355 JAMES STREET		BRIDGEPORT	CT	06604
Subpart 1: (All Committees) Was this event hosted at a personal residence? <div style="float: right;"> <input type="radio"/> Yes <i>(If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.)</i> <input checked="" type="radio"/> No </div>				
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100? <div style="float: right;"> <input checked="" type="radio"/> Yes <i>(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)</i> <input type="radio"/> No </div>				
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? <div style="float: right;"> <input type="radio"/> Yes <i>(If yes, enter Total Receipts here.)</i> \$ <input checked="" type="radio"/> No </div>				
Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees) Were there purchases of advertising space in a program book or on a sign associated with this fundraiser? <div style="float: right;"> <input checked="" type="radio"/> Yes <i>(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)</i> <input type="radio"/> No </div>				
Subpart 3: (Town Committees ONLY) Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser? <div style="float: right;"> <input type="radio"/> Yes <i>(If yes, enter Total Receipts here.)</i> \$ <input checked="" type="radio"/> No </div>				
SUBTOTAL Section L1—Subpart 1 <i>(All Committees)</i> Total Receipts from Sale of Donated Items — This Page				
SUBTOTAL Section L1—Subpart 3 <i>(Town Committees ONLY)</i> Total Receipts from Food Purchases — This Page				
TOTAL of additional Section L1 Pages				
TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES <i>(Enter total on Line 16a, Column A of Summary Page Totals)</i>				

Section L1. ADDITIONAL PAGE 2 of 2

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
JOHN GOMES FOR MAYOR			APRIL 10 FILING	
L1. Event Information				
Event # Date of Event	Letter	Description	Was this a fundraising event?	
033023/		COCKTAIL GATHERING FUNDRAISER	<input checked="" type="radio"/> Yes <input type="radio"/> No	
Location: Street Address		City	State	Zip Code
256 OAK STREET		BRIDGEPORT	CT	06604
Subpart 1: (All Committees)				
Was this event hosted at a personal residence?			<input type="radio"/> Yes <i>(If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.)</i> <input checked="" type="radio"/> No	
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?			<input checked="" type="radio"/> Yes <i>(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)</i> <input type="radio"/> No	
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?			<input type="radio"/> Yes <i>(If yes, enter Total Receipts here.)</i> → \$ <input style="width: 100px;" type="text"/> <input checked="" type="radio"/> No	
Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)				
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?			<input type="radio"/> Yes <i>(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)</i> <input checked="" type="radio"/> No	
Subpart 3: (Town Committees ONLY)				
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?			<input type="radio"/> Yes <i>(If yes, enter Total Receipts here.)</i> → \$ <input style="width: 100px;" type="text"/> <input checked="" type="radio"/> No	
Subpart 1: (All Committees)				
Event # Date of Event	Letter	Description	Was this a fundraising event?	
			<input type="radio"/> Yes <input type="radio"/> No	
Location: Street Address		City	State	Zip Code
Subpart 1: (All Committees)				
Was this event hosted at a personal residence?			<input type="radio"/> Yes <i>(If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.)</i> <input type="radio"/> No	
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?			<input type="radio"/> Yes <i>(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)</i> <input type="radio"/> No	
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?			<input type="radio"/> Yes <i>(If yes, enter Total Receipts here.)</i> → \$ <input style="width: 100px;" type="text"/> <input type="radio"/> No	
Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)				
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?			<input type="radio"/> Yes <i>(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)</i> <input type="radio"/> No	
Subpart 3: (Town Committees ONLY)				
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?			<input type="radio"/> Yes <i>(If yes, enter Total Receipts here.)</i> → \$ <input style="width: 100px;" type="text"/> <input type="radio"/> No	
SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts from Sale of Donated Items — This Page				
SUBTOTAL Section L1—Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases — This Page				
TOTAL of additional Section L1 Pages				
TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES <i>(Enter total on Line 16a, Column A of Summary Page Totals)</i>				

Section L3. ADDITIONAL PAGE 1 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*

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)

JOHN GOMES FOR MAYOR

TYPE OF REPORT

APRIL 10 FILLING

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

Name of Purchaser

Skedaddle Cars

Purchase Made By:

☒ Business Entity ☐ Other
☐ Individual/Sole Proprietorship

Street Address

118 Lindley St

City

Bridgeport

State

CT

Zip Code

6604

Date Received

2/7/23

Event #

030923A

Aggregate Purchases for All Events

Amount of Program Ad Purchase

\$250

Amount of Sign Purchase

Name of Purchaser

La Poblanita

Purchase Made By:

☒ Business Entity ☐ Other
☐ Individual/Sole Proprietorship

Street Address

1660 Park Ave

City

Bridgeport

State

CT

Zip Code

6604

Date Received

2/7/23

Event #

030923A

Aggregate Purchases for All Events

Amount of Program Ad Purchase

\$250

Amount of Sign Purchase

Name of Purchaser

CRN Agency

Purchase Made By:

☒ Business Entity ☐ Other
☐ Individual/Sole Proprietorship

Street Address

1681 Park Ave

City

Bridgeport

State

CT

Zip Code

6604

Date Received

2/7/23

Event #

030923A

Aggregate Purchases for All Events

Amount of Program Ad Purchase

\$250

Amount of Sign Purchase

Name of Purchaser

Andre Cayo LLC

Purchase Made By:

☒ Business Entity ☐ Other
☐ Individual/Sole Proprietorship

Street Address

2777 Summer St 5th Fl

City

Stamford

State

CT

Zip Code

6905

Date Received

2/9/23

Event #

030923A

Aggregate Purchases for All Events

Amount of Program Ad Purchase

\$250

Amount of Sign Purchase

Name of Purchaser

(Kathy Chiluisa) CT Sold Homes LLC

Purchase Made By:

☒ Business Entity ☐ Other
☐ Individual/Sole Proprietorship

Street Address

105 Technology Drive Suite 1A

City

Trumbull

State

CT

Zip Code

6611

Date Received

2/7/23

Event #

030923A

Aggregate Purchases for All Events

Amount of Program Ad Purchase

\$250

Amount of Sign Purchase

SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page \$1,250

SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page

TOTAL of additional Section L3 Pages \$1,250

TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN \$35,700
(Enter total on Line 16c, Column A of Summary Page Totals)

Section L3. ADDITIONAL PAGE 2 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*

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:	
KJC Homes LLC (VILLA)					<input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address			City		State	Zip Code
8 Point Beach Dr			Milford		CT	6460
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase		
2/7/23	030923A		\$250			
Name of Purchaser					Purchase Made By:	
Silva Enterprises LLC					<input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address			City		State	Zip Code
66 Cleveland Ave			Bridgeport		CT	6606
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase		
2/8/23	030923A		\$250			
Name of Purchaser					Purchase Made By:	
Ostos Tires Services LLC					<input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address			City		State	Zip Code
15 Gilmore St			Bridgeport		CT	6608
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase		
2/8/23	030923A		\$250			
Name of Purchaser					Purchase Made By:	
J & H Auto Body LLC					<input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address			City		State	Zip Code
674 Madison Ave			Bridgeport		CT	6606
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase		
2/7/23	030923A		\$250			
Name of Purchaser					Purchase Made By:	
Kelly & Zusany Nail LLC					<input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address			City		State	Zip Code
848 North Ave			Bridgeport		CT	6606
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase		
2/7/23	030923A		\$250			
SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page				\$1,250		
SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page						
TOTAL of additional Section L3 Pages				\$1,250		
TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN (Enter total on Line 16c, Column A of Summary Page Totals)				\$35,700		

Section L3. ADDITIONAL PAGE 3 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*

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:	
El Tenampa LLC					<input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address			City		State	Zip Code
2382 Main st			Bridgeport		CT	6606
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase		
2/8/23	030923A		\$250			
Name of Purchaser					Purchase Made By:	
Anthony Barber Shop					<input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address			City		State	Zip Code
990 Madison Ave			Bridgeport		CT	6606
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase		
2/8/23	030923A		\$250			
Name of Purchaser					Purchase Made By:	
Granfield Liquor					<input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address			City		State	Zip Code
326 Granfield Ave			Bridgeport		CT	6610
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase		
2/8/23	030923A		\$250			
Name of Purchaser					Purchase Made By:	
Spark City Smoke & Vape					<input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address			City		State	Zip Code
815 Lafayette Blvd			Bridgeport		CT	6604
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase		
2/4/23	030923A		\$250			
Name of Purchaser					Purchase Made By:	
Spark City Smoke & Vape					<input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address			City		State	Zip Code
1258 Barnum Ave			Bridgeport		CT	6614
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase		
2/3/23	030923A		\$250			
SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page					\$1,250	
SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page						
TOTAL of additional Section L3 Pages					\$1,250	
TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN (Enter total on Line 16c, Column A of Summary Page Totals)					\$35,700	

Section L3. ADDITIONAL PAGE 4 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*

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:	
Papiya LLC				<input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address		City		State	Zip Code
436 Rubber Ave		Naugatuck		CT	6770
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
2/3/23	03092023		\$250		
Name of Purchaser				Purchase Made By:	
Bangla Bazar				<input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address		City		State	Zip Code
1218 State St		Bridgeport		CT	6605
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
2/15/23	03092023		\$250		
Name of Purchaser				Purchase Made By:	
Park City Gulf LLC				<input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address		City		State	Zip Code
1267 Fairfield Ave		Bridgeport		CT	6605
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
2/8/23	03092023		\$250		
Name of Purchaser				Purchase Made By:	
1258 Barnum Ave LLC				<input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address		City		State	Zip Code
1258 Barnum Ave		Stratford		CT	6614
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
2/3/23	03092023		\$250		
Name of Purchaser				Purchase Made By:	
CZ & Kali LLC				<input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address		City		State	Zip Code
815 Lafayette BLVD		Bridgeport		CT	6604
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
2/7/23	030923A		\$250		
SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page				\$1,250	
SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page					
TOTAL of additional Section L3 Pages				\$1,250	
TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN (Enter total on Line 16c, Column A of Summary Page Totals)				\$35,700	

Section L3. ADDITIONAL PAGE 5 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*

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:	
H & NM Cleaning LLC					<input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address			City		State	Zip Code
2351 Main St			Bridgeport		CT	6606
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase		
2/10/23	03092023		\$250			
Name of Purchaser					Purchase Made By:	
Evolution Barber Shop					<input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address			City		State	Zip Code
1271 North Ave			Bridgeport		CT	6604
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase		
2/5/23	03092023		\$250			
Name of Purchaser					Purchase Made By:	
Evolution Sport Bar					<input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address			City		State	Zip Code
1279 North Ave			Bridgeport		CT	6604
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase		
2/5/23	03092023		\$250			
Name of Purchaser					Purchase Made By:	
Varela Deli Mini Market					<input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address			City		State	Zip Code
1193 North Ave			Bridgeport		CT	6604
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase		
2/25/23	03092023		\$250			
Name of Purchaser					Purchase Made By:	
Cell Fix					<input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address			City		State	Zip Code
3920 Main St			Bridgeport		CT	6606
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase		
2/6/23	03092023		\$250			
SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page					\$1,250	
SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page						
TOTAL of additional Section L3 Pages					\$1,250	
TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN (Enter total on Line 16c, Column A of Summary Page Totals)					\$35,700	

Section L3. ADDITIONAL PAGE 6 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*

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 D'Alba Liquor Store LLC					Purchase Made By: <input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address 4500 Main st			City Bridgeport		State CT	Zip Code 6606
Date Received 2/6/23	Event # 030923A	Aggregate Purchases for All Events	Amount of Program Ad Purchase \$250	Amount of Sign Purchase		
Name of Purchaser Key Food					Purchase Made By: <input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address 2251 Main St			City Bridgeport		State CT	Zip Code 6606
Date Received 2/6/23	Event # 030923A	Aggregate Purchases for All Events	Amount of Program Ad Purchase \$250	Amount of Sign Purchase		
Name of Purchaser Brazilian Sport Club LLC					Purchase Made By: <input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address 29 Federal St			City Bridgeport		State CT	Zip Code 6604
Date Received 2/5/23	Event # 030923A	Aggregate Purchases for All Events	Amount of Program Ad Purchase \$250	Amount of Sign Purchase		
Name of Purchaser Oasis Sport Club LLC					Purchase Made By: <input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address 533 Madison Ave			City Bridgeport		State CT	Zip Code 6604
Date Received 2/5/23	Event # 030923A	Aggregate Purchases for All Events	Amount of Program Ad Purchase \$250	Amount of Sign Purchase		
Name of Purchaser Azul Restaurant Bar LLC					Purchase Made By: <input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address 920 Madison Ave			City Bridgeport		State CT	Zip Code 6606
Date Received 2/5/23	Event # 030923A	Aggregate Purchases for All Events	Amount of Program Ad Purchase \$250	Amount of Sign Purchase		
SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page					\$1,250	
SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page						
TOTAL of additional Section L3 Pages					\$1,250	
TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN (Enter total on Line 16c, Column A of Summary Page Totals)					\$35,700	

Section L3. ADDITIONAL PAGE 7 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*

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				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:	
Gonzalez & Gonzalez LLC				<input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address		City		State	Zip Code
P.O. Box 9226		Bridgeport		CT	6604
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
2/3/23	030923A		\$250		
Name of Purchaser				Purchase Made By:	
Madison Auto II LLC				<input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address		City		State	Zip Code
1960 Main St		Bridgeport		CT	6604
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
2/6/23	030923A		\$250		
Name of Purchaser				Purchase Made By:	
Marlon Architectural WoodworkingLLc				<input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address		City		State	Zip Code
271 Wheeler Ave		Bridgeport		CT	6606
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
2/6/23	030923A		\$250		
Name of Purchaser				Purchase Made By:	
Oasis Investment II LLC				<input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address		City		State	Zip Code
68 Bassick Ave		Bridgeport		CT	6605
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
2/6/23	030923A		\$250		
Name of Purchaser				Purchase Made By:	
Madison Auto Sale & Services				<input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address		City		State	Zip Code
186 Madison Ave		Bridgeport		CT	6604
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
2/6/23	030923A		\$250		
SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page				\$1,250	
SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page					
TOTAL of additional Section L3 Pages				\$1,250	
TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN <i>(Enter total on Line 16c, Column A of Summary Page Totals)</i>				\$35,700	

Section L3. ADDITIONAL PAGE 8 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*

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

Candel Electrical Contracting LLC

Purchase Made By:

☒ Business Entity ☐ Other
☐ Individual/Sole Proprietorship

Street Address

9 Dome Dr

City

Shelton

State

CT

Zip Code

6484

Date Received

2/4/23

Event #

030923A

Aggregate Purchases for All Events

Amount of Program Ad Purchase

\$250

Amount of Sign Purchase

Name of Purchaser

Tropicana LLC

Purchase Made By:

☒ Business Entity ☐ Other
☐ Individual/Sole Proprietorship

Street Address

744 Madison Ave

City

Bridgeport

State

CT

Zip Code

6606

Date Received

2/3/23

Event #

030923A

Aggregate Purchases for All Events

Amount of Program Ad Purchase

\$250

Amount of Sign Purchase

Name of Purchaser

European Boutique

Purchase Made By:

☒ Business Entity ☐ Other
☐ Individual/Sole Proprietorship

Street Address

1115 Madison Ave

City

Bridgeport

State

CT

Zip Code

6606

Date Received

2/2/23

Event #

030923A

Aggregate Purchases for All Events

Amount of Program Ad Purchase

\$250

Amount of Sign Purchase

Name of Purchaser

Affordable Motors, Inc

Purchase Made By:

☒ Business Entity ☐ Other
☐ Individual/Sole Proprietorship

Street Address

408 Grand St

City

Bridgeport

State

CT

Zip Code

6604

Date Received

2/2/23

Event #

030923A

Aggregate Purchases for All Events

Amount of Program Ad Purchase

\$250

Amount of Sign Purchase

Name of Purchaser

CS Property Enterprises LLC

Purchase Made By:

☒ Business Entity ☐ Other
☐ Individual/Sole Proprietorship

Street Address

1 Woody Crst

City

West Haven

State

CT

Zip Code

6516

Date Received

2/3/23

Event #

030923A

Aggregate Purchases for All Events

Amount of Program Ad Purchase

\$250

Amount of Sign Purchase

SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page \$1,250

SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page

TOTAL of additional Section L3 Pages \$1,250

TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN \$35,700
(Enter total on Line 16c, Column A of Summary Page Totals)

Section L3. ADDITIONAL PAGE 9 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*

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

Chaves Grocery

Purchase Made By:

☒ Business Entity ☐ Other☐ Individual/Sole Proprietorship

Street Address

355 Grand St

City

Bridgeport

State

CT

Zip Code

6604

Date Received

2/1/23

Event #

030923A

Aggregate Purchases for All Events

Amount of Program Ad Purchase

\$250

Amount of Sign Purchase

Name of Purchaser

Manuela A Bataguas Realty LLC

Purchase Made By:

☒ Business Entity ☐ Other☐ Individual/Sole Proprietorship

Street Address

1097 North Ave

City

Bridgeport

State

CT

Zip Code

6604

Date Received

2/13/23

Event #

030923A

Aggregate Purchases for All Events

Amount of Program Ad Purchase

\$250

Amount of Sign Purchase

Name of Purchaser

Minos Auto Center Inc

Purchase Made By:

☒ Business Entity ☐ Other☐ Individual/Sole Proprietorship

Street Address

2205 East Main St

City

Bridgeport

State

CT

Zip Code

6610

Date Received

2/9/23

Event #

030923A

Aggregate Purchases for All Events

Amount of Program Ad Purchase

\$50

Amount of Sign Purchase

Name of Purchaser

Sensible Rental Car

Purchase Made By:

☒ Business Entity ☐ Other☐ Individual/Sole Proprietorship

Street Address

840 South Ave

City

Bridgeport

State

CT

Zip Code

6604

Date Received

2/7/23

Event #

030923A

Aggregate Purchases for All Events

Amount of Program Ad Purchase

\$50

Amount of Sign Purchase

Name of Purchaser

Rosa Florist LLC

Purchase Made By:

☒ Business Entity ☐ Other☐ Individual/Sole Proprietorship

Street Address

3622 Main St

City

Bridgeport

State

CT

Zip Code

6606

Date Received

3/7/23

Event #

030923A

Aggregate Purchases for All Events

Amount of Program Ad Purchase

\$50

Amount of Sign Purchase

SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page \$650

SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page

TOTAL of additional Section L3 Pages \$650

TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN \$35,700
(Enter total on Line 16c, Column A of Summary Page Totals)

Section L3. ADDITIONAL PAGE 10 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*

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

Funeraria Luz De Paz LLC

Purchase Made By:

☒ Business Entity ☐ Other☐ Individual/Sole Proprietorship

Street Address

426 E. Washington Ave

City

Bridgeport

State

CT

Zip Code

6608

Date Received

2/8/23

Event #

030923A

Aggregate Purchases for All Events

Amount of Program Ad Purchase

\$250

Amount of Sign Purchase

Name of Purchaser

Juncos Restaurant LLC

Purchase Made By:

☒ Business Entity ☐ Other☐ Individual/Sole Proprietorship

Street Address

559 Harral Ave

City

Bridgeport

State

CT

Zip Code

6604

Date Received

2/14/23

Event #

030923A

Aggregate Purchases for All Events

Amount of Program Ad Purchase

\$250

Amount of Sign Purchase

Name of Purchaser

Tire Tech 2 GO LLC

Purchase Made By:

☒ Business Entity ☐ Other☐ Individual/Sole Proprietorship

Street Address

375 Pequonnock St

City

Bridgeport

State

CT

Zip Code

6604

Date Received

1/31/23

Event #

030923A

Aggregate Purchases for All Events

Amount of Program Ad Purchase

\$250

Amount of Sign Purchase

Name of Purchaser

Bom Preco Supermarket 2 LLC

Purchase Made By:

☒ Business Entity ☐ Other☐ Individual/Sole Proprietorship

Street Address

827 North Ave

City

Bridgeport

State

CT

Zip Code

6606

Date Received

2/8/23

Event #

030923A

Aggregate Purchases for All Events

Amount of Program Ad Purchase

\$250

Amount of Sign Purchase

Name of Purchaser

Bom Preco Supermarket LLC

Purchase Made By:

☒ Business Entity ☐ Other☐ Individual/Sole Proprietorship

Street Address

821 Madison Ave

City

Bridgeport

State

CT

Zip Code

6606

Date Received

2/8/23

Event #

030923A

Aggregate Purchases for All Events

Amount of Program Ad Purchase

\$250

Amount of Sign Purchase

SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page \$1,250

SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page

TOTAL of additional Section L3 Pages \$1,250

TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN
(Enter total on Line 16c, Column A of Summary Page Totals) \$35,700

Section L3. ADDITIONAL PAGE 11 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*

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
JOHN GOMES FOR MAYOR	APRIL 10 FILING

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

Name of Purchaser Chaves Bakery III, INC		Purchase Made By: <input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
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Street Address 865 Madison Ave	City Bridgeport	State CT	Zip Code 6606
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Date Received 2/11/23	Event # 030923A	Aggregate Purchases for All Events	Amount of Program Ad Purchase \$250	Amount of Sign Purchase
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Name of Purchaser Leontino's		Purchase Made By: <input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
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Street Address 1581 Capitol Ave	City Bridgeport	State CT	Zip Code 6604
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Date Received 2/13/23	Event # 030923A	Aggregate Purchases for All Events	Amount of Program Ad Purchase \$250	Amount of Sign Purchase
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Name of Purchaser Ki-Delicia LLC		Purchase Made By: <input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
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Street Address 200 Beer St	City Bridgeport	State CT	Zip Code 6606
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Date Received 2/13/23	Event # 030923A	Aggregate Purchases for All Events	Amount of Program Ad Purchase \$250	Amount of Sign Purchase
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Name of Purchaser Just Right Auto SPA & Detailing		Purchase Made By: <input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
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Street Address 555 Center St	City Bridgeport	State CT	Zip Code 6604
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Date Received 2/13/23	Event # 030923A	Aggregate Purchases for All Events	Amount of Program Ad Purchase \$250	Amount of Sign Purchase
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Name of Purchaser Lada Auto Sales		Purchase Made By: <input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
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Street Address 550 North Ave	City Bridgeport	State CT	Zip Code 6606
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Date Received 2/13/23	Event # 030923A	Aggregate Purchases for All Events	Amount of Program Ad Purchase \$250	Amount of Sign Purchase
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SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page \$1,250

SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page

TOTAL of additional Section L3 Pages \$1,250

TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN \$35,700
(Enter total on Line 16c, Column A of Summary Page Totals)

Section L3. ADDITIONAL PAGE 12 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*

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:	
BailBonds				<input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address		City		State	Zip Code
60 Wabuda Pl		Shelton		CT	6484
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
2/9/23	030923A		\$250		
Name of Purchaser				Purchase Made By:	
Ceviche Palace LLC				<input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address		City		State	Zip Code
1429 East Main St		Bridgeport		CT	6608
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
2/9/23	030923A		\$250		
Name of Purchaser				Purchase Made By:	
High Class Auto & Security LLC				<input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address		City		State	Zip Code
434 Grand St		Bridgeport		CT	6604
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
2/8/23	030923A		\$250		
Name of Purchaser				Purchase Made By:	
Julie-SP LLC Wine & Liquors				<input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address		City		State	Zip Code
211 Atlantic St		Stamford		CT	6901
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
2/3/23	030923A		\$250		
Name of Purchaser				Purchase Made By:	
Parin LLC Atlantic Market				<input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address		City		State	Zip Code
209 Atlantic St		Stamford		CT	6901
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
2/3/23	030923A		\$250		
SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page				\$1,250	
SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page					
TOTAL of additional Section L3 Pages				\$1,250	
TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN (Enter total on Line 16c, Column A of Summary Page Totals)				\$35,700	

Section L3. ADDITIONAL PAGE 13 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*

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

180 Main St LLC DBA: Beverage King

Purchase Made By:

☒ Business Entity ☐ Other
☐ Individual/Sole Proprietorship

Street Address

180 Main St

City

Norwalk

State

CT

Zip Code

6851

Date Received

2/10/23

Event #

030923A

Aggregate Purchases for All Events

Amount of Program Ad Purchase

\$250

Amount of Sign Purchase

Name of Purchaser

Jai Martha LLC DBA: In & Out Variety

Purchase Made By:

☒ Business Entity ☐ Other
☐ Individual/Sole Proprietorship

Street Address

178 Main St

City

Norwalk

State

CT

Zip Code

6851

Date Received

2/10/23

Event #

030923A

Aggregate Purchases for All Events

Amount of Program Ad Purchase

\$250

Amount of Sign Purchase

Name of Purchaser

Sri Balaji LLC DBA: Super 7 Food & Market

Purchase Made By:

☒ Business Entity ☐ Other
☐ Individual/Sole Proprietorship

Street Address

109 New Canaan Ave

City

Norwalk

State

CT

Zip Code

6850

Date Received

2/10/23

Event #

030923A

Aggregate Purchases for All Events

Amount of Program Ad Purchase

\$250

Amount of Sign Purchase

Name of Purchaser

Santos Interiors LLC

Purchase Made By:

☒ Business Entity ☐ Other
☐ Individual/Sole Proprietorship

Street Address

30 Wintergreen Dr

City

Easton

State

CT

Zip Code

6612

Date Received

2/13/23

Event #

030923A

Aggregate Purchases for All Events

Amount of Program Ad Purchase

\$250

Amount of Sign Purchase

Name of Purchaser

NCI Woodworking LLC

Purchase Made By:

☒ Business Entity ☐ Other
☐ Individual/Sole Proprietorship

Street Address

230 Holly Dale Rd

City

Fairfield

State

CT

Zip Code

6824

Date Received

2/11/23

Event #

030923A

Aggregate Purchases for All Events

Amount of Program Ad Purchase

\$250

Amount of Sign Purchase

SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page \$1,250

SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page

TOTAL of additional Section L3 Pages \$1,250

TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN
(Enter total on Line 16c, Column A of Summary Page Totals) \$35,700

Section L3. ADDITIONAL PAGE 14 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*

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 Alba's Hair Salon				Purchase Made By: <input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address 850 State St		City Bridgeport		State CT	Zip Code 6604
Date Received 2/13/23	Event # 030923A	Aggregate Purchases for All Events	Amount of Program Ad Purchase \$150	Amount of Sign Purchase	
Name of Purchaser Durango Insurance & Financial Services				Purchase Made By: <input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address 2574 Main St		City Bridgeport		State CT	Zip Code 6606
Date Received 2/15/23	Event # 030923A	Aggregate Purchases for All Events	Amount of Program Ad Purchase \$250	Amount of Sign Purchase	
Name of Purchaser Johne's A Cut Above LLC				Purchase Made By: <input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address 1715 North Ave		City Bridgeport		State CT	Zip Code 6604
Date Received 2/14/23	Event # 030923A	Aggregate Purchases for All Events	Amount of Program Ad Purchase \$250	Amount of Sign Purchase	
Name of Purchaser William Services (Vertical services)				Purchase Made By: <input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address 55 Peet St		City Bridgeport		State CT	Zip Code 6606
Date Received 2/14/23	Event # 030923A	Aggregate Purchases for All Events	Amount of Program Ad Purchase \$250	Amount of Sign Purchase	
Name of Purchaser Jacinto Evangelista DBA: 46 Stoningto LLC				Purchase Made By: <input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address 4300 Mmain sdt		City Stratford		State CT	Zip Code 6614
Date Received 3/2/23	Event # 030923A	Aggregate Purchases for All Events	Amount of Program Ad Purchase \$250	Amount of Sign Purchase	
SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page				\$1,150	
SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page					
TOTAL of additional Section L3 Pages				\$1,150	
TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN (Enter total on Line 16c, Column A of Summary Page Totals)				\$35,700	

Section L3. ADDITIONAL PAGE 15 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*

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:	
J M P & Sons (Jaime Pereira)				<input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address		City		State	Zip Code
3885 Main St		Bridgeport		CT	6606
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
3/1/23	030923A		\$250		
Name of Purchaser				Purchase Made By:	
Bandera's Latin Fusion LLC				<input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address		City		State	Zip Code
336 Granfield Ave		Bridgeport		CT	6610
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
2/16/23	030923A		\$250		
Name of Purchaser				Purchase Made By:	
Luis P Matins Realtor				<input type="radio"/> Business Entity <input type="radio"/> Other <input checked="" type="radio"/> Individual/Sole Proprietorship	
Street Address		City		State	Zip Code
7 Greenbrier Rd		Trumbull		CT	6611
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
2/10/23	030923A		\$50		
Name of Purchaser				Purchase Made By:	
Elite Ventures Inc DBA: Danbury Smoke Shop				<input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address		City		State	Zip Code
128 Federal Road		Danbury		CT	6611
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
2/21/23	030923A		\$250		
Name of Purchaser				Purchase Made By:	
Mazes Inc DBA: New Milford				<input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address		City		State	Zip Code
365 Westport Ave		Norwalk		CT	6851
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
2/21/23	030923A		\$250		
SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page				\$1,050	
SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page					
TOTAL of additional Section L3 Pages				\$1,050	
TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN (Enter total on Line 16c, Column A of Summary Page Totals)				\$35,700	

Section L3. ADDITIONAL PAGE 16 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*

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:	
Dayanna's Beauty Salon				<input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address		City		State	Zip Code
1197 North Ave		Bridgeport		CT	6604
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
2/28/23	030923A		\$250		
Name of Purchaser				Purchase Made By:	
Hako Trattoria LLC				<input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address		City		State	Zip Code
1479 Barnum Ave		Stratford		CT	6614
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
2/10/23	030923A		\$250		
Name of Purchaser				Purchase Made By:	
Damota Tile Plus LLC				<input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address		City		State	Zip Code
242 Cutlers Farm Rd		Monroe		CT	6468
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
2/20/23	030923A		\$250		
Name of Purchaser				Purchase Made By:	
Neves Brothers Construction LLC				<input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address		City		State	Zip Code
P.O. Box 2579		Shelton		CT	6484
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
2/20/23	030923A		\$250		
Name of Purchaser				Purchase Made By:	
Wilson's Welding LLC				<input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address		City		State	Zip Code
407 Madison Ave		Bridgeport		CT	6604
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
2/20/23	030923A		\$250		
SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page				\$1,250	
SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page					
TOTAL of additional Section L3 Pages				\$1,250	
TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN (Enter total on Line 16c, Column A of Summary Page Totals)				\$35,700	

Section L3. ADDITIONAL PAGE 17 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*

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 Connecticut Housing Restoration LLC				Purchase Made By: <input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address 15 Sunset Cir		City Woodbridge		State CT	Zip Code 6525
Date Received 2/9/23	Event # 030923A	Aggregate Purchases for All Events	Amount of Program Ad Purchase \$250	Amount of Sign Purchase	
Name of Purchaser NHB Associates, LLC				Purchase Made By: <input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address 15 Sunset Circle		City Woodbridge		State CT	Zip Code 6525
Date Received 2/19/23	Event # 030923A	Aggregate Purchases for All Events	Amount of Program Ad Purchase \$250	Amount of Sign Purchase	
Name of Purchaser JC Mectec, LLC				Purchase Made By: <input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address 1178 Wells Place		City Stratford		State CT	Zip Code 6615
Date Received 2/7/23	Event # 030923A	Aggregate Purchases for All Events	Amount of Program Ad Purchase \$250	Amount of Sign Purchase	
Name of Purchaser Reis Quality Carpentry LLC				Purchase Made By: <input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address 751 Lindley st		City Bridgeport		State CT	Zip Code 6606
Date Received 2/60/23	Event # 030923A	Aggregate Purchases for All Events	Amount of Program Ad Purchase \$250	Amount of Sign Purchase	
Name of Purchaser Vip Barber Shop LLC				Purchase Made By: <input type="radio"/> Business Entity <input type="radio"/> Other <input checked="" type="radio"/> Individual/Sole Proprietorship	
Street Address 464 Huntington Tpke		City Bridgeport		State CT	Zip Code 6610
Date Received 3/9/23	Event # 030923A	Aggregate Purchases for All Events	Amount of Program Ad Purchase \$50	Amount of Sign Purchase	
SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page				\$1050	
SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page					
TOTAL of additional Section L3 Pages				\$1050	
TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN (Enter total on Line 16c, Column A of Summary Page Totals)				\$35,700	

Section L3. ADDITIONAL PAGE 18 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*

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:
OMR-Multiservices LLC	<input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship

Street Address	City	State	Zip Code
940 E. Main St	Bridgeport	CT	6608

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
2/27/23	030923A		\$250	

Name of Purchaser	Purchase Made By:
GP Exteriors LLC	<input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship

Street Address	City	State	Zip Code
601 Main St	Monroe	CT	6468

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
2/24/23	030923A		\$250	

Name of Purchaser	Purchase Made By:
ConstruTech	<input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship

Street Address	City	State	Zip Code
5 Bradley LN	Sandy Hook	CT	6482

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
2/27/23	030923A		\$250	

Name of Purchaser	Purchase Made By:
Maribel Grocery	<input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship

Street Address	City	State	Zip Code
235 Madison Ave	Bridgeport	CT	6604

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
2/21/23	030923A		\$250	

Name of Purchaser	Purchase Made By:
Charlestin Chiropractic Group LLC	<input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship

Street Address	City	State	Zip Code
171 Ferry BLVD	Stratford	CT	6615

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
2/22/23	030923A		\$250	

SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page \$1,250

SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page

TOTAL of additional Section L3 Pages \$1,250

TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN \$35,700
(Enter total on Line 16c, Column A of Summary Page Totals)

Section L3. ADDITIONAL PAGE 19 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*

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 MTM Family limited Partnership DBA: Ideal Laundromat				Purchase Made By: <input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address 120 River St		City Bridgeport		State CT	Zip Code 6604
Date Received 2/22/23	Event # 03092023	Aggregate Purchases for All Events	Amount of Program Ad Purchase \$250	Amount of Sign Purchase	

Name of Purchaser OutDoor Lawn Services LLC				Purchase Made By: <input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address 15 Saxony Dr		City Trumbull		State CT	Zip Code 6611
Date Received 2/21/23	Event # 030923A	Aggregate Purchases for All Events	Amount of Program Ad Purchase \$250	Amount of Sign Purchase	

Name of Purchaser Churrasqueira (Avenida) LLC				Purchase Made By: <input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address 757 Madison Ave		City Bridgeport		State CT	Zip Code 6606
Date Received 2/24/23	Event # 030923A	Aggregate Purchases for All Events	Amount of Program Ad Purchase \$250	Amount of Sign Purchase	

Name of Purchaser Brasas Grill LLC DBA: (Brasas Restaurant)				Purchase Made By: <input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address 1439 Madison Ave		City Bridgeport		State CT	Zip Code 6606
Date Received 2/24/23	Event # 030923A	Aggregate Purchases for All Events	Amount of Program Ad Purchase \$250	Amount of Sign Purchase	

Name of Purchaser Camila Unixes Beauty Salon LLC				Purchase Made By: <input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address 428 Barnum Ave		City Bridgeport		State CT	Zip Code 6608
Date Received 2/27/23	Event # 030923A	Aggregate Purchases for All Events	Amount of Program Ad Purchase \$250	Amount of Sign Purchase	

SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page \$1,250

SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page

TOTAL of additional Section L3 Pages \$1,250

TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN \$35,700
(Enter total on Line 16c, Column A of Summary Page Totals)

Section L3. ADDITIONAL PAGE 20 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*

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 Lucidara Pelegriti				Purchase Made By: <input type="radio"/> Business Entity <input type="radio"/> Other <input checked="" type="radio"/> Individual/Sole Proprietorship	
Street Address 19 Benson Rd		City Bethel		State CT	Zip Code
Date Received 2/24/23	Event # 030923A	Aggregate Purchases for All Events	Amount of Program Ad Purchase \$50	Amount of Sign Purchase	
Name of Purchaser Sergio Filho				Purchase Made By: <input type="radio"/> Business Entity <input type="radio"/> Other <input checked="" type="radio"/> Individual/Sole Proprietorship	
Street Address 19 Benson Rd		City Bethel		State CT	Zip Code
Date Received 2/24/23	Event # 030923A	Aggregate Purchases for All Events	Amount of Program Ad Purchase \$50	Amount of Sign Purchase	
Name of Purchaser Monteiro's Masonry Construction LLC				Purchase Made By: <input type="radio"/> Business Entity <input type="radio"/> Other <input checked="" type="radio"/> Individual/Sole Proprietorship	
Street Address 4 Lawrence Court		City Milford		State CT	Zip Code
Date Received 2/22/23	Event # 030923A	Aggregate Purchases for All Events	Amount of Program Ad Purchase \$250	Amount of Sign Purchase	
Name of Purchaser Apex Property Services LLC				Purchase Made By: <input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address 19 Benson RD		City Bethel		State CT	Zip Code
Date Received 2/24/23	Event # 030923A	Aggregate Purchases for All Events	Amount of Program Ad Purchase \$250	Amount of Sign Purchase	
Name of Purchaser Tex Auto services LLC				Purchase Made By: <input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address 106 Commercial St		City Bridgeport		State CT	Zip Code
Date Received 2/27/23	Event # 030923A	Aggregate Purchases for All Events	Amount of Program Ad Purchase \$250	Amount of Sign Purchase	
SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page				\$850	
SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page					
TOTAL of additional Section L3 Pages				\$850	
TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN (Enter total on Line 16c, Column A of Summary Page Totals)				\$35,700	

Section L3. ADDITIONAL PAGE 21 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*

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)

JOHN GOMES FOR MAYOR

TYPE OF REPORT

APRIL 10 FILLING

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

Name of Purchaser

Roxo's Construction LLC

Purchase Made By:

☒ Business Entity ☐ Other☐ Individual/Sole Proprietorship

Street Address

25 Harvard St

City

Bridgeport

State

CT

Zip Code

6606

Date Received

2/24/23

Event #

030923A

Aggregate Purchases for All Events

Amount of Program Ad Purchase

\$250

Amount of Sign Purchase

Name of Purchaser

RPM Energy Solution LLC

Purchase Made By:

☒ Business Entity ☐ Other☐ Individual/Sole Proprietorship

Street Address

69 Perry RD

City

Hamden

State

CT

Zip Code

6514

Date Received

2/25/23

Event #

030923A

Aggregate Purchases for All Events

Amount of Program Ad Purchase

\$250

Amount of Sign Purchase

Name of Purchaser

ALDS Drywall Services

Purchase Made By:

☒ Business Entity ☐ Other☐ Individual/Sole Proprietorship

Street Address

2165 Madison Ave

City

Bridgeport

State

CT

Zip Code

6604

Date Received

2/21/23

Event #

030923A

Aggregate Purchases for All Events

Amount of Program Ad Purchase

\$250

Amount of Sign Purchase

Name of Purchaser

De Soto Tax Services LLC

Purchase Made By:

☒ Business Entity ☐ Other☐ Individual/Sole Proprietorship

Street Address

955 E. Main St

City

Bridgeport

State

CT

Zip Code

6608

Date Received

2/21/23

Event #

030923A

Aggregate Purchases for All Events

Amount of Program Ad Purchase

\$250

Amount of Sign Purchase

Name of Purchaser

Borges Concrete Pumping LLC

Purchase Made By:

☒ Business Entity ☐ Other☐ Individual/Sole Proprietorship

Street Address

55 Meadow Brook DR

City

Monroe

State

CT

Zip Code

6468

Date Received

2/22/23

Event #

030923A

Aggregate Purchases for All Events

Amount of Program Ad Purchase

\$250

Amount of Sign Purchase

SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page \$1,250

SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page

TOTAL of additional Section L3 Pages \$1,250

TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN \$35,700
(Enter total on Line 16c, Column A of Summary Page Totals)

Section L3. ADDITIONAL PAGE 22 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*

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

Don Raphael LLC

Purchase Made By:

☒ Business Entity ☐ Other☐ Individual/Sole Proprietorship

Street Address

256 Oak st

City

Bridgeport

State

CT

Zip Code

6604

Date Received

3/3/23

Event #

030923A

Aggregate Purchases for All Events

Amount of Program Ad Purchase

\$250

Amount of Sign Purchase

Name of Purchaser

Rosely Restaurant

Purchase Made By:

☒ Business Entity ☐ Other☐ Individual/Sole Proprietorship

Street Address

944 E. Main St

City

Bridgeport

State

CT

Zip Code

6608

Date Received

2/23/23

Event #

030923A

Aggregate Purchases for All Events

Amount of Program Ad Purchase

\$250

Amount of Sign Purchase

Name of Purchaser

Connecticut Educational Solution Inc.

Purchase Made By:

☒ Business Entity ☐ Other☐ Individual/Sole Proprietorship

Street Address

42 Ridgewood Court

City

Shelton

State

CT

Zip Code

6684

Date Received

2/18/23

Event #

030923A

Aggregate Purchases for All Events

Amount of Program Ad Purchase

\$200

Amount of Sign Purchase

Name of Purchaser

Pacific Iron Works LLC

Purchase Made By:

☒ Business Entity ☐ Other☐ Individual/Sole Proprietorship

Street Address

592 Knowlton St

City

Bridgeport

State

CT

Zip Code

6608

Date Received

2/23/23

Event #

030923A

Aggregate Purchases for All Events

Amount of Program Ad Purchase

\$250

Amount of Sign Purchase

Name of Purchaser

Fix & Go LLC DBA: Fixgo Auto and Services

Purchase Made By:

☒ Business Entity ☐ Other☐ Individual/Sole Proprietorship

Street Address

1500 Barnum Ave

City

Bridgeport

State

CT

Zip Code

6610

Date Received

2/22/23

Event #

030923A

Aggregate Purchases for All Events

Amount of Program Ad Purchase

\$250

Amount of Sign Purchase

SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page \$1200

SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page

TOTAL of additional Section L3 Pages \$1200

TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN \$35,700
(Enter total on Line 16c, Column A of Summary Page Totals)

Section L3. ADDITIONAL PAGE 23 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*

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:
Sinucas Sport Bar DBA: Camarote Lounge	<input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship

Street Address	City	State	Zip Code
61 Hurd Ave	Bridgeport	CT	6604

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
2/20/23	030923A		\$250	

Name of Purchaser	Purchase Made By:
Andy Garage LLC	<input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship

Street Address	City	State	Zip Code
48 Trowel St	Bridgeport	CT	6607

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
2/26/23	030923A		\$250	

Name of Purchaser	Purchase Made By:
Janta Home Improvements LLC	<input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship

Street Address	City	State	Zip Code
24 Mitchell Rd	Bridgeport	CT	6611

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
2/21/23	030923A		\$250	

Name of Purchaser	Purchase Made By:
Campos Construction	<input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship

Street Address	City	State	Zip Code
404 Wells St	Bridgeport	CT	6606

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
2/20/23	030923A		\$250	

Name of Purchaser	Purchase Made By:
Aces Bail Bonds	<input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship

Street Address	City	State	Zip Code
1125 North Ave	Bridgeport	CT	6604

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
2/21/23	030923A		\$250	

SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page \$1,250

SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page

TOTAL of additional Section L3 Pages \$1,250

TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN \$35,700
(Enter total on Line 16c, Column A of Summary Page Totals)

Section L3. ADDITIONAL PAGE 24 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*

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				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:	
Summit Financial Group				<input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address			City		State Zip Code
288 Broad St			Milford		CT 6460
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
2/22/23	030923A		\$250		
Name of Purchaser				Purchase Made By:	
MBP LLC DBA: Milford BluePrint				<input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address			City		State Zip Code
470 Naugatuck Ave			Milford		CT 6460
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
2/22/23	030923A		\$250		
Name of Purchaser				Purchase Made By:	
O & C Roofing LLC				<input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address			City		State Zip Code
631 Lindley St			Bridgeport		CT 6606
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
2/21/23	030923A		\$250		
Name of Purchaser				Purchase Made By:	
Bay Restoration, LLC				<input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address			City		State Zip Code
550 New Haven Ave			Milford		CT 6460
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
2/22/23	030923A		\$250		
Name of Purchaser				Purchase Made By:	
Seymour Pastry and Cakes LLC				<input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address			City		State Zip Code
1649 Main St			Bridgeport		CT 6604
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
2/28/23	030923A		\$250		
SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page				\$1,250	
SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page					
TOTAL of additional Section L3 Pages				\$1,250	
TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN <i>(Enter total on Line 16c, Column A of Summary Page Totals)</i>				\$35,700	

Section L3. ADDITIONAL PAGE 25 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*

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:
MVP Car Wash LLC	<input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship

Street Address	City	State	Zip Code
1726 Fairfield Ave	Bridgeport	CT	6605

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
2/27/23	030923A		\$250	

Name of Purchaser	Purchase Made By:
Colon & Villaplana	<input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship

Street Address	City	State	Zip Code
101 Merritt 7 Corporate Park 3rd FL	Norwalk	CT	6851

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
2/27/23	030923A		\$250	

Name of Purchaser	Purchase Made By:
Eli & Co Partners	<input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship

Street Address	City	State	Zip Code
167 Old Post Rd Suite 3A	Southport	CT	6890

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
2/27/23	030923A		\$250	

Name of Purchaser	Purchase Made By:
A and G Mechanical HVAC LLC	<input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship

Street Address	City	State	Zip Code
P.O.Box 229	Stratford	CT	6850

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
3/1/23	030923A		\$250	

Name of Purchaser	Purchase Made By:
S K Smoke Junction LLC	<input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship

Street Address	City	State	Zip Code
71 Oxford Rd	Oxford	CT	6478

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
2/28/23	030923A		\$250	

SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page	\$1,250
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SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page	
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TOTAL of additional Section L3 Pages	\$1,250
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TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN (Enter total on Line 16c, Column A of Summary Page Totals)	\$35,700
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Section L3. ADDITIONAL PAGE 26 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*

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:	
DR. Wood Floor LLC				<input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address			City		State Zip Code
54 Pomona Rd			Trumbull		CT 6611
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
3/1/23	030923A		\$250		
Name of Purchaser				Purchase Made By:	
MaKula Construction LLC				<input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address			City		State Zip Code
6 Woodbine Cir			Bridgeport		CT 6606
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
3/1/23	030923A		\$250		
Name of Purchaser				Purchase Made By:	
Grand Junco LLC				<input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address			City		State Zip Code
595 Grand st			Bridgeport		CT 6604
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
3/1/23	030923A		\$250		
Name of Purchaser				Purchase Made By:	
La Fonda Restaurant				<input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address			City		State Zip Code
3851 Main st			Bridgeport		CT 6604
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
3/2/23	030923A		\$250		
Name of Purchaser				Purchase Made By:	
The Finch Firm LLC				<input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address			City		State Zip Code
799 Silver Lane			Trumbull		CT 6611
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
3/2/23	030923A		\$250		
SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page				\$1,250	
SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page					
TOTAL of additional Section L3 Pages				\$1,250	
TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN (Enter total on Line 16c, Column A of Summary Page Totals)				\$35,700	

Section L3. ADDITIONAL PAGE 27 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*

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 CM Brandao LLC				Purchase Made By: <input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address 3916 Main st		City Bridgeport		State CT	Zip Code 6606
Date Received 3/2/23	Event # 030923A	Aggregate Purchases for All Events	Amount of Program Ad Purchase \$250	Amount of Sign Purchase	
Name of Purchaser Luzara Sweets				Purchase Made By: <input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address 7 Riverside Drive		City Shelton		State CT	Zip Code 6468
Date Received 3/1/23	Event # 030923A	Aggregate Purchases for All Events	Amount of Program Ad Purchase \$200	Amount of Sign Purchase	
Name of Purchaser Ask Wholesalers and Distributors LLC				Purchase Made By: <input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address 350 Long Beach BLVD LLC Unit F		City Stratford		State CT	Zip Code 6615
Date Received 3/2/23	Event # 030923A	Aggregate Purchases for All Events	Amount of Program Ad Purchase \$250	Amount of Sign Purchase	
Name of Purchaser Westville Quality Market				Purchase Made By: <input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address 243 Alden Ave		City New Haven		State CT	Zip Code 6515
Date Received 3/2/23	Event # 030923A	Aggregate Purchases for All Events	Amount of Program Ad Purchase \$250	Amount of Sign Purchase	
Name of Purchaser Cork And Keg Pursh				Purchase Made By: <input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address 430 Rubber ave		City Naugatuck		State CT	Zip Code 6770
Date Received 3/2/23	Event # 030923A	Aggregate Purchases for All Events	Amount of Program Ad Purchase \$250	Amount of Sign Purchase	
SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page				\$1,200	
SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page					
TOTAL of additional Section L3 Pages				\$1,200	
TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN (Enter total on Line 16c, Column A of Summary Page Totals)				\$35,700	

Section L3. ADDITIONAL PAGE 28 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*

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:	
Trumbull Food Mart LLC				<input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address		City		State	Zip Code
648 White Plains RD		Trumbull		CT	6611
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
3/2/23	030923A		\$250		
Name of Purchaser				Purchase Made By:	
Associaco Caboverdiana (Cape Verdean)				<input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address		City		State	Zip Code
235 Linen Ave		Bridgeport		CT	6604
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
	030923A		\$50		
Name of Purchaser				Purchase Made By:	
DNA Campaigns				<input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address		City		State	Zip Code
800 Village Walk		Guilford		CT	6437
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
2/28/23	030923A		\$250		
Name of Purchaser				Purchase Made By:	
So Fair Media				<input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address		City		State	Zip Code
29 South Fair St		Guilford		CT	6437
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
2/28/23	030923A		\$250		
Name of Purchaser				Purchase Made By:	
Boteco - Ipanema				<input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address		City		State	Zip Code
70 N Main St		Norwalk		CT	6854
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
2/6/23	030923A		\$250		
SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page				\$1,050	
SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page					
TOTAL of additional Section L3 Pages				\$1,050	
TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN (Enter total on Line 16c, Column A of Summary Page Totals)				\$35,700	

Section L3. ADDITIONAL PAGE 29 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*

NAME OF COMMITTEE <small>(Provide Complete Name as Registered with Filing Repository)</small>				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 Reyna Leading LLC				Purchase Made By: <input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address 2096 Central Park Ave			City Yonkers	State NY	Zip Code 10710
Date Received 3/9/23	Event # 030923A	Aggregate Purchases for All Events	Amount of Program Ad Purchase \$250	Amount of Sign Purchase	
Name of Purchaser Bar Karaoke Holdings LLC				Purchase Made By: <input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address 1103 Main st			City Bridgeport	State CT	Zip Code 6610
Date Received 2/23/23	Event # 030923A	Aggregate Purchases for All Events	Amount of Program Ad Purchase \$250	Amount of Sign Purchase	
Name of Purchaser Solmar's Bar				Purchase Made By: <input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address 290 George St			City Bridgeport	State CT	Zip Code 6604
Date Received 3/4/23	Event # 030923A	Aggregate Purchases for All Events	Amount of Program Ad Purchase \$250	Amount of Sign Purchase	
Name of Purchaser Goncalves Plumbing LLC				Purchase Made By: <input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address 93 Tunxis Hill Rd			City Fairfield	State CT	Zip Code 6825
Date Received 2/28/23	Event # 030923A	Aggregate Purchases for All Events	Amount of Program Ad Purchase \$250	Amount of Sign Purchase	
Name of Purchaser Mclean Law PLLC				Purchase Made By: <input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address 2 Trap Falls Rd Ste 508			City Shelton	State CT	Zip Code 6484
Date Received 3/29/23	Event # 030923A	Aggregate Purchases for All Events	Amount of Program Ad Purchase \$250	Amount of Sign Purchase	
SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page				\$1,250	
SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page					
TOTAL of additional Section L3 Pages				\$1,250	
TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN <small>(Enter total on Line 16c, Column A of Summary Page Totals)</small>				\$35,700	

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*

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:	
BBB Attorney & Counselors				<input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address		City		State	Zip Code
3651 Main St		Stratford		CT	6614
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
3/30/23	030923A		\$250		

Name of Purchaser				Purchase Made By:	
Familiar Mortgage Services				<input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address		City		State	Zip Code
2 Trap Falls Rd ste 509		Shelton		CT	6484
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
3/9/23	030923A		\$250		

Name of Purchaser				Purchase Made By:	
Crespo Law Firm				<input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address		City		State	Zip Code
44 Lyon Terrace		Bridgeport		CT	6604
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
3/10/23	030923A		\$250		

Name of Purchaser				Purchase Made By:	
Green Paint				<input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address		City		State	Zip Code
857 Post Rd Ste 356		Fairfield		CT	6824
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
3/9/23	030923A		\$250		

Name of Purchaser				Purchase Made By:	
Prime Events				<input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address		City		State	Zip Code
12 Griffing Ave		Danbury		CT	6810
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
3/9/23	030923A		\$250		

SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page				\$1,250	
SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page					
TOTAL of additional Section L3 Pages				\$1,250	
TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN (Enter total on Line 16c, Column A of Summary Page Totals)				\$35,700	

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 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 Maribel Grocery				Purchase Made By: <input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address 235 Madison Ave		City Bridgeport		State CT	Zip Code 6604
Date Received 2/21/23	Event # 03092023	Aggregate Purchases for All Events	Amount of Program Ad Purchase \$250	Amount of Sign Purchase	
Name of Purchaser				Purchase Made By: <input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address		City		State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
Name of Purchaser				Purchase Made By: <input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address		City		State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
Name of Purchaser				Purchase Made By: <input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address		City		State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
Name of Purchaser				Purchase Made By: <input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address		City		State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
Name of Purchaser				Purchase Made By: <input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address		City		State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
Name of Purchaser				Purchase Made By: <input checked="" type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address		City		State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page				\$250	
SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page					
TOTAL of additional Section L3 Pages				\$250	
TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN (Enter total on Line 16c, Column A of Summary Page Totals)				\$35,700	

II. EVENT ACTIVITY (Sections L1—L5)

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

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

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

Name of Purchaser	Purchase Made By: <input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship
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Street Address	City	State	Zip Code
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Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
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Name of Purchaser	Purchase Made By: <input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship
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Street Address	City	State	Zip Code
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Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
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Name of Purchaser	Purchase Made By: <input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship
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Street Address	City	State	Zip Code
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Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
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Name of Purchaser	Purchase Made By: <input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship
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Street Address	City	State	Zip Code
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Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
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Name of Purchaser	Purchase Made By: <input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship
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Street Address	City	State	Zip Code
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Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
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SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page

SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page

TOTAL of additional Section L3 Pages

TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN
(Enter total on Line 16c, Column A of Summary Page Totals)

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
JOHN GOMES FOR MAYOR				APRIL 10 FILING	
L4. In-Kind Donations Not Considered Contributions					
Name of Donor					
Peter Pedreira					
Street Address			City		State
110 Ruth St			Bridgeport		CT
Zip Code			06606		
Donation Given By:		Description of Donation			Fair Market Value of Donation
<input checked="" type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship		Flowers			\$100
Date Received		Event #		Aggregate Value for this Event	
03/09/23		030923a			
Name of Donor					
Alberto Guzman					
Street Address			City		State
1287 North Ave			Bridgeport		CT
Zip Code			6604		
Donation Given By:		Description of Donation			Fair Market Value of Donation
<input checked="" type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship		Evolution Entertainment			\$200.00
Date Received		Event #		Aggregate Value for this Event	
03/09/23		030923A			
Name of Donor					
Brandon Rodriguez					
Street Address			City		State
871 Sylvan Ave			Bridgeport		CT
Zip Code			06606		
Donation Given By:		Description of Donation			Fair Market Value of Donation
<input type="radio"/> Business Entity <input checked="" type="radio"/> Individual <input type="radio"/> Sole Proprietorship		DJ			\$250.00
Date Received		Event #		Aggregate Value for this Event	
03/09/23		030923a			
Name of Donor					
Don Raphael					
Street Address			City		State
256 oak st			Bridgeport		CT
Zip Code			06604		
Donation Given By:		Description of Donation			Fair Market Value of Donation
<input checked="" type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship		Fundraiser Event, food.			\$100
Date Received		Event #		Aggregate value for this Event	
03/30/23		033023A			
SUBTOTAL Section L4 — This Page				\$650	
TOTAL of additional Section L4 Pages					
TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS (Enter total on Line 21, Column A of Summary Page Totals)				\$650	

II. EVENT ACTIVITY (Sections L1—L5)

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT	
JOHN GOMES FOR MAYOR					APRIL 10 FILING	
M. In-Kind Contributions						
Name						
Street Address				City		State Zip Code
Type of contributor: <input type="radio"/> Committee <input type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input type="radio"/> No				Fair Market Value of this Contribution	
Is this contribution associated with an event reported in Section L1? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, list Event # _____	Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative					
Name						
Street Address				City		State Zip Code
Type of contributor: <input type="radio"/> Committee <input type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input type="radio"/> No				Fair Market Value of this Contribution	
Is this contribution associated with an event reported in Section L1? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, list Event # _____	Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative					
Name						
Street Address				City		State Zip Code
Type of contributor: <input type="radio"/> Committee <input type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input type="radio"/> No				Fair Market Value of this Contribution	
Is this contribution associated with an event reported in Section L1? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, list Event # _____	Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative					
Name						
Street Address				City		State Zip Code
Type of contributor: <input type="radio"/> Committee <input type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input type="radio"/> No				Fair Market Value of this Contribution	
Is this contribution associated with an event reported in Section L1? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, list Event # _____	Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative					
SUBTOTAL Section M — This Page						
TOTAL of additional Section M Pages						
TOTAL OF ALL IN-KIND CONTRIBUTIONS (Enter total on Line 23, Column A of Summary Page Totals)						
N. Refundable Deposit to Telephone Company						
Last Name of Individual			First		MI	Date Deposit Made
Residential Street Address			City		State	Zip Code
Name of Telephone Company						Amount of Deposit
Street Address			City		State Zip Code	
TOTAL SECTION N (Enter total on Line 24, Column A of Summary Page Totals)						

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Revised January 2015		IV. EXPENDITURES (Continued)	
NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>		TYPE OF REPORT	
JOHN GOMES FOR MAYOR		APRIL 10 FILING	
P. Expenses Paid by Committee			
Name of Payee		Date of Payment	Method of Payment: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT
Street Address		City	State Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D 		
Name of Payee		Date of Payment	Method of Payment: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT
Street Address		City	State Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D 		
Name of Payee		Date of Payment	Method of Payment: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT
Street Address		City	State Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D 		
Name of Payee		Date of Payment	Method of Payment: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT
Street Address		City	State Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D 		
SUBTOTAL Section P — This Page			
TOTAL of additional Section P Pages			
TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 19, Column A of Summary Page Totals)</i>			

Section P. ADDITIONAL PAGE 1 of 22

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
JOHN GOMES FOR MAYOR			APRIL 10 FILLING	
P. Expenses Paid by Committee				
Name of Payee Monday.com		Date of Payment 01/04/23	Method of Payment: <input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address 1550 Market Street		City Denver	State CO	Zip Code 802202
Purpose of Expenditure (by code) WEB	Description PROJECT MANAGEMENT SOFTWARE	Event #	Amount \$288.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee EIG Constant Contact		Date of Payment 01/04/23	Method of Payment: <input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address 1601 Trapelo Road Suite 329		City Waltham	State MA	Zip Code 2451
Purpose of Expenditure (by code) WEB	Description MARKETING SOFTWARE	Event #	Amount \$191.40	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee Amazon		Date of Payment 01/11/23	Method of Payment: <input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address 411 Terry Ave N		City Seattle	State WA	Zip Code 98109
Purpose of Expenditure (by code) A-Sign	Description Print Logo on Cloth	Event #	Amount \$159.50	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee Lamar Media		Date of Payment 1/12/23	Method of Payment: <input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address 32 Midland Street		City Windsor	State CT	Zip Code 06095
Purpose of Expenditure (by code) A-Sign	Description Billboards	Event #	Amount \$1,052.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
SUBTOTAL Section P — This Page			\$1,690.9	

Section P. ADDITIONAL PAGE 2 of 22

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
JOHN GOMES FOR MAYOR			APRIL 10 FILLING	
P. Expenses Paid by Committee				
Name of Payee		Date of Payment	Method of Payment:	
Juan Marte		1/12/23	<input checked="" type="radio"/> Check # 2002 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City	State	Zip Code
10523 90TH St		Ozone Park	NY	11417
Purpose of Expenditure (by code)	Description	Event #	Amount	
OVHD	Initial deposit for lease		\$6,000.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)			
		<input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Payee		Date of Payment	Method of Payment:	
Staples		1/13/23	<input type="radio"/> Check # <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City	State	Zip Code
1201 Kings Highway		Fairfield	CT	06824
Purpose of Expenditure (by code)	Description	Event #	Amount	
OFFICE	Office Supplies		\$39.34	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)			
		<input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Payee		Date of Payment	Method of Payment:	
PRPRC		1/17/23	<input type="radio"/> Check # 2001 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City	State	Zip Code
P.O.BOX 447		Bridgeport	CT	06601
Purpose of Expenditure (by code)	Description	Event #	Amount	
ATT	Christmas Coquito Contest fee		\$300.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)			
		<input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Payee		Date of Payment	Method of Payment:	
POST OFFICE		1/18/23	<input type="radio"/> Check # <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City	State	Zip Code
115 BOSTON AVE		BRIDGEPORT	CT	6610
Purpose of Expenditure (by code)	Description	Event #	Amount	
POST	MAILING STAMPS		\$120.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)			
		<input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
SUBTOTAL Section P — This Page			\$6,459.34	

Section P. ADDITIONAL PAGE 3 of 22

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
JOHN GOMES FOR MAYOR			APRIL 10 FILING	
P. Expenses Paid by Committee				
Name of Payee		Date of Payment	Method of Payment:	
Creative Outdoor AD		1/20/23	<input type="radio"/> Check # <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City	State	Zip Code
8875 Hidden River Parkway suite 300		Tampa	FL	33637
Purpose of Expenditure (by code)	Description	Event #	Amount	
A-SIGN	Advertisement-BINS		\$372.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee		Date of Payment	Method of Payment:	
META Platforms		1/23/23	<input type="radio"/> Check # <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City	State	Zip Code
1601 Willow Rd		Menlo Park	CA	94025
Purpose of Expenditure (by code)	Description	Event #	Amount	
A-Web	Facebook AD		\$25.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee		Date of Payment	Method of Payment:	
DNA		1/24/23	<input checked="" type="radio"/> Check # 2003 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City	State	Zip Code
800 Village Walk #248		Guilford	CT	6437
Purpose of Expenditure (by code)	Description	Event #	Amount	
CNSLT	WEBISTE, VISIBILITY ETC 1st		\$8,231.37	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee		Date of Payment	Method of Payment:	
Staples		1/25/23	<input type="radio"/> Check # <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City	State	Zip Code
1201 Kings Highway		Fairfield	CT	06824
Purpose of Expenditure (by code)	Description	Event #	Amount	
OFFICE	OFFICE SUPPLIES		\$19.97	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
SUBTOTAL Section P — This Page			\$8,648.34	

Section P. ADDITIONAL PAGE 4 of 22

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
JOHN GOMES FOR MAYOR	APRIL 10 FILLING

P. Expenses Paid by Committee

Name of Payee Lamar Media		Date of Payment 1/26/23	Method of Payment: <input checked="" type="radio"/> Check # <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address 32 Midland Street	City Windsor	State CT	Zip Code 6095

Purpose of Expenditure (by code) A-SIGN	Description	Event #	Amount \$898.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)		
	<input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

Name of Payee Optimum		Date of Payment 1/27/23	Method of Payment: <input type="radio"/> Check # <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT
Street Address P.O Box 70340	City Philadelphia	State PA	Zip Code 19176

Purpose of Expenditure (by code) WEB	Description Office Internet	Event #	Amount \$50.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)		
	<input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

Name of Payee Jose Lopez		Date of Payment 1/30/23	Method of Payment: <input type="radio"/> Check # <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT
Street Address 30 E Roosevelt Rd	City Chicago	State IL	Zip Code 60605

Purpose of Expenditure (by code) CNSLT	Description CONSULTING	Event #	Amount \$1,300.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)		
	<input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

Name of Payee Uprinting		Date of Payment 1/30/23	Method of Payment: <input type="radio"/> Check # <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT
Street Address 8000 Haskell Ave	City Van Nuys	State CA	Zip Code 91406

Purpose of Expenditure (by code) A-SIGN	Description BACK DROP BANNER	Event #	Amount \$421.28
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)		
	<input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

SUBTOTAL Section P — This Page \$2,669.28

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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

P. Expenses Paid by Committee

Name of Payee BJ's		Date of Payment 1/30/23	Method of Payment: <input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address 40 Black Rock Turnpike		City Fairfield		State CT Zip Code 06825

Purpose of Expenditure (by code) OFFICE	Description Office Supplies	Event #	Amount \$174.50
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)		
	<input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

Name of Payee META PLATFORMS		Date of Payment 1/31/23	Method of Payment: <input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address 1601 Willow Rd		City Menlo Park		State CA Zip Code 94025

Purpose of Expenditure (by code) A-WEB	Description FACEBOOK AD	Event #	Amount \$50.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)		
	<input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

Name of Payee Habitad for Humanity		Date of Payment 1/31/23	Method of Payment: <input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address 1785 Stratford Ave		City Stratford		State CT Zip Code 06615

Purpose of Expenditure (by code) EFV	Description CHAIRS	Event #	Amount \$51.05
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)		
	<input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

Name of Payee Amazon		Date of Payment 1/31/23	Method of Payment: <input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address 411 Terry Ave N		City Seattle		State WA Zip Code 98109

Purpose of Expenditure (by code) EFV	Description Steel Chairs	Event #	Amount 339.84
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)		
	<input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

SUBTOTAL Section P — This Page 615.39

Section P. ADDITIONAL PAGE 6 of 22

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
JOHN GOMES FOR MAYOR				APRIL 10 FILLING	
P. Expenses Paid by Committee					
Name of Payee			Date of Payment	Method of Payment:	
GOOGLE GSUITE			2/1/23	<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City	State	Zip Code	
1600 Amphitheatre Pkwy		Mountain View	CA	94043	
Purpose of Expenditure (by code)	Description	Event #		Amount	
WEB	GOOGLE APPS SUITE			203.52	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)				
Name of Payee			Date of Payment	Method of Payment:	
Amazon			2/1/23	<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City	State	Zip Code	
411 Terry Ave N		Seattle	WA	98109	
Purpose of Expenditure (by code)	Description	Event #		Amount	
INAUG	Grand Opening Kit	02042023		\$85.06	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)				
Name of Payee			Date of Payment	Method of Payment:	
Joshua Miranda			2/1/23	<input type="radio"/> Check # 2004 <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City	State	Zip Code	
537 Wood Ave		Bridgeport	CT	6604	
Purpose of Expenditure (by code)	Description	Event #		Amount	
A	Photo / Video			\$500.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)				
Name of Payee			Date of Payment	Method of Payment:	
BJ's			2/2/23	<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City	State	Zip Code	
40 Black Rock Turnpike		Fairfield	CT	6825	
Purpose of Expenditure (by code)	Description	Event #		Amount	
OFFICE	Office Supplies			\$380.43	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)				
SUBTOTAL Section P — This Page				\$1,169.01	

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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	
P. Expenses Paid by Committee				
Name of Payee Juan Marte		Date of Payment 2/2/23	Method of Payment: <input checked="" type="radio"/> Check # 2006 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address 10523 90TH St		City Ozone Park	State NY	Zip Code 11417
Purpose of Expenditure (by code) OVHD	Description Office Lease Payment	Event #	Amount \$14,000.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee Dollar General		Date of Payment 2/3/23	Method of Payment: <input type="radio"/> Check # <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address 577 Fairfield ave		City BRIDGEPORT	State CT	Zip Code 06604
Purpose of Expenditure (by code) OFFICE	Description OFFICE SUPPLIES	Event #	Amount 45.68	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee Price Rite		Date of Payment 2/3/23	Method of Payment: <input type="radio"/> Check # <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address 164 Boston ave		City Bridgeport	State CT	Zip Code 6610
Purpose of Expenditure (by code) MISC	Description MISC	Event #	Amount \$6.38	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee META PLATFORMS		Date of Payment 2/6/23	Method of Payment: <input type="radio"/> Check # <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address 1601 Willow Rd		City Menlo Park	State CA	Zip Code 94025
Purpose of Expenditure (by code) A-WEB	Description FACEBOOK AD	Event #	Amount \$50.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
SUBTOTAL Section P — This Page			\$14,102.06	

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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	
P. Expenses Paid by Committee				
Name of Payee Amazon		Date of Payment 2/6/23	Method of Payment: <input type="radio"/> Check # <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address 411 Terry Ave N		City Seattle	State WA	Zip Code 98109
Purpose of Expenditure (by code) OFFICE	Description OFFICE SUPPLIES-MULTI FLAG	Event #	Amount \$4.77	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee Momentum.com		Date of Payment 2/6/23	Method of Payment: <input checked="" type="radio"/> Check # 2007 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address 22 Hopewell Woods Road		City Redding	State CT	Zip Code 6896
Purpose of Expenditure (by code) A-WEB	Description RESERVED BANNER	Event #	Amount \$4,000.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee Miguel Llanos		Date of Payment 2/6/23	Method of Payment: <input checked="" type="radio"/> Check # 2008 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address 58 Louisiana Ave		City Bridgeport	State CT	Zip Code 6610
Purpose of Expenditure (by code) A	Description Photo/ Video	Event #	Amount \$500.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee Ms Image Signs		Date of Payment 2/6/23	Method of Payment: <input checked="" type="radio"/> Check # 2009 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address 828 North Avenue		City Bridgeport	State CT	Zip Code 06604
Purpose of Expenditure (by code) A-SIGNS	Description Window Vinyl & banner	Event #	Amount \$1,150.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
SUBTOTAL Section P — This Page			5,654.77	

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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	
P. Expenses Paid by Committee				
Name of Payee		Date of Payment	Method of Payment:	
Zulmary Toledo		2/7/23	<input checked="" type="radio"/> Check # 2005 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City	State	Zip Code
22 Steuben St		Bridgeport	CT	6608
Purpose of Expenditure (by code)	Description	Event #	Amount	
INAUG	Decoration & cake HQ		\$150.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)			
	<input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee		Date of Payment	Method of Payment:	
Carlos Pens		2/7/23	<input checked="" type="radio"/> Check # 2012 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City	State	Zip Code
74 Commercial ST		Bridgeport	CT	6604
Purpose of Expenditure (by code)	Description	Event #	Amount	
OVHD	GARBAGE REMOVAL		\$350.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)			
	<input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee		Date of Payment	Method of Payment:	
DNA Campaigns		2/7/23	<input checked="" type="radio"/> Check # 2013 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City	State	Zip Code
800 Village Walk #248		Guilford	CT	6437
Purpose of Expenditure (by code)	Description	Event #	Amount	
CNSLT	VISIBILITY, LITERATURE ETC 2nd		\$7,355.04	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)			
	<input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee		Date of Payment	Method of Payment:	
Amazon			<input type="radio"/> Check # <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City	State	Zip Code
411 Terry Ave N		Seattle	WA	98109
Purpose of Expenditure (by code)	Description	Event #	Amount	
OFFICE	Table cover/ envelopes		\$59.22	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)			
	<input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
SUBTOTAL Section P — This Page			\$7,914.26	

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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	
P. Expenses Paid by Committee				
Name of Payee		Date of Payment	Method of Payment:	
Home Depot		2/8/23	<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City	State	Zip Code
656 Reservoir Ave		Bridgeport	CT	06606
Purpose of Expenditure (by code)	Description	Event #	Amount	
MISC	Padlock		\$43.93	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee		Date of Payment	Method of Payment:	
MetroPCS		2/8/23	<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City	State	Zip Code
2127 Boston Ave		Bridgeport	CT	6610
Purpose of Expenditure (by code)	Description	Event #	Amount	
EFV	Office cellphones		\$107.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee		Date of Payment	Method of Payment:	
Juan Marte		2/8/23	<input checked="" type="radio"/> Check # 2010 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City	State	Zip Code
10523 90TH St		Ozone Park	NY	11417
Purpose of Expenditure (by code)	Description	Event #	Amount	
OVHD	LEASE PAYMENT BALANCE		\$10,000.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee		Date of Payment	Method of Payment:	
Ms image signs		2/8/23	<input checked="" type="radio"/> Check # 2011 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City	State	Zip Code
828 North Avenue		Bridgeport	CT	06604
Purpose of Expenditure (by code)	Description	Event #	Amount	
A-SIGNS	Ad magnets 18.5" x 12"		\$300.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)			
SUBTOTAL Section P — This Page			\$10,450.93	

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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	
P. Expenses Paid by Committee					
Name of Payee			Date of Payment		Method of Payment:
Amazon			2/10/23		<input type="radio"/> Check # <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State Zip Code	
411 Terry Ave N		Seattle		WA 98109	
Purpose of Expenditure (by code)	Description		Event #		Amount
OFFICE	Office Supplies-envelope				\$212.24
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
META PLATFORMS			2/10/23		<input type="radio"/> Check # <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State Zip Code	
1601 Willow Rd		Menlo Park		CA 94025	
Purpose of Expenditure (by code)	Description		Event #		Amount
A-Web	Facebook AD				\$50.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
DropBox			2/23/23		<input type="radio"/> Check # <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State Zip Code	
333 Brannan St		San Francisco		CA 94107	
Purpose of Expenditure (by code)	Description		Event #		Amount
WEB	Cloud Drive Subscription				\$95.72
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Miguel Llanos			2/14/23		<input checked="" type="radio"/> Check # 2015 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State Zip Code	
58 Louisiana Ave		Bridgeport		CT 6610	
Purpose of Expenditure (by code)	Description		Event #		Amount
A	photo/video				\$100.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
SUBTOTAL Section P — This Page					\$457.96

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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	
P. Expenses Paid by Committee					
Name of Payee META PLATFORMS			Date of Payment 2/17/23	Method of Payment: <input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address 1601 Willow Rd		City Menlo Park		State CA	Zip Code 94025
Purpose of Expenditure (by code) A-Web	Description Facebook AD	Event #		Amount \$26.94	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee Ms images signs			Date of Payment 2/17/23	Method of Payment: <input checked="" type="radio"/> Check # 2016 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address 828 North Avenue		City Bridgeport		State CT	Zip Code 6604
Purpose of Expenditure (by code) A-Signs	Description Magnets full color 18x12	Event #		Amount \$300.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee Minuteman press			Date of Payment 2/21/23	Method of Payment: <input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address 42 Bridgeport Ave		City Shelton		State CT	Zip Code 06484
Purpose of Expenditure (by code) PRNT	Description Envelopes print	Event #		Amount \$308.93	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee META PLATFORMS			Date of Payment 2/21/23	Method of Payment: <input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address 1601 Willow Rd		City Menlo Park		State CA	Zip Code 94025
Purpose of Expenditure (by code) A-Web	Description Facebook AD	Event #		Amount \$7.11	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
SUBTOTAL Section P — This Page			\$642.98		

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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	
P. Expenses Paid by Committee				
Name of Payee		Date of Payment	Method of Payment:	
Food Bazaar		2/21/23	<input type="radio"/> Check # <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City	State	Zip Code
500 Sylvan Ave		Bridgeport	CT	06606
Purpose of Expenditure (by code)	Description	Event #	Amount	
Misc	Water/papertowel/scott tape etc		\$47.55	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)			
		<input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Payee		Date of Payment	Method of Payment:	
Universal Printing		2/21/23	<input type="radio"/> Check # <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City	State	Zip Code
75 Ardmore Street		Fairfield	CT	6824
Purpose of Expenditure (by code)	Description	Event #	Amount	
A Signs-	Out door magnets		\$734.03	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)			
		<input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Payee		Date of Payment	Method of Payment:	
BBI Technologies		2/22/23	<input type="radio"/> Check # <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City	State	Zip Code
PO Box 3680		Milford	CT	6460
Purpose of Expenditure (by code)	Description	Event #	Amount	
EFV	Copier lease		\$638.10	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)			
		<input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
Name of Payee		Date of Payment	Method of Payment:	
Universal Printing		2/22/23	<input type="radio"/> Check # <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City	State	Zip Code
75 Ardmore Street		Fairfield	CT	6824
Purpose of Expenditure (by code)	Description	Event #	Amount	
PRNT	Invite/fundraiser	030923A	\$422.21	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)			
		<input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		
SUBTOTAL Section P — This Page			\$1,841.89	

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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	
P. Expenses Paid by Committee				
Name of Payee		Date of Payment	Method of Payment:	
USPS		2/22/23	<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City	State	Zip Code
115 Boston Ave		Bridgeport	CT	06610
Purpose of Expenditure (by code)	Description	Event #	Amount	
POST	MAIL STAMP	03092023	\$126.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)			
	<input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee		Date of Payment	Method of Payment:	
Optimum		2/24/23	<input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City	State	Zip Code
P.O Box 70340		Philadelphia	PA	19176
Purpose of Expenditure (by code)	Description	Event #	Amount	
WEB	Office Internet		\$12.90	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)			
	<input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee		Date of Payment	Method of Payment:	
DNA Campaigning		2/24/23	<input checked="" type="radio"/> Check # 2018 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City	State	Zip Code
800 Village Walk #248		Guilford	CT	6437
Purpose of Expenditure (by code)	Description	Event #	Amount	
CNSLT	CONSULTING, SIGNAGE 3ND		\$7,402.89	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)			
	<input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee		Date of Payment	Method of Payment:	
Universal Printing		2/28/23	<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City	State	Zip Code
75 Ardmore Street		Fairfield	CT	6824
Purpose of Expenditure (by code)	Description	Event #	Amount	
PRNT	Mailing/Envelopes print	030923A	\$875.7	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)			
	<input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
SUBTOTAL Section P — This Page			\$8,417.49	

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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	
P. Expenses Paid by Committee					
Name of Payee Creative Outdoors Ad			Date of Payment 3/3/23		Method of Payment: <input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT
Street Address 8875 Hidden River Parkway suite 300		City Tampa		State FL	Zip Code 33637
Purpose of Expenditure (by code) A-Signs	Description Metro Bins	Event #		Amount \$696.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee FAIRFIELD COUNTY BANK			Date of Payment 3/3/23		Method of Payment: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT
Street Address PO BOX 2050		City RIDGEFIELD		State CT	Zip Code 6877
Purpose of Expenditure (by code) BNK	Description Returned deposit item charge	Event #		Amount \$25.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee META PLATFORMS			Date of Payment 3/3/23		Method of Payment: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address 1601 Willow Rd		City Menlo Park		State CA	Zip Code 94025
Purpose of Expenditure (by code) A-Web	Description Facebook AD	Event #		Amount \$75.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee MetroPCS			Date of Payment 3/6/23		Method of Payment: <input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT
Street Address 2127 Boston Ave		City Bridgeport		State CT	Zip Code 06610
Purpose of Expenditure (by code) EFV	Description Office cellphones	Event #		Amount \$107.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
SUBTOTAL Section P — This Page				\$903	

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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	
P. Expenses Paid by Committee				
Name of Payee		Date of Payment	Method of Payment:	
Canva		3/6/23	<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City	State	Zip Code
75 East Santa Clara		San Jose	CA	95113
Purpose of Expenditure (by code)	Description	Event #	Amount	
WEB	Brand software		\$119.99	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)			
	<input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee		Date of Payment	Method of Payment:	
Staples		3/7/23	<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City	State	Zip Code
1201 Kings Hwy		Fairfield	CT	6824
Purpose of Expenditure (by code)	Description	Event #	Amount	
OFFICE	Copy machine paper/hole puncher		\$48.91	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)			
	<input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee		Date of Payment	Method of Payment:	
BCYL		3/7/23	<input checked="" type="radio"/> Check # 2017 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City	State	Zip Code
			CT	
Purpose of Expenditure (by code)	Description	Event #	Amount	
A-OTH	Gala Ad Book		\$300.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)			
	<input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee		Date of Payment	Method of Payment:	
DSCC		3/7/23	<input checked="" type="radio"/> Check # 2020 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City	State	Zip Code
750 Main St suite 1108-3		Hartford	CT	6103
Purpose of Expenditure (by code)	Description	Event #	Amount	
WEB	CTVan		\$800.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)			
	<input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
SUBTOTAL Section P — This Page			\$1,268.9	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
JOHN GOMES FOR MAYOR			APRIL 10 FILLING	
P. Expenses Paid by Committee				
Name of Payee		Date of Payment	Method of Payment:	
Miguel Llanos		3/7/23	<input checked="" type="radio"/> Check # 2021 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City	State	Zip Code
58 Louisiana Ave		Bridgeport	CT	6610
Purpose of Expenditure (by code)	Description	Event #	Amount	
A	Photo/video		\$200.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)			
	<input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee		Date of Payment	Method of Payment:	
Lamar Media		3/9/23	<input type="radio"/> Check # <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City	State	Zip Code
32 Midland Street		Windsor	CT	6095
Purpose of Expenditure (by code)	Description	Event #	Amount	
A-SIGN	BILLBOARD		\$1,000.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)			
	<input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee		Date of Payment	Method of Payment:	
DropBox		3/13/23	<input type="radio"/> Check # <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City	State	Zip Code
333 Brannan St		San Francisco	CA	94107
Purpose of Expenditure (by code)	Description	Event #	Amount	
WEB	Cloud Drive Subscription		\$95.72	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)			
	<input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee		Date of Payment	Method of Payment:	
Lopez Jose		3/13/23	<input type="radio"/> Check # <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT	
Street Address		City	State	Zip Code
30 E Roosevelt Rd		Chicago	IL	60605
Purpose of Expenditure (by code)	Description	Event #	Amount	
CNSLT	CONSULTING		\$600.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)			
	<input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
SUBTOTAL Section P — This Page			\$1,895.72	

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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	
P. Expenses Paid by Committee					
Name of Payee			Date of Payment		Method of Payment:
CVS pharmacy			3/13/23		<input type="radio"/> Check # <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
1875 Boston Ave		Bridgeport		CT	06610
Purpose of Expenditure (by code)	Description	Event #		Amount	
OFFICE	MEDICAL SUPPLIES			\$37.51	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Doing it local			3/13/23		<input checked="" type="radio"/> Check # 2024 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
229 Jennigns Rd		Fairfield		CT	6825
Purpose of Expenditure (by code)	Description	Event #		Amount	
A-Web	Banner Advertisement			\$500.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Melchor Tellez			3/13/23		<input checked="" type="radio"/> Check # 2025 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
140 Fulton st		New Haven		CT	6513
Purpose of Expenditure (by code)	Description	Event #		Amount	
FNDR	VIRTUAL AND SOUND SCREEN 3/9	030923A		\$1,500.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
CITY OF BRIDGEPORT			3/14/23		<input checked="" type="radio"/> Check # <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
45 Lyon Terrace		Bridgeport		CT	6604
Purpose of Expenditure (by code)	Description	Event #		Amount	
FNDR	BPT P.D Overtime	030923A		\$774.16	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
SUBTOTAL Section P — This Page				\$2,811.67	

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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	
P. Expenses Paid by Committee					
Name of Payee Creative Outdoors AD			Date of Payment 3/16/23		Method of Payment: <input type="radio"/> Check # <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT
Street Address 8875 Hidden River Parkway suite 300		City Tampa		State FL	Zip Code 33637
Purpose of Expenditure (by code) A-SIGN	Description METRO BINS		Event #		Amount \$186.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D 				
Name of Payee META PLATFORMS			Date of Payment 3/17/23		Method of Payment: <input type="radio"/> Check # <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT
Street Address 1601 Willow Rd		City Menlo Park		State CA	Zip Code 94025
Purpose of Expenditure (by code) A-WEB	Description Facebook AD		Event #		Amount \$25.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D 				
Name of Payee Eduardo Natal Feliz			Date of Payment 3/17/23		Method of Payment: <input checked="" type="radio"/> Check # 2019 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address 20 Albany st apt 3		City LYNN		State Ma	Zip Code 01902
Purpose of Expenditure (by code) INAUG	Description Food provided for HQ 2/4		Event # 020423A		Amount \$200.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D 				
Name of Payee FAIRFIELD COUNTY			Date of Payment 3/23/23		Method of Payment: <input type="radio"/> Check # <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT
Street Address PO BOX 2050		City RIDGEFIELD		State CT	Zip Code 6877
Purpose of Expenditure (by code) BNK	Description BANK FEE RETURNED		Event #		Amount \$25.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D 				
SUBTOTAL Section P — This Page				\$436	

Section P. ADDITIONAL PAGE 20 of 22

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
JOHN GOMES FOR MAYOR	APRIL 10 FILLING

P. Expenses Paid by Committee

Name of Payee	Date of Payment	Method of Payment:
BBI Technologies	3/24/23	<input type="radio"/> Check # <input type="radio"/> Debit Card <input type="radio"/> EFT

Street Address	City	State	Zip Code
PO Box 3680	Milford	CT	6460

Purpose of Expenditure (by code)	Description	Event #	Amount
AFT	COPIER FEES		\$12.83

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D

Name of Payee	Date of Payment	Method of Payment:
Lamar Media	3/24/23	<input type="radio"/> Check # <input type="radio"/> Debit Card <input type="radio"/> EFT

Street Address	City	State	Zip Code
32 Midland Street	Windsor	CT	06460

Purpose of Expenditure (by code)	Description	Event #	Amount
PRNT	ADVERTISING-BILLBOARD		\$1,538.75

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D

Name of Payee	Date of Payment	Method of Payment:
Universal Printing	3/24/23	<input type="radio"/> Check # <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT

Street Address	City	State	Zip Code
75 Ardmore Street	Fairfield	CT	6824

Purpose of Expenditure (by code)	Description	Event #	Amount
PRNT	FUNDRAISER AD BOOK	030923A	\$3,127.68

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D

Name of Payee	Date of Payment	Method of Payment:
Optimum	3/24/23	<input type="radio"/> Check # <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT

Street Address	City	State	Zip Code
P.O Box 70340	Philadelphia	PA	19176

Purpose of Expenditure (by code)	Description	Event #	Amount
WEB	OFFICE INTERNET		\$50.00

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D

SUBTOTAL Section P — This Page \$4,729.26

Section P. ADDITIONAL PAGE 21 of 22

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
JOHN GOMES FOR MAYOR			APRIL 10 FILLING	
P. Expenses Paid by Committee				
Name of Payee		Date of Payment	Method of Payment:	
Meta Platforms		3/27/23	<input type="radio"/> Check # <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City	State	Zip Code
1601 Willow Rd		Menlo Park	CA	94025
Purpose of Expenditure (by code)	Description	Event #	Amount	
A-WEB	FACEBOOK AD		\$75.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee		Date of Payment	Method of Payment:	
FAIRFIELD COUNTY		3/29/23	<input type="radio"/> Check # <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT	
Street Address		City	State	Zip Code
PO BOX 2050		RIDGEFIELD	CT	06877
Purpose of Expenditure (by code)	Description	Event #	Amount	
BNK	BANK FEE RETURNED CHECK		\$25.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee		Date of Payment	Method of Payment:	
ANEDOT		03/31/2023	<input type="radio"/> Check # <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT	
Street Address		City	State	Zip Code
1340 POYDRAS STREET SUITE 1770		NEW ORLEANS	LA	70112
Purpose of Expenditure (by code)	Description	Event #	Amount	
CCP	CREDIT CARD FEE CHARGE		\$1,462.40	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)			
Name of Payee		Date of Payment	Method of Payment:	
Glauber Silva		03/25/2023	<input checked="" type="radio"/> Check # 2028 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City	State	Zip Code
640 Ezra St		Bridgeport		06606
Purpose of Expenditure (by code)	Description	Event #	Amount	
REF	Returned Contribution		\$1000	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)			
SUBTOTAL Section P — This Page			\$2,562.4	

Section P. ADDITIONAL PAGE 21 of 22

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

P. Expenses Paid by Committee

Name of Payee		Date of Payment	Method of Payment:	
Braza Restaurant		3/09/23	<input checked="" type="radio"/> Check # 2029	
Street Address		City	State	Zip Code
1439 Madison Ave		Bridgeport	CT	06606

Purpose of Expenditure (by code)	Description	Event #	Amount
FNDR	FUNDRAISER NIGHT FOOD/HALL	030923A	\$300
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D 		

Name of Payee		Date of Payment	Method of Payment:	
			<input type="radio"/> Check # _____	
Street Address		City	State	Zip Code

Purpose of Expenditure (by code)	Description	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D 		

Name of Payee		Date of Payment	Method of Payment:	
			<input type="radio"/> Check # _____	
Street Address		City	State	Zip Code

Purpose of Expenditure (by code)	Description	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D 		

Name of Payee		Date of Payment	Method of Payment:	
			<input checked="" type="radio"/> Check # _____	
Street Address		City	State	Zip Code

Purpose of Expenditure (by code)	Description	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D 		

SUBTOTAL Section P — This Page \$300

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
JOHN GOMES FOR MAYOR			APRIL10 FILING	
Q. Campaign Expenses Paid by Candidate				
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?	
USPS		02/16/23	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Street Address		City	State	Zip Code
934 E MAIN ST		BRIDGEPORT	CT	06608
Purpose of Expenditure (by code)	Description	Event #	Amount	
MISC	POST OFFICE PO BOX		\$43	
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?	
			<input type="radio"/> Yes <input type="radio"/> No	
Street Address		City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount	
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?	
			<input type="radio"/> Yes <input type="radio"/> No	
Street Address		City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount	
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?	
			<input type="radio"/> Yes <input type="radio"/> No	
Street Address		City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount	
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?	
			<input type="radio"/> Yes <input type="radio"/> No	
Street Address		City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount	
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?	
			<input type="radio"/> Yes <input type="radio"/> No	
Street Address		City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount	
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?	
			<input type="radio"/> Yes <input type="radio"/> No	
Street Address		City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount	
SUBTOTAL Section Q — This Page			\$40	
TOTAL of additional Section Q Pages				
TOTAL OF ALL EXPENSES PAID BY CANDIDATE (Enter total on Line 26, Column A of Summary Page Totals)			\$40	

IV. EXPENDITURES (Sections P—T)

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

R. Expenses Incurred on Committee Credit Card

Name of Issuing Institution	Type of Credit Card: <input checked="" type="radio"/> Visa <input type="radio"/> Master Card <input type="radio"/> Discover <input type="radio"/> American Express <input type="radio"/> Other:
-----------------------------	--

Name of Vendor, Person or Entity		Date of Transaction	
Street Address	City	State	Zip Code

Purpose of Expenditure (by code)	Description	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum R Required unless "None of the below" is checked)</i> <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

Name of Vendor, Person or Entity		Date of Transaction	
Street Address	City	State	Zip Code

Purpose of Expenditure (by code)	Description	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum R Required unless "None of the below" is checked)</i> <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

Name of Vendor, Person or Entity		Date of Transaction	
Street Address	City	State	Zip Code

Purpose of Expenditure (by code)	Description	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum R Required unless "None of the below" is checked)</i> <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

SUBTOTAL Section R — This Page		
TOTAL of additional Section R Pages		
TOTAL OF ALL EXPENSES INCURRED ON COMMITTEE CREDIT CARD <i>(Enter total on Line 27, Column A of Summary Page Totals)</i>		

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
JOHN GOMES FOR MAYOR				APRIL 10 FILING	
S. Expenses Incurred by Committee but Not Paid During this Period					
Name of Creditor				Date Incurred	
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		Amount Incurred (Estimate or Actual)	
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum S Required unless "None of the below" is checked)</i> <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Creditor				Date Incurred	
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		Amount Incurred (Estimate or Actual)	
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum S Required unless "None of the below" is checked)</i> <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Creditor				Date Incurred	
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		Amount Incurred (Estimate or Actual)	
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum S Required unless "None of the below" is checked)</i> <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Creditor				Date Incurred	
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		Amount Incurred (Estimate or Actual)	
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum S Required unless "None of the below" is checked)</i> <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
SUBTOTAL Section S-This Page				\$	
TOTAL of additional Section S Pages					
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID <i>(Enter total on Line 28, Column A of Summary Page Totals)</i>					
Previously reported Expenses Unpaid and still Outstanding					
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID <i>(Enter total on Line 28a, Column A of Summary Page Totals)</i>					

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
JOHN GOMES FOR MAYOR	APRIL 10 FILING

T. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor, Person or Entity
--------------------------------	-------	----	---

Name of Vendor, Person or Entity Paid by Committee Worker/Consultant	Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="radio"/> Check # <input type="radio"/> Debit Card <input type="radio"/> EFT
--	--

Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant	City	State	Zip Code
--	------	-------	----------

Purpose of Expenditure (by code)	Description	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor, Person or Entity
--------------------------------	-------	----	---

Name of Vendor, Person or Entity Paid by Committee Worker/Consultant	Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="radio"/> Check # <input type="radio"/> Debit Card <input type="radio"/> EFT
--	--

Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant	City	State	Zip Code
--	------	-------	----------

Purpose of Expenditure (by code)	Description	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor, Person or Entity
--------------------------------	-------	----	---

Name of Vendor, Person or Entity Paid by Committee Worker/Consultant	Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="radio"/> Check # <input type="radio"/> Debit Card <input type="radio"/> EFT
--	--

Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant	City	State	Zip Code
--	------	-------	----------

Purpose of Expenditure (by code)	Description	Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

SUBTOTAL Section T — This Page

TOTAL of additional Section T Pages

TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS