SEEC FORM 20

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Revised January 2015 BRIDGEPORT, CONN. LAND RECORDS REC'D FOR RECORD FILING Page 1 of 17

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1. NAME OF COMMITTEE					CHARLES D. CLE	MONS.	JR.	BARRAN.	
JOHN GOMES FOR MAYOR					TOWN CLE	RM			
2. TREASURER NAME	VIII XIII SIII S		- W	My.		35	1201		A STATE OF THE STA
First		MI	- 1	Last					Suffix
MARIA				FIGU	JEROA				
3. TREASURER ADDRESS									
Street Address			City				State	Zip	Code
281 RIDGEFIELD AVE			BRI	DGE	PORT		СТ	06	610
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUC	GHT (Complete	e only if	Candid	ate Committee)	7		6. DIST	FRICT NUMBER
(mm/dd/yyyy) 11/07/2023	MAYOR							(If applical	le)
7. CANDIDATE NAME (Complete only i	f Candidate or Explorato	ry Committee)		165		157/17	- 1 F Tree	100012 8.4	
First		MI	1	Last					Suffix
JOHN			- 1	GON	1ES				
8. TYPE OF REPORT (Check One Box)			-Q'11	. Wei				Billy S. B.	SAN ENGLIS
O January 10 filing	7th day preced	ding primary	/	O 7t	h day preceding referendum		nitial Cor		or Disbursement
• April 10 filing	O30 days follow	ving primary	7	O45	days following referendum	_ `	\mendme		
July 10 filing	O7th day preced	O7th day preceding election ODeficit		eficit	Type of Report:				
October 10 filing	Ol 2th day prece			OTe	ermination	_			
O24 Hour Independent Expenditure Primary Election	O45 days follow not held in No		ì						
9. PERIOD COVERED		Switz St	1000 7	vin B			i Nev	S SAME	
	Beginning Dat	e			Ending Date				
	01/01/2023		1	thru	03/31/2023				
•	 		-						
0. CERTIFICATION			0)	in).		7 10	Terx Dis	Table)	
					N.				
I hereby certify and state, under p Disclosure Statement for the per						is Item	iized Ca	mpaign F	inance
TREASURER OR DEPUTY TREASURE	ER (SIGNATURE)	P	<u>Ya</u>	Y LQ NAME	FIGUENCE OF SIGNER			DATE (0/23 mm/dd/yyyy)

A person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.

SEEC FORM 20

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

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) JOHN GOMES FOR MAYOR	TYPE OF REPORT APRIL 10 FILING	
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		\$0.00
12. Balance on hand at the beginning of Reporting Period	\$97,796.45	
13. Contributions Received from Individuals (Sections A and B)	\$64,775	165,079.11
14. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00
15. Other Monetary Receipts (Sections D through K)	\$0.00	\$0.00
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	\$0.00	\$0.00
16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	\$35,700	\$35,700
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	\$100,475	\$200,779.11
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	\$198,271.45	\$200,779.11
19. Expenses Paid by Committee (Section P)	\$85,641.55	\$88,149.21
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	\$112,629.9	\$112,629.9
21. In-Kind Donations not Considered Contributions Received (Section L4)	\$650	\$650
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	\$0.00	\$0.00
23. In-Kind Contributions Received (Section M)	\$0.00	\$0.00
24. Refundable Deposit to Telephone Company (Section N)	\$0.00	\$0.00
25. Loan Balance	\$0.00	
25a. + Loans Received (Section D)	\$0.00	\$0.00
25b. + Interest and Penalties on Loan	\$0.00	\$0.00
25c Payments on Loan	\$0.00	\$0.00
25d. Total Outstanding Loan Amount	\$0.00	
26. Campaign Expenses Paid by Candidate (Section Q)	\$43.00	\$83.00
27. Expenses Incurred on Committee Credit Card (Section R)	\$0.00	\$0.00
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	\$0.00	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	\$0.00	

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Section B ADDITIONAL PAGE 1 of 82

NAME OF COMMITTEE (Provide Complete Name as Registered	with Filing Repository)	TYPE OF REPORT	
JOHN GOMES FOR MAYOR		APRIL 10 FILLIN	NG .
A. Total Contributions from Small Cont (See instructions for definition of Small Contributor)	ributors-Received this Period ONI SUBTOTAL SECTION		
	B. Itemized Contributions from In	dividuals	
Last Name	First		MI
PEREIRA Residential Street Address	ILIDIO		
62 WOODBURY DR	PALM COAST		State Zip Code FL 321164
Principal Occupation	Name of Employer		
RETIRED	RETIRED		
or dependent child of a lobbyist? ONO does contribu	in is in excess of \$400 to a candidate for a chief exector or business he/she is associated with have a corre than \$5,000?		y, Amount of Contribut \$500.00
event reported in Section L1?	butor a principal of a state contractor or prospectives, indicate which branch or branches overnment the contract is with:	e state contractor? Yes No ntive OLegislative	
Method of Contribution: Cash Personal Check Ocredit/Debit Card Payroll	Deduction OMoney Order Date Received 1/2/23	Aggregate Contributions	
ast Name Neves	First LAUREN		Mi
tesidential Street Address 22 COBBLE STONE DR	City SHELTON		State Zip Code CT 06484
rincipal Occupation FINANCE	Name of Employer POINT 72		
r dependent child of a lobbyist? Yes No Yes If contribution does contribute valued at more	is in excess of \$400 to a candidate for a chief exector or business he/she is associated with have a content than \$5,000?	tract with said municipality	Amount of Contribution \$1000.00
vent reported in Section L1?	butor a principal of a state contractor or prospective, indicate which branch or branches overnment the contract is with:	e state contractor? Yes No tive O Legislative	7 1000.00
Acthod of Contribution: Cash Personal Check Credit/Debit Card Payroll E	Date Received	Aggregate Contributions	
AGE	First PAULO		MI G
64 ALPINE ST	City BRIDGEPORT	_	State Zip Code CT 06610
MANAGER	Name of Employer SEAVIEW EQU	JIPMENT	
contributor a lobbyist, spouse, dependent child of a lobbyist? Yes No Valued at more	is in excess of \$400 to a candidate for a chief exector or business he/she is associated with have a control than \$5,000?	ract with said municipality	Amount of Contribution \$500.00
ent reported in Section L1? No If yes,	utor a principal of a state contractor or prospective indicate which branch or branches vernment the contract is with:	_ ONo]
ethod of Contribution: Cash Personal Check Credit/Debit Card Payroll D	eduction OMoney Order 2/4/23	Aggregate Contributions \$750	
	SUBTOTAL Section B — Ti	1 \$2,000.00	
	TOTAL of additional Section I	B Pages	
TOTAL OF ALL CONTRIE	BUTIONS FROM INDIVIDUALS (Section	s A + B) \$64,775	

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Section B ADDITIONAL PAGE 2 of 82

NAME OF COMMUTATIVE AS A SECOND		Terms on persons				
NAME OF COMMITTEE (Provide Complete Name as Registered with JOHN GOMES FOR MAYOR	n ruing Kepository)	TYPE OF REPORT				
		APRIL 10 FILLIN	<u> </u>			
A. Total Contributions from Small Contrib (See instructions for definition of Small Contributor)	butors-Received this Period ONLY SUBTOTAL SECTION A					
В,	Itemized Contributions from Indi	viduals				
Last Name	First		MI			
ARANA Residential Street Address	JOSE		R			
135 WHITEWOOD DRIVE	City FAIRFIELD		State Zip Code CT 06825			
Principal Occupation	Name of Employer		3. 00020			
RETIRED	RETIRED					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes lf contribution is does contributor or valued at more the	in excess of \$400 to a candidate for a chief executor business he/she is associated with have a contration at \$5,000?	act with said municipality	\$500.00			
event reported in Section L1? No If yes, in	or a principal of a state contractor or prospective s indicate which branch or branches frimment the contract is with:	tate contractor? Yes Ye OLegislative				
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Ded	duction OMoney Order Date Received 1/21/23	Aggregate Contributions				
ast Name FERREIRA	First MANUEL		MI D			
esidential Street Address 101 VICTORY ST	City BRIDGEPORT		State Zip Code CT 06606			
rincipal Occupation	Name of Employer					
OWNER	SAS DRYWALL					
	in excess of \$400 to a candidate for a chief execution business he/she is associated with have a contract an \$5,000? Yes No	ct with said municipality	Amount of Contribution \$500.00			
vent reported in Section L1? ONO If yes, inc	or a principal of a state contractor or prospective stadicate which branch or branches mment the contract is with: Executive	tate contractor? Yes No Legislative				
Method of Contribution:	Date Received	Aggregate Contributions	1			
Cash OPersonal Check Ocredit/Debit Card OPayroll Dedu						
(EOGH	PETER		MI			
esidential Street Address 55 VINCELLETTE ST	BRIDGEPORT		State Zip Code CT 06606			
incipal Occupation RETIRED	Name of Employer RETIRED					
	n excess of \$400 to a candidate for a chief executive business he/she is associated with have a contract n \$5,000? Yes No		Amount of Contribution			
ent reported in Section L1?	a principal of a state contractor or prospective staticate which branch or branches nment the contract is with: Executive	te contractor? Yes Legislative	V 1000.00			
ethod of Contribution: Cash	Date Received 2/1/23	Aggregate Contributions				
	SUBTOTAL Section B — This	Page \$2000.00				
	TOTAL of additional Section B l	Pages				
TOTAL OF ALL CONTRIBUT	TIONS FROM INDIVIDUALS (Sections A	A + B) \$64,775				

Section B ADDITIONAL PAGE 3 of 82

NAME OF COMMITTEE (Provide Complete Name as Registered	Luith Filing Denoitem	TYPE OF REPORT	
JOHN GOMES FOR MAYOR	wun rumg kepository)	TYPE OF REPORT	G.
	Library D. C. 141: D. C. LONGS	APRIL 10 FILLING	G ————
A. Total Contributions from Small Cont (See instructions for definition of Small Contributor)	SUBTOTAL SECTION A		
	D. Harris J. Canada and Canada an		
Last Name	B. Itemized Contributions from Ind	ividuais	MI
PIRES	MARIA	28	D
Residential Street Address 65 LOURMEL ST	City BRIDGEPORT		State Zip Code CT 06606
Principal Occupation RETIRED	Name of Employer RETIRED		
or dependent child of a lobbyist? No does contribu	n is in excess of \$400 to a candidate for a chief executor or business he/she is associated with have a contrare than \$5,000?	act with said municipality	Amount of Contribu
Is this contribution associated with an event reported in Section L1? Yes Is contribution in Section L1? Yes No If ye	butor a principal of a state contractor or prospective s s, indicate which branch or branches		\$250
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll	Deduction Money Order 3/9/23	Aggregate Contributions \$1000	
ast Name POTUS	First SONEL	- , , ,	MI
esidential Street Address 420 CENTER ST	City BRIDGEPORT	ľ	State Zip Code CT 06604
rincipal Occupation WORKER	Name of Employer BIO CLEAN CO	**********	
contributor a lobbyist, spouse, r dependent child of a lobbyist? Yes If contribution does contribute valued at more	is in excess of \$400 to a candidate for a chief execution or or business he/she is associated with have a contract than \$5,000?	ct with said municipality	Amount of Contributi
vent reported in Section L1? No If yes	butor a principal of a state contractor or prospective st s, indicate which branch or branches overnment the contract is with:	ate contractor? Yes No Legislative	φ230.00
fethod of Contribution: Cash Personal Check Credit/Debit Card Payroll Debit Card Payroll Debit Card Payroll Debit Card	Deduction Money Order 2/8/23	Aggregate Contributions	
SOMES	First MARIA		М
esidential Street Address O WOODBRIDGE AVE	City ANSONIA		Zip Code CT 06401
incipal Occupation BURN TECHNICIAN	Name of Employer BRIDGEPORT F	HOSPITAL	
contributor a lobbyist, spouse, dependent child of a lobbyist? Yes does contributor a does contributor valued at more	is in excess of \$400 to a candidate for a chief executive or or business he/she is associated with have a contract than \$5,000?	ve officer of a municipality, t with said municipality	Amount of Contribution \$250.00
this contribution associated with an ent reported in Section L1? Yes, list Event # Yes No Is contribution fyves, of gov	ntor a principal of a state contractor or prospective sta indicate which branch or branches vernment the contract is with: © Executive	_ O No	Ψ230.00
ethod of Contribution: Cash Personal Check Credit/Debit Card Payroll Debit Card Payroll	eduction OMoney Order 3/2/23	Aggregate Contributions	
Promise Plant English Reserve	SUBTOTAL Section B — This	Page \$750	
	TOTAL of additional Section B l	Pages	
TOTAL OF ALL CONTRIB	BUTIONS FROM INDIVIDUALS (Sections A Inter total on Line 13, Column A of Summary Page	A + B) Totals) \$64,775	

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Reposit	tani)	TYPE OF REPORT			
JOHN GOMES FOR MAYOR	ivi j	APRIL 10 FILLING			
A. Total Contributions from Small Contributors-Re					
(See instructions for definition of Small Contributor)	SUBTOTAL SECTION A	\$			
B. Itemized	Contributions from Indivi	duals			
GARCIA	MIGUEL		МІ		
Residential Street Address 87B KAREN ST	City		State Zip Code		
rincipal Occupation	Name of Employer		CT 06606		
RETIRED	RETIRED				
s contributor a lobbyist, spouse, r dependent child of a lobbyist? Yes If contribution is in excess of statement of the does contributor or business he valued at more than \$5,000?	6400 to a candidate for a chief executive/she is associated with have a contract	e officer of a municipality with said municipality	Amount of Contrib		
s this contribution associated with an event reported in Section L1? Yes Is contributor a principal of yes, indicate which of government the co	of a state contractor or prospective state branch or branches	CLegislative SYes	\$230.00		
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Method of Contribution:	Oney Order Date Received 3/9/23	Aggregate Contributions			
ast Name CARRILLO	First HARRY		МІ		
rsidential Street Address					
3 BOSTON TERR UNIT 11	City BRIDGEPORT		State Zip Code CT 06610		
ncipal Occupation	Name of Employer		00010		
CLINICIAN	MCCA				
contributor a lobbyist, spouse, dependent child of a lobbyist? Yes of \$4 does contribution is in excess of \$4 does contributor or business he/valued at more than \$5,000?	400 to a candidate for a chief executive she is associated with have a contract v	officer of a municipality, with said municipality	Amount of Contribu		
this contribution associated with an ent reported in Section L1? Yes No Is contributor a principal of If yes, indicate which of government the core		_ Ö N₀	\$100.00		
ethod of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Mod	Date Received	Aggregate Contributions			
t Name	First	*	MI		
ODRIGUES	ANTONIO				
idential Street Address 348 WOOD AVE	City BRIDGEPORT		State Zip Code		
cipal Occupation	Name of Employer		<u> </u>		
ENCE INSTALLER	FENCING				
ontributor a lobbyist, spouse, ependent child of a lobbyist? Yes of \$40 does contribution is in excess of \$40 does contributor or business he/s valued at more than \$5,000?	00 to a candidate for a chief executive of the is associated with have a contract w	officer of a municipality, ith said municipality	Amount of Contribut		
	a state contractor or prospective state or	contractor? Yes No	φ250.00		
hod of Contribution: Cash Personal Check Ocredit/Debit Card Payroll Deduction OMon	Date Received A	ggregate Contributions			
SUI	BTOTAL Section B — This P	age \$600.00			
TOTA	L of additional Section B Pag	ges			
TOTAL OF ALL CONTRIBUTIONS FRO	M INDIVIDUALS (Sections A + e 13, Column A of Summary Page Tol	B) \$64,775			

Section R ADDITIONAL PACE 5 of 82

		TAGE	<u> </u>			
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
JOHN GOMES FOR MAYOR			APRIL 10 FILLI	NG		
A. Total Contributions from Small Contributors (See instructions for definition of Small Contributor)		this Period ONLY BTOTAL SECTION A	\$			
				_		
B. Itemiz	zed Contr	ibutions from Indi	viduals	107	g jir	RELI
Last Name PARSON		First		_		MI
Residential Street Address	City	EVE		State.	Tail	
506 DEWEY ST	"	RIDGEPORT		State	1 1	Code 8605
Principal Occupation		Name of Employer				
RETIRED		RETIRED				
s contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess does contributor or busine: valued at more than \$5,000	ess he/she is as	candidate for a chief execut: sociated with have a contra Oyes ONo	t with said municipality		10unt 0	f Contribu
Is this contribution associated with an event reported in Section L1? If yes, list Event # 030923A Yes Is contributor a prince If yes, indicate with an of government the section L1?	vhich branch o	_	ate contractor? Yes		0.00	
Method of Contribution: Cash	Money Orde	Date Received er 3/9/23	Aggregate Contributions	7		
ast Name SHERMAN		First DONALD	•			мı J
esidential Street Address O LAUREL BROOK LN	City FA	IRFIELD		State CT	Zip C	ode B90
incipal Occupation REAL ESTATE	· <u>=</u> ··	Name of Employer INVEST II			<u> </u>	
contributor a lobbyist, spouse, dependent child of a lobbyist? Yes If contribution is in excess of does contributor or business valued at more than \$5,000.	s he/she is asso	andidate for a chief executive ociated with have a contract Yes No	e officer of a municipality with said municipality		ount of	Contributi
this contribution associated with an ent reported in Section L1? Yes No If yes, indicate who of government the	hich branch o		te contractor? O Legislative		300.0	<i>3</i>
ethod of Contribution: Cash Personal Check Credit/Debit Card Payrolf Deduction C	Money Order	Date Received	Aggregate Contributions			
st Name A SILVA		irst TAYLOR		· ·		MI
odential Street Address 2 OLD FARM RD	City TRU	JMBULL		State	Zip Co	
point of the properties of the		Name of Employer NORWALK PUBL	IC SCHOOL		•	
ontributor a lobbyist, spouse, lependent child of a lobbyist? Yes of the contribution is in excess of does contributor or business valued at more than \$5,000?	he/she is asso	ndidate for a chief executive ciated with have a contract Yes No	officer of a municipality with said municipality	. Amoi		Contributio
the reported in Section L1? Who is the reported in Section L1?	ich branch or l		contractor? Yes No		0.00	
thod of Contribution: Cash	Money Order	Date Received 3/9/23	Aggregate Contributions			
	SUBTOTA	L Section B — This	Page \$1,150.00		-	
TC	OTAL of ac	Iditional Section B Pa	ages			
TOTAL OF ALL CONTRIBUTIONS F	FROM INDI	VIDUALS (Sections A	+ B) \$64.775			

Section B ADDITIONAL PAGE 6

of 82

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Rep	TYPE OF REPORT				
JOHN GOMES FOR MAYOR		APRIL 10 FILLING			
A. Total Contributions from Small Contributors-	Received this Period ONLY SUBTOTAL SECTION A	\$			
B. Itemiz	ed Contributions from Indi	viduals			
Last Name	First		MI		
BERRY	LUCINDA				
Residential Street Address 67 LENOX AVE	City		State Zip Code		
Principal Occupation	BRIDGEPORT		CT 06605		
RN	Name of Employer DEPT OF DEFE	NSE			
s contributor a lobbyist, spouse, r dependent child of a lobbyist? Yes does contribution is in excess does contributor or busines: valued at more than \$5,000	of \$400 to a candidate for a chief execut is he/she is associated with have a contra	ive officer of a municipality ct with said municipality			
s this contribution associated with an Yes Is contributor a princip	pal of a state contractor or prospective statch branch or branches		\$100.00		
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Order 3/9/23	Aggregate Contributions			
ast Name	First		MI		
esidential Street Address	ADELAIDE				
15 HARRAL AVE	City BRIDGEPORT		State Zip Code		
incipal Occupation	<u></u>		CT 06604		
RETIRED	Name of Employer RETIRED				
dependent child of a lobbyist? O No does contributor or business valued at more than \$5,000? this contribution associated with an ent reported in Section L1? Yes Is contributor a princip of the prin	oal of a state contractor or prospective strick branch or branches	t with said municipality tte contractor? Yes No	Amount of Contributi		
tyes, list Event # 030923A of government the ethod of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Date Received	Aggregate Contributions			
st Name	First	".	МІ		
ILVA	JOAQUIM		R		
idential Street Address 20 WOOD AVE	City		State Zip Code		
acipal Occupation	BRIDGEPORT		CT 06604		
ACHINE OPERATOR	Name of Employer CORNELL-CARF	R COMP INC			
ontributor a lobbyist, spouse, lependent child of a lobbyist? Yes of does contribution is in excess of does contributor or business by valued at more than \$5,000?	\$400 to a candidate for a chief executive he/she is associated with have a contract Yes No	e officer of a municipality, with said municipality	Amount of Contribution		
his contribution associated with an Yes Is contributor a principal	l of a state contractor or prospective stat	e contractor? OLegislative	\$100.00		
thod of Contribution: Cash Personal Check Ocredit/Debit Card Payroll Deduction ON	Date Received 3/9/23	Aggregate Contributions			
s	UBTOTAL Section B — This	Page \$300.00			
	TAL of additional Section B P				
TOTAL OF ALL CONTRIBUTIONS F	ROM INDIVIDUALS (Sections A Line 13, Column A of Summary Page 1	+B) \$64,775			

SEEC FORM 20 Rested January 2015

Section B ADDITIONAL PAGE ⁷ of ⁸²

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Re	epository) TYPE OF REPORT
JOHN GOMES FOR MAYOR	APRIL 10 FILLING
A. Total Contributions from Small Contributors (See instructions for definition of Small Contributor)	
B. Itemiz	zed Contributions from Individuals
Last Name VALENTINOS	First MI CHARLES
Residential Street Address	City State Zip Code
35 WAVERLY PL	BRIDGEPORT CT 06610
Principal Occupation BUSINESS OWNER	Name of Employer VALENTINO LLC
	ss of \$400 to a candidate for a chief executive officer of a municipality, ess he/she is associated with have a contract with said municipality on? Solve No \$100.00
event reported in Section L1? No If yes, indicate w	cipal of a state contractor or prospective state contractor? which branch or branches the contract is with: OExecutive OLegislative
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction	Omoney Order 3/9/23 Aggregate Contributions
Last Name GOMES	First MI FILOMENA
Residential Street Address	City State Zip Code
154 SUMMERFIELD AVE	BRIDGEPORT CT 06610
Principal Occupation	Name of Employer
CUSTODIAL	CITY OF BRIDGEPORT
	s of \$400 to a candidate for a chief executive officer of a municipality, see he/she is associated with have a contract with said municipality 0? Amount of Contribution of C
event reported in Section L1? No If yes, indicate w	cipal of a state contractor or prospective state contractor? Which branch or branches he contract is with: Executive Legislative
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Date Received Aggregate Contributions Aggregate Contributions
Last Name ALVES	First DANIEL
Residential Street Address 50 DAYBREAK LN	City State Zip Code SHELTON CT 06484
Principal Occupation MASON	Name of Employer CITY OF BRIDGEPORT
	of \$400 to a candidate for a chief executive officer of a municipality, ss he/she is associated with have a contract with said municipality or Yes No \$150.00
s this contribution associated with an vent reported in Section L1? Yes No Is contributor a princi If yes, indicate whether the section Is sec	ipal of a state contractor or prospective state contractor? thich branch or branches ne contract is with: Executive Legislative
Method of Contribution: Cash	Date Received Aggregate Contributions 3/9/23
	SUBTOTAL Section B — This Page \$400.00
T	TOTAL of additional Section B Pages
	FROM INDIVIDUALS (Sections A + B) on Line 13. Column A of Summary Page Totals) \$64,775

SEEC FORM 20 Restort January 2015

Section B ADDITIONAL PAGE 8 of 82

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	2-1-17		TYPE	OF REPORT			0
JOHN GOMES FOR MAYOR				APRIL 10 FILLING			
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)		is Period ONLY OTAL SECTION A	\$				
B. Itemized Co	ontrib	utions from Indiv	iduals			77-5	
Last Name	Fit	rst		•			MI
LOPES		PEDRO			I a	Las	
Residential Street Address 234 WHITE BIRCH DR	City WAT	TERBURY			State	17.59	6708
Principal Occupation SUPERVISOR		Name of Employer FIMOR NORTH	AMERI	CA			
s contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?						10unt 0	of Contribut
Is this contribution associated with an event reported in Section L1? If yes, list Event # 030923A Yes Is contributor a principal of a If yes, indicate which bra of government the contract	ınch or b	ntractor or prospective state	_	⊙ №		.00.00	,
Method of Contribution: Cash	y Order	Date Received 3/9/23	Aggregat	e Contributions		_	
ast Name SILVA	Firs	st GNELO					MI
esidential Street Address 2006 NORTH AVE	City BRID	GEPORT			State CT		Code 604
rincipal Occupation RETIRED		Name of Employer RETIRED					
contributor a lobbyist, spouse, dependent child of a lobbyist? Yes O No If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?						ount of	f Contributi
this contribution associated with an vent reported in Section L1? If yes, list Event # 030923A Yes Yes No Is contributor a principal of a lifyes, indicate which brain of government the contract	nch or b	ranches		⊙ No			
Method of Contribution: Cash		Date Received 3/9/23	Aggregate	: Contributions			
ast Name CAMPOREALE	Firs D	aNIELLA					M
esidential Street Address MOREHOUSE RD	City EAS	TON			State CT	Zip (ode 612
incipal Occupation JNEMPLOYED		Name of Employer UNEMPLOYED		•			
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Section B ADDITIONAL PAGE 9

of 82

	METAGE	<u> </u>			
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repositor	(איז	TYPE OF REPORT			
JOHN GOMES FOR MAYOR		APRIL 10 FILLIN	G		
A. Total Contributions from Small Contributors-Rec (See instructions for definition of Small Contributor)	eived this Period ONLY SUBTOTAL SECTION A	\$			
B. Itemized	Contributions from Indiv	iduals			
Lasi Name	First		MI		
CAMPOREALE Residential Street Address	DANIEL		V		
2 MOREHOUSE RD	City EASTON		State Zip Code CT 06612		
Principal Occupation	Name of Employer				
MANAGER	RAC GROUP				
	100 to a candidate for a chief executive she is associated with have a contractory of the		Amount of Contributi		
	f a state contractor or prospective sta branch or branches	te contractor? Yes OLegislative			
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Mon	Date Received ney Order 3/9/23	Aggregate Contributions			
ast Name	First		MI		
Wilson	Eduardo		A		
esidential Street Address 110 OLD BARN N RD	City STAMFORD		State Zip Code CT 6905		
rincipal Occupation	Name of Employer		0. 0000		
Firefighter	CITY OF STAME	ORD			
	00 to a candidate for a chief executive he is associated with have a contract Yes O No		Amount of Contribution \$1000.00		
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SURKE	ROY	T	State Zip Code		
2 WOOD AVE	BRIDGEPORT	i	CT 06605		
incipal Occupation	Name of Employer				
BUSINESS OWNER	B.M.C CORP				
	00 to a candidate for a chief executive the is associated with have a contract Yes No		Amount of Contribution \$1000.00		
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ТОТА	L of additional Section B P	ages			
TOTAL OF ALL CONTRIBUTIONS FRO (Enter total on Line	M INDIVIDUALS (Sections A e 13, Column A of Summary Page 1				

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NAME OF COMMITTEE (Provide Complete Name as R.	egistered with Filing Repository)			TYF	E OF REPORT			
JOHN GOMES FOR MAYOR				AP	RIL 10 FILLIN	IG		
A. Total Contributions from Small (See instructions for definition of Small Contri			nis Period ONLY OTAL SECTION A	\$		317	ν)	
The Service of the Control of the Co	B. Itemized Co	ontrib	outions from Indiv	idual	s	- N		
Last Name		1	irst					МІ
PAPANDREA Residential Street Address		City	DAVID		<u>.</u>	State	7:0	J Code
45 FERRY RD		1 -	SAYBROOK			CT	1 ,	8475
Principal Occupation		1	Name of Employer			<u>. </u>	—	
UNEMPLOYED			UNEMPLOYED					
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ls this contribution associated with an event reported in Section L1? No No If yes, list Event #	Is contributor a principal of a If yes, indicate which bra of government the contra	nch or	branches	_	⊙ No			
Method of Contribution: Cash Personal Check Credit/Debit Card C	Payroll Deduction Money	y Order	Date Received 3/10/23	Aggre	gate Contributions			
ast Name BURKE		Fir	st ROY III					мі А
tesidential Street Address 2370 NORTH AVE		City BRII	OGEPORT			State CT	Zip (Code 604
rincipal Occupation MANAGER			Name of Employer ASSA ABLOY					
r dependent child of a lobbyist? O No does c	tribution is in excess of \$400 ontributor or business he/she at more than \$5,000?						ount of	Contributi
this contribution associated with an vent reported in Section L1? If yes, list Event # 033023A	is contributor a principal of a If yes, indicate which brate of government the contract	nch or l	oranches		⊙ No			
Method of Contribution: Cash OPersonal Check Ocredit/Debit Card O	Payroll Deduction Money	Order	Date Received 3/30/23	Aggreg	ate Contributions			
ast Name MOREL		Fire	t ELIX					MI
esidential Street Address 196 FAIRVIEW AVE		Cily BRIC	GEPORT			State CT	Zip C 06	ode 606
incipal Occupation BUSINESS OWNER			Name of Employer JUNCO'S RESTA	URAI	NT			
dependent child of a lobbyist?	ribution is in excess of \$400 to ontributor or business he/she is at more than \$5,000?	o a cand	lidate for a chief executive ated with have a contract of Yes O No	officer with sai	r of a municipality, id municipality		unt of	Contribution
this contribution associated with an ent reported in Section L1? Syes, list Event #	contributor a principal of a si If yes, indicate which bran of government the contract	ch or b	ranches	_	ctor? Yes No			
ethod of Contribution Cash	ayroll Deduction OMoney	Order	Date Received 3/29/23	Aggrega	te Contributions			
			Section B — This	Page	\$2500.00	<u> </u>		
THURS X IN - I HE IN Y		10.00	ditional Section B P	-				is:
TOTAL OF ALL CO	NTRIBUTIONS FROM				\$64.775			

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filin		TYPE OF REPORT			
JOHN GOMES FOR MAYOR	<i>A</i>	APRIL 10 FILLING			
A. Total Contributions from Small Contributor (See instructions for definition of Small Contributor)	otal Contributions from Small Contributors-Received this Period ONLY see instructions for definition of Small Contributor) SUBTOTAL SECTION A				
-,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
B. Ite	mized Contributions from Individu	als			
Last Name GUZMAN	First ANTONIO	МІ			
Residential Street Address	City	State Zip Code			
1215 NORTH AVE	BRIDGEPORT	CT 06604			
Principal Occupation	Name of Employer				
TAXI DRIVER	KISS				
	ccess of \$400 to a candidate for a chief executive of siness he/she is associated with have a contract wit 5,000? Ore ONO				
event reported in Section L1? No If yes, indica	orincipal of a state contractor or prospective state contract which branch or branches ent the contract is with:	ontractor? Yes No			
Method of Contribution	Date Received Ag	gregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction	on OMoney Order 3/30/23				
Last Name	First	Mī			
CONNELLY	JAMES	A			
Residential Street Address	City	State Zip Code			
42 RIDGEWOOD CR	SHELTON	CT 06484			
Principal Occupation Retired	Name of Employer Retired				
or dependent child of a lobbyist? No does contributor or bus valued at more than \$5	cess of \$400 to a candidate for a chief executive off siness he/she is associated with have a contract with 5,000?				
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Method of Contribution:	_	regate Contributions			
Cash Personal Check Credit/Debit Card Payroll Deduction					
ast Name GOMES	JACINTO	MI			
Residential Street Address		State Zip Code			
12 PROSPECT ST	ANSONIA	CT 06401			
Principal Occupation	Name of Employer				
HOME KEEPING	NORTH BRIDGE NU	IRSING HOME			
	cess of \$400 to a candidate for a chief executive offiness he/she is associated with have a contract with 000?				
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	SUBTOTAL Section B — This Pag	se \$300.00			
	TOTAL of additional Section B Page	s			
	NS FROM INDIVIDUALS (Sections A + E tal on Line 13, Column A of Summary Page Total				

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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				
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		is Period ONLY OTAL SECTION A	\$				
B. Itemized Co	ntribu	utions from Indivi	duals		,,,,,,,,,,,		
Last Name	Fire						MI
MONTEIRO		ORGE			S: .	Fact 2	E
Residential Street Address 10 CHETWOOD ST	City MILF	ORD			State	1000	ode 460
Principal Occupation	J	Name of Employer				ل	
SHOP FOREMAN		PORSCHE OF FA	AIRFI	ELD			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?						ount of	Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 030923A Yes Is contributor a principal of a section L1? If yes, indicate which brance of government the contraction of government the contraction.	nch or b	ranches	_	actor? Yes No gislative			
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	order /	Date Received 3/9/23	Aggreg	ate Contributions			
Last Name	Firs	it					MI
PICCIRILLO	JA	AY					
Residential Street Address 712 MADISON AVE	City	GEPORT			State CT	Zip C	ode 306
Principal Occupation		Name of Employer				00.	, , , , , , , , , , , , , , , , , , ,
BUSINESS OWBER		MICALIZZI'S					
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Method of Contribution:		Date Received	Aggrega	te Contributions	7		
Cash Personal Check Ocredit/Debit Card Payroll Deduction Money	Order	3/9/23			<u> </u>		
ast Name MONTEIRO	First	LVINO	_				МІ
Residential Street Address 547 PEQUONNOCK ST	City BRID	GEPORT			State CT	Zip C 066	
Principal Occupation	1	Name of Employer					
RETIRED	İ	RETIRED					
s contributor a lobbyist, spouse, r dependent child of a lobbyist? Yes If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?	to a cand is associa	lidate for a chief executive ated with have a contract Yes O No	officer with sai	of a municipality, d municipality	Amo:		Contribution
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Method of Contribution:	- 1	Date Received	Aggrega	te Contributions			
Cash Personal Check Credit/Debit Card Payroll Deduction Money	Order	3/9/23					
SUBT	OTAL	Section B — This	Page	\$600.00			
TOTAL	of add	ditional Section B P	ages				
TOTAL OF ALL CONTRIBUTIONS FROM		VIDUALS (Sections A		\$64,775			

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of 82

Section B ADDITION		01 02		
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repositor	ory)	TYPE OF REPORT		
JOHN GOMES FOR MAYOR		APRIL 10 FILLIN	IG	
A. Total Contributions from Small Contributors-Rec (See instructions for definition of Small Contributor)	ceived this Period ONLY SUBTOTAL SECTION A	\$		
B. Itemized	Contributions from Indivi	duals		1111
LAGE	ARMANDO			F
Residential Street Address 33 BLUEBERRY LN	City MONROE		1	Code 6465
Principal Occupation TRUCK DRIVER	Name of Employer BURNS CONST			
s contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of \$\frac{1}{2}\$ If contribution is in excess of \$\frac{1}{2}\$ does contributor or business here valued at more than \$\frac{1}{2}\$.	400 to a candidate for a chief executive /she is associated with have a contract	officer of a municipality with said municipality		of Contribution
	of a state contractor or prospective state branch or branches	contractor? Syes OLegislative	\$200.00	0
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMo	Date Received oney Order 3/9/23	Aggregate Contributions		
RAMALHO	First NICOLAU			MI
esidential Street Address 191 FRENCH ST	City BRIDGEPORT			Code 606
incipal Occupation	Name of Employer UNITED CIVIL		1.	
contributor a lobbyist, spouse, dependent child of a lobbyist? Yes does contribution is in excess of \$44 does contributor or business hc/s valued at more than \$5,000?	00 to a candidate for a chief executive the is associated with have a contract w	officer of a municipality, ith said municipality		*Contribution
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st Name EYES	First			М
sidential Street Address AUTUMN RIDGE	City		State Zip C	
neipal Occupation	Name of Employer RETIRED		01 062	178
contributor a lobbyist, spouse, dependent child of a lobbyist? Yes does contribution is in excess of \$40 does contributor or business he/sh valued at more than \$5,000?	0 to a candidate for a chief executive che is associated with have a contract with the contract with t	fficer of a municipality, th said municipality		Contribution
	a state contractor or prospective state c anch or branches	ontractor? Yes No	\$200.00	ı
thod of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Mone	Date Received A	gregate Contributions		
SUB	TOTAL Section B — This Pa	se \$600.00		
	L of additional Section B Pag			
TOTAL OF ALL CONTRIBUTIONS FROM	M INDIVIDUALS (Sections A + 13, Column A of Summary Page Tot	B) \$64,775		

SEEC FORM 20 Reded June 1915

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NAME OF COMMITTEE (Provide Complete Name a:	s Registered with Filing Repository)			TYPE OF REPORT		NIE DI	
JOHN GOMES FOR MAYOR				APRIL 10 FILLING			
A. Total Contributions from Sma (See instructions for definition of Small Con-			nis Period ONLY OTAL SECTION A	\$			
					3 69		
	B. Itemized Co	ontrib	utions from Indivi	duals	N. A.		
Last Name		100	rst			MI	
BARTLETT	S - 23		CHRIS				
Residential Street Address 97 MYREN ST		City	RFIELD		State	Zip Code 06824	
Principal Occupation		1	Name of Employer			7000	
BRANCH MANAGER			HOMEBRIGE FIN	NANCE			
or dependent child of a lobbyist? O No do	contribution is in excess of \$400 es contributor or business he/she lued at more than \$5,000?				1	ount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #		inch or t	branches _	e contractor? Yes OLegislative		70.00	
Method of Contribution: OCash Personal Check Ocredit/Debit Card	OPayroll Deduction OMone	y Order	Date Received 3/8/23	Aggregate Contributions			
Last Name		Fir				МІ	
DOS SANTOS			NTONIO	20 30		Tara i	
Residential Street Address 12WIGWAM DR		City SHE	LTON		State	Zip Code 06484	
Principal Occupation		0	Name of Employer				
RETIRED			RETIRED				
or dependent child of a lobbyist? O No doe	ontribution is in excess of \$400 is contributor or business he/she used at more than \$5,000?					unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 030923A	Is contributor a principal of a If yes, indicate which bra of government the contra	nch or b	oranches	c contractor? Yes No			
Method of Contribution:				Aggregate Contributions	1		
OCash OPersonal Check OCredit/Debit Card	Payroll Deduction		3/9/23			1	
Last Name DEPINA		Firs	NTONIO SR			P	
Residential Street Address		City			State	Zip Code	
41 ST MICHAEL'S AVE		STR	ATFORD		CT	06614	
rincipal Occupation			Name of Employer				
RETIRED			RETIRED			1000	
r dependent child of a lobbyist? O No does	ontribution is in excess of \$400 s contributor or business he/she and at more than \$5,000?				\$250	unt of Contribution 0.00	
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	TOTAL	of add	ditional Section B Pa	ages			
TOTAL OF ALL O	CONTRIBUTIONS FROM (Enter total on Line 1		VIDUALS (Sections A mn A of Summary Page T				

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repositor	7)	TYPE OF REPORT			
JOHN GOMES FOR MAYOR	APRIL 10 FILLING				
A. Total Contributions from Small Contributors-Rec (See instructions for definition of Small Contributor)	eived this Period ONLY SUBTOTAL SECTION A	\$			
B. Itemized C	Contributions from Indivi	iduals			
Last Name	First		MI		
DISANTO	CARMELA		0.1		
Residential Street Address 80 WOODLOWN RD	City MONROE		State Zip Code CT 06468		
Principal Occupation	Name of Employer				
RECEPTIONEST	CITY OF BRIDGE	EPORT			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Yes No If contribution is in excess of \$4 does contributor or business he/s valued at more than \$5,000?	100 to a candidate for a chief executive she is associated with have a contract OYes ONo	e officer of a municipality, with said municipality	Amount of Contribution \$100.00		
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Method of Contribution:	Date Received	Aggregate Contributions	1		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMo	ney Order 3/8/23				
Last Name DE LA CRUZ	First VANEZA		MI		
Residential Street Address	City		State Zip Code		
77 SIXTH ST	BRIDGEPORT		CT 06607		
Principal Occupation	Name of Employer				
HEAD TEACHER	CREATIVE KIDS	CENTER			
	00 to a candidate for a chief executive the is associated with have a contract Yes No		Amount of Contribution \$100.00		
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Method of Contribution:		Aggregate Contributions]		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMon	ney Order 3/9/23		MI		
CARRASQUILLO	MARIA		Ē		
Residential Street Address	City		State Zip Code		
460 THOMPSON ST	STRATFORD		CT 06615		
Principal Occupation	Name of Employer				
BENEFIT & PENSION CORDINATOR	CITY OF MILFOR		Amount of Containston		
	00 to a candidate for a chief executive he is associated with have a contract Yes No		Amount of Contribution \$100.00		
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Method of Contribution: Ocash OPersonal Check OCredit/Debit Card OPayroll Deduction OMono	ey Order 3/9/23	Aggregate Contributions			
SUE	BTOTAL Section B — This	Page \$300.00			
TOTA	AL of additional Section B P	ages			
TOTAL OF ALL CONTRIBUTIONS FRO	M INDIVIDUALS (Sections A e 13, Column A of Summary Page T	+ B) \$64,775			

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Reposite	ory)	TYPE OF REPORT			
JOHN GOMES FOR MAYOR		APRIL 10 FILLING			
A. Total Contributions from Small Contributors-Re- (See instructions for definition of Small Contributor)					
B. Itemized	Contributions from Indivi	duals			
Last Name	First		М		
CARRASQUILLO	DAVID				
Residential Street Address 460 THOMPSON ST	City		State Zip Code		
Principal Occupation	STRATFORD		CT 06615		
SUPERVISOR	Name of Employer U.S POSTAL SEF	RVICE			
s contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he valued at more than \$5,000?	400 to a candidate for a chief executive/she is associated with have a contract Yes No	officer of a municipality with said municipality	\$100.00		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 030923A Yes Is contributor a principal of If yes, indicate which of government the cor	of a state contractor or prospective state branch or branches	CLegislative SYes	J \$100.00		
Method of Contribution: Ocash OPersonal Check OCredit/Debit Card OPayroll Deduction OMo	Date Received Oney Order 3/9/23	Aggregate Contributions			
ast Name	First		MI		
CHEGARAY	JOSE				
esidential Street Address B16 HOUSATONIC AVE EXT	City		State Zip Code		
incipal Occupation	STRATFORD		CT 06615		
LOAN OFFICER	Name of Employer GENEX LENDING				
dependent child of a lobbyist? • No does contributor or business he/s valued at more than \$5,000?	00 to a candidate for a chief executive the is associated with have a contract were a Yes No	officer of a municipality, 7th said municipality	Amount of Contribut		
this contribution associated with an ent reported in Section L1? Yes No If yes, indicate which be of government the contributor of government the contributor aprincipal of the section L1?		⊘ N₀			
Icthod of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Mon	Date Received A	ggregate Contributions			
st Name	First	<u> </u>	MI		
sidential Street Address	EDDIE		200		
6 REDSPIRE CT	City TRUMBULL		tale Zip Code CT 06611		
acipal Occupation	Name of Employer		CT 06611		
USINESS OWNER	EL COQUITO				
ontributor a lobbyist, spouse, dependent child of a lobbyist? Yes If contribution is in excess of \$40 does contributor or business he/sh valued at more than \$5,000?	0 to a candidate for a chief executive of the is associated with have a contract with the contract wit	fficer of a municipality, th said municipality	Amount of Contribution		
	a state contractor or prospective state canch or branches	ontractor? Yes No	\$200.00		
thod of Contribution: Cash Personal Check Ocredit/Debit Card Payroll Deduction OMone	Date Received A	gregate Contributions	**		
SUB	TOTAL Section B — This Pa	ge \$550.00			
	L of additional Section B Pag				
TOTAL OF ALL CONTRIBUTIONS FROM	M INDIVIDUALS (Sections A + 13, Column A of Summary Page Tot	B) \$64,775			

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		II D TIDDITION						
NAME OF COMMITTEE (Provide Complete	e Name as	Registered with Filing Repository)			TYPE OF REPORT			
JOHN GOMES FOR MAYOR					APRIL	10 FILLIN	G	
A. Total Contributions from (See instructions for definition of S.)				ois Period ONLY OTAL SECTION A	\$			
	11100	B. Itemized Co	ntrib	utions from Indivi	iduals	oc mis	Tix	UNITED BY
Last Name DEOLIVEIRA			13.	rst JOSE				MI
Residential Street Address			City		<u> </u>		State	Zip Code
5 BRADLEY LN			SAN	IDY HOOK			СТ	06412
Principal Occupation				Name of Employer				<u> </u>
MANAGER				CONSTRU TECH				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	o doe	contribution is in excess of \$400 as contributor or business he/she ued at more than \$5,000?						ount of Contribution
	Yes No	Is contributor a principal of a If yes, indicate which bra of government the contra	nch or i	branches	e contractor	No No		
Method of Contribution: OCash OPersonal Check Ocredit/Deb	it Card (Payroll Deduction OMoney	Order	Date Received 3/24/23	Aggregate Co	ontributions	7	
Last Name			Fir	<u>l</u>	<u> </u>			MI
PAULO			A	NIBAL				
Residential Street Address		:	City				State	Zip Code
5 COUNTRY LN			THU	MBULL			СТ	06611
Principal Occupation MECHANIC				Name of Employer MADISON AUTO				
s contributor a lobbyist, spouse, or dependent child of a lobbyist?	does	ontribution is in excess of \$400 s contributor or business he/she and at more than \$5,000?						unt of Contribution
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tesidential Street Address			City			:	State	Zip Code
3750 OLD TOWN RD			BRIC	GEPORT			CT	06606
trincipal Occupation MANAGER				Name of Employer RESW MONGOR	YLLC			
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TOTAL OF	ALL C	CONTRIBUTIONS FROM (Enter total on Line 1:		VIDUALS (Sections A nn A of Summary Page T		,775		

Section B ADDITIONAL PAGE 18 of 82

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repo	ository)	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. Itemize	ed Contributions from Indiv	iduals	
Last Name MACALUSO	First ANNETTE		MI P
Residential Street Address	City		State Zip Code
42 RIVENDELL DR	SHELTON		CT 06484
Principal Occupation RETIRED	Name of Employer RETIRED		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of does contributor or business valued at more than \$5,000?	of \$400 to a candidate for a chief executive she/she is associated with have a contract Yes ONo	ve officer of a municipality, t with said municipality	Amount of Contribution
	pal of a state contractor or prospective statich branch or branches contract is with:	te contractor? Yes OLegislative	
Method of Contribution Cash Personal Check Credit/Debit Card Payroll Deduction C	Date Received 3/6/23	Aggregate Contributions	
Last Name HUEPA	First ANGEL		MI
Residential Street Address 151 JAMES ST	City BRIDGEPORT		State Zip Code CT 06604
Principal Occupation SALES	Name of Employer AB CARTING LLC	C	
	f \$400 to a candidate for a chief executive he/she is associated with have a contract Yes O No		Amount of Contribution \$500.00
	al of a state contractor or prospective statich branch or branches contract is with:	te contractor? Yes No	
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction C	Date Received Money Order 3/13/23	Aggregate Contributions	
ast Name MARTINEZ	First WILFREDO		MI
Residential Street Address 2326 E MAIN ST	BRIDGEPORT		tate Zip Code CT 06610
Principal Occupation RECOVERY AGENT	Name of Employer CT FUGITIVE		
	t \$400 to a candidate for a chief executive he/she is associated with have a contract Yes No		Amount of Contribution \$100.00
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	OTAL of additional Section B Pa		
TOTAL OF ALL CONTRIBUTIONS F	ROM INDIVIDUALS (Sections A		

SEEC FORM 20 Robel January 2015

Section B ADDITIONAL PAGE 19

of 82

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository	vi	TYPE OF REPORT		
JOHN GOMES FOR MAYOR		APRIL 10 FILLING		
A. Total Contributions from Small Contributors-Rece (See instructions for definition of Small Contributor)	eived this Period ONLY SUBTOTAL SECTION A	\$		
B. Itemized (Contributions from Indivi	duals		
Last Name	First		MI	
GONZALEZ	PETRA	· · · · ·	State Zip Code	
Residential Street Address 369 BUNNELL ST	BRIDGEPORT		CT 06610	
Principal Occupation	Name of Employer		<u> </u>	
RETIRED	RETIRED			
or dependent child of a lobbyist? O No does contributor or business he/s valued at more than \$5,000?	00 to a candidate for a chief executive the is associated with have a contract Yes ONo	with said municipality	Amount of Contribution \$100.00	
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Last Name	First		MI	
VAZQUEZ Residential Street Address	CARMEN		State Zip Code	
285 MAPLEWOOD AVE	BRIDGEPORT		CT 06605	
Principal Occupation	Name of Employer			
RETIRED	RETIRED			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$40 does contributor or business he/sh valued at more than \$5,000?	00 to a candidate for a chief executive ne is associated with have a contract Yes O No	e officer of a municipality, with said municipality	Amount of Contribution \$100.00	
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Method of Contribution: OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMone		Aggregate Contributions		
Last Name SANTOS	First ROSINDA	·	М	
Residential Street Address	City		State Zip Code	
1095 OLD TOWN RD	BRIDGEPORT		CT 06606	
Principal Occupation OR SECRETARY	Name of Employer ST. VINCENT HO	SPITAL		
	0 to a candidate for a chief executive the is associated with have a contract of Yes O No		Amount of Contribution \$100.00	
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TOTAL OF ALL CONTRIBUTIONS FRO	M INDIVIDUALS (Sections A			

SEEC FORM 20 Reshed January 2015

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	Trade)	
JOHN GOMES FOR MAYOR			APRIL 10 FILLIN	G	
A. Total Contributions from Small Contributors-Recei		nis Period ONLY OTAL SECTION A	\$		
B. Itemized Co	ontrib	utions from Indivi	duals	iii II	
Last Name	Fi	irst			MI
PEREIRA		CARLOS		State	Zip Code
Residential Street Address 11 PENNSYLVANIA AVE	City	ELTON		CT	06484
Principal Occupation		Name of Employer			
BUSINESS OWNER		P&G TREE SER	/iCE		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					ount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 030923A Yes Is contributor a principal of a If yes, indicate which brateful of government the contral of government the government of g	anch or l	ntractor or prospective state	e contractor? Yes OLegislative		
Method of Contribution:		Date Received	Aggregate Contributions	7	
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SILVA	Fin	NVELINO			D D
Residential Street Address	City			State	Zip Code
149 WHITNEY AVE	BRIC	DGEPORT		СТ	06606
Principal Occupation ANALYSIS		Name of Employer YALE NEW HAVE	N HEALTH		
s contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes Valued at more than \$5,000?					unt of Contribution 0.00
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ast Name GLEZ	Fire	st DANIEL			MI
Residential Street Address 68 BASSICK AVE	City BRID	OGEPORT		State CT	Zip Code 06605
rincipal Occupation		Name of Employer	· · · · · · · · · · · · · · · · · · ·		
BUSINESS OWNER		OASIS INVESTM			
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		ditional Section B Pa			
TOTAL OF ALL CONTRIBUTIONS FROM	I HADI	VIDUALS (SECTIONS A	\$64,775		

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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	3
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A \$			
В.	Itemized Contributions from Indiv	riduals	Marine Waleston
Last Name	First		MI
GLEZ	RAFAEL		
Residential Street Address 68 BASSICK AVE	City BRIDGEPORT		State Zip Code
Principal Occupation	Name of Employer		CT 06605
BUSINESS OWNER	GONZALEZ & G	ONZALEZ	
	in excess of \$400 to a candidate for a chief execution business he/she is associated with have a contract	ve officer of a municipality,	Amount of Contribut
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ast Name RAMALHO	First FRANCISCO		МІ
csidential Street Address 126 PRIMROSE AVE	City BRIDGEPORT		CT Zip Code CT 06606
rincipal Occupation ABORER	Name of Employer BURNS CONSTR	RUCTION	-
	n excess of \$400 to a candidate for a chief executive business he/she is associated with have a contract an \$5,000? Yes No		Amount of Contribution \$100.00
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fethod of Contribution: Cash Personal Check Credit/Debit Card Payroll Dedu	Date Received 3/9/23	Aggregate Contributions	
SRITO	First LILIANA		MI
sidential Street Address 26 PRIMROSE AVE	BRIDGEPORT	i i	Zip Code CT 06606
ncipal Occupation RECRUITMENT/OPERATION	Name of Employer THE CREATIVE F	REGISTER INC.	
contributor a lobbyist, spouse, dependent child of a lobbyist? No Yes No does contributor or valued at more than	n excess of \$400 to a candidate for a chief executive business he/she is associated with have a contract n \$5,000? Yes O No	e officer of a municipality, with said municipality	Amount of Contribution \$100.00
the reported in Section L1? No If yes, ind of govern of govern	a principal of a state contractor or prospective state licate which branch or branches ment the contract is with:	OLegislative ONo	
cthod of Contribution: Cash Personal Check Ocredit/Debit Card Payroll Deduction:	Date Received 3/9/23	Aggregate Contributions	
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	TIONS FROM INDIVIDUALS (Sections A		_

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of 82

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repositor	(ער	TYPE OF REPORT			
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A. Total Contributions from Small Contributors-Rec (See instructions for definition of Small Contributor)	eived this Period ONLY SUBTOTAL SECTION A	s			
B. Itemized	Contributions from Indiv	iduals			
Lasi Name	First		МІ		
GRACA Residential Street Address	BERNARDINO		State Zip Code		
60 FRANCIS ST	WATERBURY		CT 06708		
Principal Occupation	Name of Employer		<u>-</u> <u>-</u>		
GENERAL CONTRACTOR	EMPIRE PARINO				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$4 does contributor or business he/valued at more than \$5,000?	400 to a candidate for a chief executive she is associated with have a contract OYes ONo	e officer of a municipality, with said municipality	Amount of Contribution \$100.00		
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Last Name	First		MI		
SANTOS	LIDIO		5 17. 0.1		
Residential Street Address 100 DANIELS FARMA RD	TRUMBULL		State Zip Code CT 06611		
Principal Occupation	Name of Employer				
TECH	ASML				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes large does contributor or business he/s valued at more than \$5,000?	00 to a candidate for a chief executive she is associated with have a contract Yes O No	e officer of a municipality, with said municipality	Amount of Contribution \$100.00		
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Last Name VAZ	TONY		IAII		
Residential Street Address	City		State Zip Code		
47 COE RO	WALCOTT		CT 06716		
Principal Occupation DETAIL CAR	Name of Employer PRO DETAILING	LLC			
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тота	AL of additional Section B P	ages			
TOTAL OF ALL CONTRIBUTIONS FRO	OM INDIVIDUALS (Sections A	(A + B) (Totals) \$64,775			

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Section B ADDITIONAL PAGE ²³ of ⁸²

NAME OF COMMUNICIPE OF THE COMMUNICATION OF THE PROPERTY OF TH		TYPE OF REPORT	
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) JOHN GOMES FOR MAYOR	APRIL 10 FILLING		
		AFRIC TO TILLING	<u> </u>
A. Total Contributions from Small Contributors-Recei	SUBTOTAL SECTION A	\$	
	····	·	
R Itemized Co	ontributions from Indivi	duals	
Last Name	First		MI
REYES	SOCORRO		
Residential Street Address 2600 NORTH AVE	City BRIDGEPORT		State Zip Code CT 06604
Principal Occupation	Name of Employer		
RETIRED	RETIRED		
	to a candidate for a chief executive is associated with have a contract		, Amount of Contribution
valued at more than \$5,000?	OYes ONo		\$100.00
event reported in Section L1? No If yes, indicate which bro		_ O No	
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Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Mone			
Last Name	First		MI
HERNANDEZ	TOMAS		
Residential Street Address	City BRIDGEPORT		State Zip Code CT 06614
71 LIGHT ST Principal Occupation	Name of Employer		00014
RETIRED	RETIRED		
is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a candidate for a chief executive is associated with have a contract Yes No	e officer of a municipality, with said municipality	Amount of Contribution
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OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney			
Cast Name REYES	HERIBERTO		MI
Residential Street Address	City		State Zip Code
539 W JACKSON AVE	BRIDGEPORT		CT 06604
Principal Occupation RETIRED	Name of Employer RETIRED		
s contributor a lobbyist, spouse, Yes If contribution is in excess of \$400		officer of a municipality,	Amount of Contribution
or dependent child of a lobbyist? ON does contributor or business he/she valued at more than \$5,000?	is associated with have a contract v	with said municipality	\$100.00
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TOTAL OF ALL CONTRIBUTIONS FROM	A INDIVIDUALS (Sections A		

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Section B ADDITIO		<u> </u>	
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repo	silory)	TYPE OF REPORT	
JOHN GOMES FOR MAYOR		APRIL 10 FILLIN	G
A. Total Contributions from Small Contributors-R (See instructions for definition of Small Contributor)	Received this Period ONLY SUBTOTAL SECTION A	\$	
B. Itemize	ed Contributions from Indivi	duals	WALL RECEIVED
Last Name NIEVES	First RAFAEL		MI
Residential Street Address 31 ROCKY HILL TERR	City TRUMBULL		State Zip Code CT 06611
Principal Occupation	Name of Employer		<u> </u>
RETIRED	RETIRED		
	of \$400 to a candidate for a chief executive he/she is associated with have a contract executive of the same of th		Amount of Contribution \$100.00
	al of a state contractor or prospective statich branch or branches contract is with:	e contractor? Yes OLegislative	
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction O	Date Received 3/9/23	Aggregate Contributions	
Last Name Doning	First Silvia		MI
Depina Residential Street Address			State Zip Code
149 FRANK ST	BRIDGEPORT		CT 06604
Principal Occupation	Name of Employer	<u> </u>	
RETIRED	RETIRED		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business valued at more than \$5,000?	f \$400 to a candidate for a chief executive he/she is associated with have a contract Yes No	officer of a municipality, with said municipality	Amount of Contribution \$100.00
	al of a state contractor or prospective statich branch or branches contract is with:	e contractor? Yes No Legislative	
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Last Name	First	• • • • • • • • • • • • • • • • • • • •	MI
DIAZ	JUAN		
Residential Street Address 9 ABRIC DRIVE	City BRIDGEPORT		State Zip Code CT 06611
Principal Occupation	Name of Employer		
OPERATION MANAGER	S.M.G		
	\$400 to a candidate for a chief executive he/she is associated with have a contract of Yes No		Amount of Contribution \$100.00
	ol of a state contractor or prospective state the branch or branches contract is with: Executive	contractor? Yes No Legislative	
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Date Received 3/9/23	Aggregate Contributions	
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то	OTAL of additional Section B Page 1	ages	
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Section B ADDITIONAL PAGE 25 of 82

NAME OF COMMITTEE (Provide Complete Name as Registered with	r Filing Repository)	TYPE OF REPORT	
JOHN GOMES FOR MAYOR		APRIL 10 FILLING	ì
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A		W	
D	Itemized Contributions from Ind	ividuala	
ast Name	First First	ividuais	М
CRUZ	MARIA		L
tesidential Street Address 683 BROOKS ST	City BRIDGEPORT	1	State Zip Code
rincipal Occupation	Name of Employer		CT 06608
Retired	Retired		
	in excess of \$400 to a candidate for a chief exect or business he/she is associated with have a contrant \$5,000?	act with said municipality	Amount of Contribu
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IST Name BARROS	First MARIA		МІ
sidential Street Address	City	Se	tate Zip Code
50 GRAND ST	BRIDGEPORT		OT 06604
ncipal Occupation	Name of Employer		
RETIRED	RETIRED		
	in excess of \$400 to a candidate for a chief executor business he/she is associated with have a contrain \$5,000?	et with said municipality	Amount of Contribu
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at Name EYES	GLORIA		МІ
sidential Street Address	City	St	ate Zip Code
39 W JACKSON AVE	BRIDGEPORT		O6604
cipal Occupation ETIRED	Name of Employer RETIRED	•	
	n excess of \$400 to a candidate for a chief execut r business he/she is associated with have a contra n \$5,000? Yes No	ct with said municipality	Amount of Contribu
nt reported in Section L1?		e O Legislative	
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	TIONS FROM INDIVIDUALS (Sections er total on Line 13, Column A of Summary Page		

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository))	TYPE OF REPORT	0
JOHN GOMES FOR MAYOR	APRIL 10 FILLING	G 	
A. Total Contributions from Small Contributors-Rece (See instructions for definition of Small Contributor)	\$	· <u>····</u>	
B. Itemized C	Contributions from Indivi	iduals	
Last Name	First		MI
VILORIO	EDWARD		W
Residential Street Address 330 PEARL ST	City BRIDGEPORT		State Zip Code CT 06608
Principal Occupation	Name of Employer		0. 00000
BUSINESS OWNER	EXIT CONSTRU	CTION	
	00 to a candidate for a chief executive he is associated with have a contract		Amount of Contribution
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Last Name	First PEDRO		MI J
DAGRACA Residential Street Address	City	Т	State Zip Code
248 FEDERAL ST	BRIDGPORT		CT 06606
Principal Occupation	Name of Employer		
ENDO TECH	BRIDGEPORT H	OSPITAL	
s contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/sh valued at more than \$5,000?	0 to a candidate for a chief executive is associated with have a contract Yes No	officer of a municipality, with said municipality	Amount of Contribution \$100.00
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Method of Contribution:	Date Received	Aggregate Contributions	
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ast Name SANTOS	First MELANIE		J
Residential Street Address 64 PIEDMONT ST	WATERBURY	ľ	State Zip Code CT 06106
rincipal Occupation	Name of Employer		***
TEACHER	CITY OF WATER	BURY	
	to a candidate for a chief executive is associated with have a contract Yes No		Amount of Contribution \$100.00
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SUB	TOTAL Section B — This	Page \$300.00	
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TOTAL OF ALL CONTRIBUTIONS FROM	M INDIVIDUALS (Sections A		

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of 82

200	Sec	uoi	I B ADDITIONA		AGE	VI _				
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT							
JOHN GOMES FOR MAY	OR					APF	APRIL 10 FILLING			
A. Total Contribution (See instructions for definiti					this Period ONLY TOTAL SECTION A	\$		-		
			· · · · · · · · · · · · · · · · · · ·							
	E SWP		B. Itemized Co	ntri	butions from Indivi	duals				
Last Name					First	-				MI
RAMALHO				lot:	IDALINA	_		State	7 in (Code
Residential Street Address 212 BRONX AVE				City BF	RIDGEPORT			CT	1 '	606
Principal Occupation				<u> </u>	Name of Employer				-	
соок					THE WATER MAI					
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	doe	contribution is in excess of \$400 es contributor or business he/she ued at more than \$5,000?					1	ount o	f Contribution
Is this contribution associated with a event reported in Section L1? If yes, list Event # 030923A	n 8	Yes No	Is contributor a principal of a If yes, indicate which bran of government the contract	nch o	r branches	OLeg	gislative O No			
Method of Contribution:			0 0	۰.	Date Received	Aggrega	ate Contributions			
OCash OPersonal Check OCre	dit/Debit	Card (OPayroll Deduction CMoney	_						
Last Name FRANCOIS]	First JEAN					MI
Residential Street Address				City	IDGEPORT			State	Zip C	^{ode} 606
352 FRENCH ST				ВΠ	Name of Employer				00	
Principal Occupation ELECTRICHIAN					FRANÇOIS ELEC	CTRIC	AL			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	doe	ontribution is in excess of \$400 s contributor or business he/she and at more than \$5,000?	to a c	andidate for a chief executive ociated with have a contract Yes No	e officer with sai	of a municipality d municipality		ount of	Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 030923A		Yes No	Is contributor a principal of a If yes, indicate which brat of government the contract	nch o	or branches		⊙ No			
Method of Contribution:					Date Received	Aggrega	te Contributions			
OCash OPersonal Check OCre	dit/Debit (Card (Payroll Deduction							
Last Name SANTOS					First ANA					МІ
Residential Street Address				City				State	Zip C	ode
1095 OLD TOWN RD				BR	IDGEPORT			СТ	06	606
Principal Occupation			· · · · · · · · · · · · · · · · · · ·		Name of Employer			·		
MEDICAL ASSISTAN					FAIRFIELD FAMI			_		
is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	does	ontribution is in excess of \$400 to s contributor or business he/she and at more than \$5,000?					1	unt of 0.00	Contribution
is this contribution associated with an event reported in Section L1? If yes, list Event # 030923A	8	Yes No	Is contributor a principal of a s If yes, indicate which bran of government the contrac	ich oi	r branches rith: Executive	OLeg	islative • No			
Method of Contribution: Ocash OPersonal Check OCree	dit/Debit C	Card (Payroll Deduction Money	Orde	Date Received r 3/9/23	Aggrega	te Contributions			
	TI W		SUBT	OT	AL Section B — This	Page	\$300.00			
			TOTAL	of a	additional Section B P	ages				
TOT	AL OF A	ALL (CONTRIBUTIONS FROM (Enter total on Line 1	I INI 3, Co	DIVIDUALS (Sections A plumn A of Summary Page 1	+ B) Totals)	\$64,775			

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NAME OF COMMITTEE (Provide Complete Name as Registered	with Filing Repository)		TYPE OF REPORT		
JOHN GOMES FOR MAYOR			APRIL 10 FILLI	NG	
A. Total Contributions from Small Cont (See instructions for definition of Small Contributor)		his Period ONLY OTAL SECTION A	s		
	B. Itemized Contrib	utions from Indiv	iduals		
Last Name DA GRACA	Į	rst			MI
Residential Street Address	City	JOSEPH	··	I State of the	7: 0.1
12 MARIA ALICIA DRIVE	ľ	ELTON		1 . 1	Zip Code 06484
Principal Occupation SYNCHRONY FINANCIAL		Name of Employer AVP,TREASURY	,		
or dependent child of a lobbyist? No does contribu	n is in excess of \$400 to a can ttor or business he/she is associate than \$5,000?	ndidate for a chief executive ciated with have a contract OYes ONo	ve officer of a municipalit t with said municipality	y, Amour \$100.	t of Contribu
Is this contribution associated with an event reported in Section L1? Yes Is contribution If ye	butor a principal of a state cores, indicate which branch or be overnment the contract is with	ntractor or prospective sta oranches	te contractor? Yes OLegislative		.00
Method of Contribution: Ocash OPersonal Check OCredit/Debit Card OPayroll	Deduction Money Order	Date Received 3/9/23	Aggregate Contributions		
ast Name SOARES	Firs E	UGENIO			MI
esidential Street Address 193 CORNFIELD RD	City MILF	ORD	77.0		p Code 06461
rincipal Occupation MANAGER		Name of Employer JOHN STONE			-
contributor a lobbyist, spouse, dependent child of a lobbyist? Yes No lf contribution does contribute valued at more	is in excess of \$400 to a cancor or business he/she is association \$5,000?	lidate for a chief executive ated with have a contract Yes No	e officer of a municipality with said municipality	\$100.0	of Contribut
ent reported in Section L1? No If yes	outor a principal of a state con s, indicate which branch or be exernment the contract is with	stractor or prospective stat	e contractor? Yes No Legislative	\$100.0	00
fethod of Contribution: Cash Personal Check Credit/Debit Card Payroll E		Date Received 3/9/23	Aggregate Contributions		
st Name ROL	First W	ILLIAM			MI F
sidential Street Address 59 WOODSTOCK AVE	City STRA	ATFORD		1	6614
ncipal Occupation		Name of Employer Westport plumbing	3		
contributor a lobbyist, spouse, dependent child of a lobbyist? So No lependent child of a lobbyist? So No lependent child of a lobbyist? If contribution is does contribute valued at more	is in excess of \$400 to a candi r or business he/she is associa than \$5,000?	idate for a chief executive ated with have a contract v	officer of a municipality, with said municipality	Amount \$500.0	of Contributi
ves, list Event # No If yes,	ntor a principal of a state contribution aprincipal of a state contribution of the contract is with:	anches	contractor? Yes No Legislative		•
thod of Contribution: Cash Personal Check Credit/Debit Card Payroll Debit Card Payroll D		Date Received 3/4/23	Aggregate Contributions		43 - 33
	SUBTOTAL	Section B — This I	Page \$700.00		3 3.
	TOTAL of add	itional Section B Pa	oges		
TOTAL OF ALL CONTRIB	SUTIONS FROM INDIV	IDUALS (Sections A	+ B) \$64.775		

SEEC FORM 20 British January 2015

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	The state of the s
JOHN GOMES FOR MAYOR			APRIL 10 FILLIN	G
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$	
B. Itemized Co		utions from Indivi	duals	That wild in
Last Name Guadalupe	Für	(ARELYS		М
Residential Street Address 931 MILFORD PONT RD	City AAH E	FORD		State Zip Code CT 06461
Principal Occupation	IVIILI	Name of Employer		01 00401
TEACHER		GLA OF MILFOR	D	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	o to a can e is assoc	ididate for a chief executive interest with have a contract OYes ONo	e officer of a municipality with said municipality	Amount of Contribution \$250.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # Q033023A Yes Is contributor a principal of a If yes, indicate which bra of government the contra	anch or b	ntractor or prospective stat	e contractor? Yes No Legislative Aggregate Contributions	4250.00
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	v Order	3/30/23	Aggregate Contributions	
Last Name	Firs	st	<u> </u>	MI
LAGE		IERMINIO		State Zip Code
Residential Street Address 1030 WAYNE ST	City BRID	GEPORT		State Zip Code CT 06606
Principal Occupation		Name of Employer		· <u>—</u> ·
RETIRED		RETIRED	- 0° 6isis-slite-	1
s contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				Amount of Contribution \$100.00
s this contribution associated with an event reported in Section L1? If yes, list Event If yes, list Event If yes, indicate which bra of government the contra	inch or b	ranches	e contractor? O Legislative	
Method of Contribution:			Aggregate Contributions	
Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction Money		3/31/23		
est Name Pires	Firs	aria		MI
Residential Street Address 65 LOURMEL ST	City BRID	GEPORT		State Zip Code CT 06606
rincipal Occupation	<u> </u>	Name of Employer		<u>'</u>
RETIRED		RETIRED		
s contributor a lobbyist, spouse, r dependent child of a lobbyist? Yes No No If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a cand is associ	lidate for a chief executive ated with have a contract of Yes No	officer of a municipality, with said municipality	Amount of Contribution \$500.00
s this contribution associated with an vent reported in Section L1? If yes, list Event # Yes	nch or br et is with:	ranches: Executive	●No Legislative	
Method of Contribution: Ocash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	- 1	Date Received 3/23/23	Aggregate Contributions \$1000	
		L Section B — This I		
			DESCRIPTION OF THE PROPERTY OF	
TOTAL OF ALL CONTRIBUTIONS FROM		VIDUALS (Sections A	*(a(a)) \$64,775	

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NAME OF COMMITTEE (Provide Complete Name of	os Registered with Filing Denseits		TYPE OF REPORT	
JOHN GOMES FOR MAYOR	w registered with Filing Repository)		APRIL 10 FILLIN	IG.
		APRIL IU FILLIN	<u>.</u>	
A. Total Contributions from Sm (See instructions for definition of Small Co		ved this Period ONLY SUBTOTAL SECTION A	\$	
	R Itemized Co	ntributions from Indiv	viduals	
Last Name	B. Itemized Co	First	iuuais	MI
PARSONS		EVE		R
Residential Street Address		City		State Zip Code
506 DEWEY ST		BRIDGEPORT		CT 06605
Principal Occupation		Name of Employer		
RETIRED	3 10 10	RETIRED		
or dependent child of a lobbyist? O No do	contribution is in excess of \$400 per contributor or business he/she alued at more than \$5,000?	to a candidate for a chief executi is associated with have a contract Yes ONo	t with said municipality	Amount of Contribution \$50.00
Is this contribution associated with an event reported in Section L1? If yes, list Event #			ate contractor? Yes No	
Method of Contribution:		Date Received	Aggregate Contributions	7
Cash Personal Check Ocredit/Debit Card	OPayroll Deduction OMoney	Order 2/7/23	\$100	
ast Name		First		MI
ARANA		JOSE		R
esidential Street Address 135 WHITEWOOD DRIVE]	City FAIRFIELD		State Zip Code
nincipal Occupation		Name of Employer		CT 06825
RETIRED		RETIRED		
dependent child of a lobbyist? O No do	contribution is in excess of \$400 to es contributor or business he/she i lued at more than \$5,000?	l o a candidate for a chief executiv		Amount of Contributio
this contribution associated with an vent reported in Section L1? Yes Yes Yes Yes No	Is contributor a principal of a s If yes, indicate which bran of government the contrac		te contractor? Yes No Legislative	
Method of Contribution: Cash OPersonal Check Ocredit/Debit Card	Payroll Deduction	Date Received Order 3/22/23	Aggregate Contributions	
ast Name		First	l	MI
AGE		PAULO		
sidential Street Address		lity		State Zip Code
64 ALPINE ST		BRIDGEPORT		CT 06610
incipal Occupation SEAVIEW EQUIPMENT		Name of Employer		
		MANAGER		
dependent child of a lobbyist? O No doe	ontribution is in excess of \$400 to se contributor or business he/she is ued at more than \$5,000?			Amount of Contribution \$250.00
this contribution associated with an ent reported in Section L1? No fyes, list Event # 030923A	Is contributor a principal of a sta If yes, indicate which branc of government the contract	h or branches	e contractor? OLegislative	
ethod of Contribution: Cash Personal Check Credit/Debit Card	Payroll Deduction OMoney C	Date Received Order 3/9/23	Aggregate Contributions 750.00	
	SUBTO	OTAL Section B — This	Page \$800.00	
		of additional Section B P		
TOTAL OF ALL	CONTRIBUTIONS FROM (Enter total on Line 13,	INDIVIDUALS (Sections A Column A of Summary Page 1		

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	1211	102			
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
JOHN GOMES FOR MAYOR			APRIL 10 FILLIN	VG	
A. Total Contributions from Small Contributors-Recei		is Period ONLY OTAL SECTION A	\$		
		utions from Indivi	iduals	TO STREET OF THE STREET	
Last Name SILVA	Fire J(SI OAQUIM		R	
Residential Street Address	City	OGEPORT		State Zip Code CT 06604	
620 WOOD AVE Principal Occupation	DNIL	Name of Employer		01 00004	
CORNELL-CARR COMP INC		MACHINE OPER	ATOR		
ls contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/sh valued at more than \$5,000?				ty, Amount of Contributio	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 033023A Yes Is contributor a principal of a If yes, indicate which broad of government the contraction.	anch or b	tractor or prospective stat	e contractor? Yes OLegislative	s	
Method of Contribution:		Date Received	Aggregate Contributions	}	
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone		3/30/23	160.00	- In	
BRAGA	JC	TOAO		MI	
Residential Street Address	City	MBULL		State Zip Code CT 06611	
54 POMONA RD Principal Occupation		Name of Employer		C1 00011	
BUSINESS OWNER		DR. WOOD FLOO	OR LLC		
s contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				Amount of Contribution 150.00	
s this contribution associated with an event reported in Section L1? If yes, list Event # 033023A Yes No Is contributor a principal of a lifyes, indicate which brateful of government the contral.	anch or bi	ranches	e contractor? Yes No Legislative	;	
Method of Contribution:	- 1	Date Received	Aggregate Contributions		
Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction Money		3/30/23		120	
ast Name ESTEPAN	First	ESAR		MI	
tesidential Street Address 22 DOLPHIN RD	City NEW	CITY		State Zip Code NY 10956	
rincipal Occupation		Name of Employer			
CONTRACTOR		ESTEPAN CESAF	₹		
s contributor a lobbyist, spouse, r dependent child of a lobbyist? No If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Amount of Contribution \$500.00	
s this contribution associated with an vent reported in Section L1? If yes, list Event # Yes No Yes No If yes, indicate which brain of government the contract	nch or br	anches	_ O No		
Method of Contribution	- 1	Date Received	Aggregate Contributions		
Cash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	1/7/23			
SUBT	FOTAL	Section B — This	Page \$710.00		
		litional Section B P			
TOTAL OF ALL CONTRIBUTIONS FROM	INDIV	IDUALS (Sections A	+ B) \$64.775		

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NAME OF COMMUTTIES A STATE OF THE STATE OF T		TYPE OF REPORT			
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	APRIL 10 FILLING				
JOHN GOMES FOR MAYOR	1.11 9 1.12	ACDIL TO FILLING	<u> </u>		
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	ved this Period ONLY SUBTOTAL SECTION A	\$			
			··		
B. Itemized Co	ntributions from Indivi	duals			
Last Name CARIBE	First MIRIAM		МІ		
Residential Street Address	City		State Zip Code		
394 HUNTINGTON ROAD	BRIDGEPORT		CT 06608		
Principal Occupation	Name of Employer				
RETIRED	RETIRED				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Yes No If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			Amount of Contribution \$20.00		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 030923A Section L1? If yes, indicate which brain of government the contract		OLegislative No			
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 3/9/23	Aggregate Contributions			
Last Name	First		MI		
WILLIAMS	MANNY				
Residential Street Address 539 W JACKSON AVE	City BRIDGEPORT		State Zip Code CT 06604		
Principal Occupation	Name of Employer				
ELECTRICIAN	SIKORKY				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No does contributor or business he/she valued at more than \$5,000?	to a candidate for a chief executive is associated with have a contract Yes No	e officer of a municipality, with said municipality	Amount of Contribution \$35.00		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 030923A Section L1? If yes, list Event # 030923A		e contractor? Yes No			
Method of Contribution:	Date Received	Aggregate Contributions]		
OCash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney			129		
LAST Name RODRIGUEZ	GLADYS		MI		
Residential Street Address 285 MAPLEWOOD AVE	City BRIDGEPORT		State Zip Code CT 06605		
Principal Occupation	Name of Employer				
RETIRED	RETIRED				
s contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?			Amount of Contribution \$40.00		
s this contribution associated with an event reported in Section L1? If yes, list Event # 030923A Yes Is contributor a principal of a s If yes, indicate which bran of government the contract		O Legislative			
Method of Contribution:	Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney		COE CO	<u> </u>		
	OTAL Section B — This				
	of additional Section B P	100			
TOTAL OF ALL CONTRIBUTIONS FROM	INDIVIDUALS (Sections A				

Section B ADDITIONAL PAGE 33 of 82

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Reposit	itory)	TYPE OF REPORT	
JOHN GOMES FOR MAYOR		APRIL 10 FILLIN	IG
A. Total Contributions from Small Contributors-Re (See instructions for definition of Small Contributor)	eceived this Period ONLY SUBTOTAL SECTION A	\$	
R Itemized	Contributions from Indivi	dnole	
Last Name	First	duais	Тмі
BARROS	AULINA		
Residential Street Address	City	· · · ·	State Zip Code
652 GRAND ST Principal Occupation	BRIDGEPORT		CT 06604
DISHWASHER	Name of Employer SACRED HEART		
s contributor a lobbyist, spouse, r dependent child of a lobbyist? Yes If contribution is in excess of does contributor or business h valued at more than \$5,000?	\$400 to a candidate for a chief executive/she is associated with have a contract OYes ONO	e officer of a municipality with said municipality	Amount of Contribu
s this contribution associated with an event reported in Section L1? Yes Is contributor a principal If yes, indicate which of government the contributor aprincipal If yes, indicate which of government the contributor aprincipal If yes, indicate which of government the contributor aprincipal If yes, indicate which of government the contributor aprincipal If yes, indicate which of government the contributor aprincipal If yes, indicate which of government the contributor aprincipal If yes, indicate which of government the contributor aprincipal If yes, indicate which of government the contributor aprincipal If yes, indicate which of government the contributor aprincipal If yes, indicate which of government the contributor aprincipal If yes, indicate which of government the contributor aprincipal If yes, indicate which of government the contributor aprincipal If yes, indicate which of government the contributor aprincipal If yes, indicate which of government the contributor aprincipal If yes, indicate which of government the contributor aprincipal If yes, indicate which of government the contributor aprincipal If yes, indicate which of government the contributor aprincipal If yes, indicate which of government the contributor aprincipal If yes, indicate which is a principal If yes, indicate which is a princ	of a state contractor or prospective state branch or branches	CLegislative Yes	\$50.00
Method of Contribution: Cash Personal Check Ocredit/Debit Card Payroll Deduction M	Date Received 3/9/23	Aggregate Contributions	1
st Name	First		MI
ERREIRA DE OLIVEIRA	ROZILMO		
rsidential Street Address	City		State Zip Code
neipal Occupation	BRIDGEPORT		CT 06606
BARTENDER	Name of Employer OMENEL'S		
dependent child of a lobbyist? ONo does contributor or business he valued at more than \$5,000?	400 to a candidate for a chief executive /she is associated with have a contract v	vith said municipality	Amount of Contribut
nt reported in Section L1? No If yes, indicate which of government the continuous forms.		ŎNo	
cthod of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Mo		Aggregate Contributions	
Name DUNG	First		МІ
idential Street Address	CHRISTIAN		
00 QUARTER MILE RD	ORANGE	1	State Zip Code CT 06477
cipal Occupation	Name of Employer		01 06477
AWYER	COHEN & WOLF		
ontributor a lobbyist, spouse, ependent child of a lobbyist? Yes does contribution is in excess of \$4 does contributor or business he/s valued at more than \$5,000?	00 to a candidate for a chief executive of the is associated with have a contract w Yes No	officer of a municipality, ith said municipality	Amount of Contributi
	f a state contractor or prospective state or	contractor? Yes No	\$50.00
hod of Contribution: Cash Personal Check Ocredit/Debit Card Payroll Deduction OMon	Date Received A	ggregate Contributions	
SUI	BTOTAL Section B — This P	age \$150.00	
TOTA	AL of additional Section B Pag	ges	
TOTAL OF ALL CONTRIBUTIONS FRO	OM INDIVIDUALS (Sections A + e 13, Column A of Summary Page Tol	(als) \$64,775	

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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	G
A. Total Contributions from Small Contributors-Recei	ived this Period ONLY SUBTOTAL SECTION A	\$	
B. Itemized C	ontributions from Indiv	idnals	
Last Name	First		MI
ALVARADO	JULISSA		
Residential Street Address 269 LOUISIANA AVE	City BRIDGEPORT		State Zip Code CT 06610
Principal Occupation	Name of Employer		
STORE SUPPORT	KOHL'S		
s contributor a lobbyist, spouse, redependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a candidate for a chief executive is associated with have a contract Yes ONo	e officer of a municipality, with said municipality	Amount of Contribu
is this contribution associated with an event reported in Section L1? If yes, list Event # 033023A Yes Is contributor a principal of a If yes, indicate which bra of government the contra	oct is with: OExecutive	e contractor? Yes OLegislative	
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money	y Order 3/30/23	Aggregate Contributions	
ast Name RICKETTS	First PATRICK		MI
esidential Street Address	City		State Zip Code
04 MALINA PL	BRIDGEPORT	1	CT 06610
incipal Occupation AANAGER	Name of Employer PHONE DEPOT		· - · - · · · · · · · · · · · · · ·
contributor a lobbyist, spouse, dependent child of a lobbyist? Yes of \$400 does contributor or business he/she valued at more than \$5,000?	to a candidate for a chief executive		Amount of Contribu
this contribution associated with an ent reported in Section L1? Yes No Is contributor a principal of a lf yes, indicate which bra of government the contraction of government the contraction.	state contractor or prospective state	e contractor? Yes No	\$50.00
ethod of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money	Date Received	Aggregate Contributions	
st Name	First		MI
APTISTE sidential Street Address	CHRISTINE		M
8 SHERMAN PARK CIRCLE	City BRIDGEPORT	ľ	CT Zip Code CT 06608
acipal Occupation AWYER	Name of Employer GARCIA & MILAS	PC	
contributor a lobbyist, spouse, dependent child of a lobbyist? Yes does contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?			Amount of Contribut
the reported in Section L1? (yes, list Event # 033023A No If yes, indicate which bran of government the contract	t is with: Executive (O Legislative	
cash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	ALI I	Aggregate Contributions	
SUBT	OTAL Section B — This I	Page \$150.00	
TOTAL	of additional Section B Pa	nges	-
TOTAL OF ALL CONTRIBUTIONS FROM		- 1110	

SEEC FORM 20 Robol January 2015

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NAME OF COMMITTEE (Provide Complete Name as Registered with Fit	iling Repository)	TYPE OF REPORT	
JOHN GOMES FOR MAYOR		APRIL 10 FILLIN	IG
A. Total Contributions from Small Contribut (See instructions for definition of Small Contributor)	tors-Received this Period ONL SUBTOTAL SECTION	Y	
R I	temized Contributions from Inc	lividuols	
Lasi Name	First	iividuais	MI
LOPEZ	JOSE		E
Residential Street Address 123 ROSEWOOD AVE APT 2	City		State Zip Code
Principal Occupation	WATERBURY Name of Employer		CT 06706
BUSINESS OWNER	· · · · · · · · · · · · · · · · · · ·	ERAL CONSTRUCTO)N
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in does contributor or by valued at more than	excess of \$400 to a candidate for a chief exec business he/she is associated with have a cont	utive officer of a municipality ract with said municipality	Amount of Contributio
Is this contribution associated with an event reported in Section L1? Yes Is contributor a lf yes, indicate the section L1?	a principal of a state contractor or prospective cate which branch or branches ment the contract is with: OExecut	state contractor? Yes No	\$50.00
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduct	Date Received 3/27/23	Aggregate Contributions	
Last Name NELSON	First NICOLE		MI
Residential Street Address	City		State Zip Code
134 DEWEY ST Trincipal Occupation	BRIDGEPORT		CT 06605
TEACHER	Name of Employer UCONN		
s contributor a lobbyist, spouse, r dependent child of a lobbyist? Yes If contribution is in expendent child of a lobbyist? No valued at more than \$	excess of \$400 to a candidate for a chief executive usiness he/she is associated with have a contract to the second to the secon	act with said municipality	Amount of Contribution \$50.00
vent reported in Section L1? No If yes, indicate	principal of a state contractor or prospective ate which branch or branches ent the contract is with:	state contractor? Yes ve O Legislative	430.00
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Date Received 3/9/23	Aggregate Contributions	
SARDOZO	HORACIO		MI
rsidential Street Address BO BLUE HILL RD	City BRIDGEPORT		State Zip Code CT 06468
APPRAISER	Name of Employer INTEGRITY R.	E APPRAISERS	
contributor a lobbyist, spouse, dependent child of a lobbyist? Yes If contribution is in ex does contributor or but valued at more than \$5	scess of \$400 to a candidate for a chief executioness he/she is associated with have a contract, 5,000?	ct with said municipality	Amount of Contribution \$50.00
ent reported in Section L1? O No If yes, indication of government of gov	orincipal of a state contractor or prospective state which branch or branches ent the contract is with:	e OLegislative	400.00
ethod of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Date Received 3/9/23	Aggregate Contributions	
	SUBTOTAL Section B — Thi	s Page \$150.00	
	TOTAL of additional Section B		
	ONS FROM INDIVIDUALS (Sections		

Section B ADDITIONAL PAGE 36 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-Rece (See instructions for definition of Small Contributor)	ived this Period ONLY SUBTOTAL SECTION A	\$			
	ontributions from Indivi	duals			
PHANG	First JOAN		MI		
Residential Street Address	City		State Zip Code		
134 DEWEY ST	BRIDGEPORT		CT 06605		
Principal Occupation RETIRED	Name of Employer RETIRED		·		
s contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$40 does contributor or business he/sh valued at more than \$5,000?	to a candidate for a chief executive is associated with have a contract Yes No	e officer of a municipality with said municipality	\$50.00		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 030923A Yes Is contributor a principal of a lf yes, indicate which brof government the contributor of government the contributor apprincipal of a lf yes, indicate which brof government the contributor apprincipal of a lf yes, indicate which brof government the contributor apprincipal of a lf yes, indicate which brof government the contributor apprincipal of a lf yes, indicate which brof government the contributor apprincipal of a lf yes, indicate which brof government the contributor apprincipal of a lf yes, indicate which brof government the contributor apprincipal of a lf yes, indicate which brof government the contributor apprincipal of a lf yes, indicate which brof government the contributor apprincipal of a lf yes, indicate which brof government the contributor apprincipal of a lf yes, indicate which brof government the contributor apprincipal of a lf yes, indicate which brof government the contributor apprincipal of a lf yes, indicate which brof government the contributor apprincipal of a lf yes, indicate which brof government the contributor apprincipal of a lf yes, indicate which brof government the contributor apprincipal of a lf yes, indicate which are a lf yes a lf ye	a state contractor or prospective state anch or branches	Chegislative Yes			
Method of Contribution: Cash Personal Check Ocredit/Debit Card Payroll Deduction Mone	Date Received by Order 3/9/23	Aggregate Contributions			
ast Name FERREIRA	First		MI		
esidential Street Address	PAUL				
7 FRANS WAY	SHELTON		State Zip Code CT 06484		
incipal Occupation	Name of Employer		0. 00.01		
REALTOR	RELMAX RIGHT (CHOICE			
contributor a lobbyist, spouse, dependent child of a lobbyist? Yes No If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a candidate for a chief executive is associated with have a contract were a contract with the contr	officer of a municipality, with said municipality	Amount of Contributi		
this contribution associated with an ent reported in Section L1? Yes, list Event # 030923A Yes No Is contributor a principal of a If yes, indicate which bra of government the contra		⊙ No	ψ30.50		
lethod of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money		Aggregate Contributions]		
ENNESSY	First JACK		MI F		
sidential Street Address 56 SAVOY ST	City BRIDGEPORT		State Zip Code		
ncipal Occupation	Name of Employer		CT 06606		
RETIRED	RETIRED				
contributor a lobbyist, spouse, dependent child of a lobbyist? Yes does contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a candidate for a chief executive of its associated with have a contract w	officer of a municipality, ith said municipality	Amount of Contribution \$50.00		
ves, list Event # 030923A No If yes, indicate which bran of government the contract	t is with: O Executive	Degislative ONo	\$		
thod of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money		ggregate Contributions			
SUBT	OTAL Section B — This Pa	age \$150.00			
TOTAL	of additional Section B Pag	ges			
TOTAL OF ALL CONTRIBUTIONS FROM	INDIVIDUALS (Sections A +	B) \$64,775			

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NAME OF COMMITTEE (Provide Complete	Name as Registered with Filing Repository)		TYPE OF REPORT			
JOHN GOMES FOR MAYOR			APRIL 10 FILLIN	IG		
A. Total Contributions from (See instructions for definition of Sme		ved this Period ONLY SUBTOTAL SECTION A	\$			
	B. Itemized Co	ntributions from Indivi	duals			
Last Name		First	<u></u>	МІ		
VILLACIS Residential Street Address		KATHY		State Zip Code		
64 HAWKINS ST		City DERBY		CT 6418		
Principal Occupation		Name of Employer				
INSURANCE		NEW INSIGHT E	YE CARE			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			y, Amount of Contribution \$100.00		
190 - 100 - 100			_ ⊙ №			
Method of Contribution:	0.100 401 501	Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit	Card OPayroll Deduction OMoney					
Last Name PHILIP		First RYAN		MI		
Residential Street Address		City		State Zip Code		
381 SRATE ST		NORTH HAVE		CT 6473		
Principal Occupation		Name of Employer) ED			
PRESIDENT	T-0 - 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	NATIONAL LUME				
s contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to does contributor or business he/she i valued at more than \$5,000?			Amount of Contribution \$1000.00		
s this contribution associated with an event reported in Section L1? If yes, list Event #			e contractor? Yes No Legislative			
Method of Contribution:		Date Received	Aggregate Contributions	7		
	Card OPayroll Deduction OMoney					
Last Name FRANCO		First ALEXANDER		МІ		
Residential Street Address	10	City	<u> </u>	State Zip Code		
262 PIERREMOUNT AVE		NEW BRITAIN		CT 6053		
rincipal Occupation		Name of Employer				
DATA ANALYSIS		CONNECTICARE	INC			
s contributor a lobbyist, spouse, r dependent child of a lobbyist? Yes	If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?	o a candidate for a chief executive s associated with have a contract Yes O No	officer of a municipality with said municipality	Amount of Contribution 100.00		
s this contribution associated with an vent reported in Section L1? If yes, list Event #	Yes No Is contributor a principal of a st If yes, indicate which branc of government the contract		O Legislative			
Method of Contribution:	a 100 mm	Date Received	Aggregate Contributions			
Cash Personal Check OCredit/Debit	Jard OPayroll Deduction OMoney (Order 3/28/23				
	SUBTO	OTAL Section B — This	Page \$1200.00			
	TOTAL	of additional Section B P	ages			
TOTAL OF	ALL CONTRIBUTIONS FROM (Enter total on Line 13	INDIVIDUALS (Sections A B, Column A of Summary Page 1				

Section R ADDITIONAL PAGE 38 of 82

NAME OF COMMITTEE (Provide Comp	let s Name a	s Registered with Filing Repository)		TYPE OF REPORT		10	
JOHN GOMES FOR MAYOR		-12			APRIL 10 FILL	ING		
A. Total Contributions fr (See instructions for definition of	om Sma Small Con	all Contributors-Recentributor)		this Period ONLY TOTAL SECTION A	\$			
		D 4						
Last Name		B. Itemizea C		butions from Indiv	/iduals			МІ
SAJEEVAN				JITHU				
Residential Street Address			City			State	Zip	Code
18 CARROLL ST Principal Occupation			STA	AMFORD		СТ	06	8 9 7
DIRECTOR OF OPERATIONS	}			Name of Employer DIG INC				20 062
s contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes If o	contribution is in excess of \$40 es contributor or business he/sh	0 to a ca	ndidate for a chief execution in the contraction in	ve officer of a municipal t with said municipality	ity, Aı	mount o	f Contributi
is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes No	Is contributor a principal of a If yes, indicate which bra of government the contra	state co	OYes ONo ontractor or prospective sta branches	9001	es	0.00	
Method of Contribution: Cash OPersonal Check OCredit/Displayers OCREDITY OCT	ebit Card	Payroll Deduction Mone	y Order	Date Received	Aggregate Contributions			
ISI Name /IEIRA				rst BRANDON				МІ
esidential Street Address S89 LINCOLN AVE			City BRII	DGEPORT		State CT	Zip C 060	ode 606
STUDENT	**			Name of Employer STUDENT				
contributor a lobbyist, spouse, dependent child of a lobbyist?	o does	entribution is in excess of \$400 contributor or business he/she ed at more than \$5,000?	to a can	didate for a chief executive ciated with have a contract Yes No	e officer of a municipality with said municipality		ount of 0.00	Contribution
	Yes No	Is contributor a principal of a If yes, indicate which bra of government the contract	nch or t	ntractor or prospective state	e contractor? Yes	5	0.00	
lethod of Contribution: Cash	it Card (Payroll Deduction	Order	Date Received 3/28/23	Aggregate Contributions			
st Name IDALGO			Firs D	ENIS				МІ
sidential Street Address 75 JENNINGS AVE			City BRID	GEPORT		State CT	Zip Co 066	
ncipal Occupation ALES				Name of Employer NAPOLI MOTORS	3			
contributor a lobbyist, spouse, dependent child of a lobbyist?	does	ntribution is in excess of \$400 to contributor or business he/she i d at more than \$5,000?	o a cand s associ	lidate for a chief executive ated with have a contract v	officer of a municipality with said municipality	, Amo		Contribution
nt reported in Section L1? yes, list Event #	Yes No	s contributor a principal of a st If yes, indicate which brand of government the contract	ch or br is with:	ractor or prospective state anches Executive	contractor? Syes No Legislative			
thod of Contribution: Cash Personal Check OCredit/Debi	Card O	Payroll Deduction Money (Date Received 3/28/23	Aggregate Contributions			
		SUBTO	OTAL	Section B — This P	Page \$290.00			
				litional Section B Pa				
TOTAL OF	ALL CO	ONTRIBUTIONS FROM	INDIV	TDUALS (Sections A	+ B) \$64,775			

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NAME OF COMMITTEE (Provi	de Complete i	Vame a	s Registered with Filing Repositoral			TYPE OF REPORT		700000000000000000000000000000000000000
JOHN GOMES FOR MA		Tamo a	Tugustered wan Plang tupository			APRIL 10 FILLIN	JG.	
		Sme	all Contributors-Recei	word t	his Pariod ONI V	ATTIL TO TILLI		<u>.</u> .
(See instructions for defin					TOTAL SECTION A	\$		
	····		·····					
	80	W	B. Itemized Co	ontri	butions from Indiv	iduals	- 18 J	11000000000
Last Name				1	First			MI
WALKER					TORI			
Residential Street Address 446 BIRMINGHAM				City	IDGEPORT		State	Zip Code 06606
Principal Occupation					Name of Employer		1	1
FINANCE					NORWALK PUB	LIC SCHOOLS		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	do	contribution is in excess of \$400 es contributor or business he/sh dued at more than \$5,000?				y, Am	ount of Contributi
Is this contribution associated with event reported in Section L1? If yes, list Event #	ı an 🧧		Is contributor a principal of a If yes, indicate which bra of government the contra	anch or	branches _	te contractor? Yes OLegislative		
Method of Contribution: OCash OPersonal Check OC	Credit/Debit	Card	OPayroll Deduction OMone	y Order	Date Received 3/28/23	Aggregate Contributions		
Last Name				- 1	irst			MI
AYALA					KELVIN			
Residential Street Address 60 GILMORE ST APT 1				City BRI	DGEPORT		State CT	Zīp Code 06608
Trincipal Occupation					Name of Employer			
contributor a lobbyist, spouse, r dependent child of a lobbyist?	Yes No	doe	ontribution is in excess of \$400 s contributor or business he/she and at more than \$5,000?					ount of Contribution
this contribution associated with a vent reported in Section L1? If yes, list Event #	8	Yes No	Is contributor a principal of a If yes, indicate which bra of government the contra	nch or	branches	e contractor? Yes No Legislative		
Method of Contribution:	** *** * * * *		.		Date Received	Aggregate Contributions		
Cash Personal Check OC	redit/Debit (ard (Payroll Deduction Money		3/27/23			
ELIZ				1	FIDEL			MI
esidential Street Address 369 BUNNELL ST				City BRII	DGEPORT		State	Zip Code 06607
rincipal Occupation Retired					Name of Employer Retired			·
contributor a lobbyist, spouse, dependent child of a lobbyist?	Yes No	does	entribution is in excess of \$400 contributor or business he/she ed at more than \$5,000?				750	unt of Contributio
this contribution associated with a rent reported in Section L1? If yes, list Event #		Yes No	ls contributor a principal of a s If yes, indicate which bran of government the contrac	ich or b	oranches _	_ ONo		
lethod of Contribution:	-Jan 12 c		Annual Datus Cont			Aggregate Contributions		
Cash Personal Check OCn	ediv Debit C	ard (Prayroll Deduction OMoney	Order	3/27/23		<u> </u>	
	YETT.		SUBT	OTA	L Section B — This l	Page \$1340.00		
	4 335	П	TOTAL	of ad	ditional Section B Pa	ages		
TO	TAL OF A	LL C	CONTRIBUTIONS FROM			+ B) \$64,775		

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									22.5
NAME OF COMMITTEE (Provide Compl	No Name as	s Registered with Filing Repository			TY	PE OF REPORT			
JOHN GOMES FOR MAYOR					Af	APRIL 10 FILLING			
A. Total Contributions fro				this Period ONLY TOTAL SECTION A	\$				
		D 14 1 1 C		1 4 C T 1	• •				
Last Name		B. Itemized C		butions from Indiv	'idua	Is			МІ
Feliz				Guido					1411
Residential Street Address			City				State	Zip	Code
275 GARFIELD AVE			BR	RIDGEPORT			СТ	06	6606
Principal Occupation				Name of Employer					
BARBER				EVOLUTION BA					
s contributor a lobbyist, spouse, or dependent child of a lobbyist?	lo doe val	contribution is in excess of \$400 es contributor or business he/sh ued at more than \$5,000?	e is ass	ociated with have a contrac OYes ONo	t with:	said municipality		nount a 80.00	of Contribu
Is this contribution associated with an event reported in Section L1? If yes, list Event #	O Yes No	Is contributor a principal of a If yes, indicate which bra of government the contra	anch o	r branches	_	O No			
Method of Contribution:		00 40 4		Date Received	1	gate Contributions	Ī		
Cash Personal Check Ocredit/De	bit Card (Payroll Deduction Mone			\$2	80			
BRITO	**		- 1	EVANILDA				*	MI
esidential Street Address 33 EDNA AVE	=		City BRI	IDGEPORT			State CT	Zip (Code 610
rincipal Occupation BUSINESS OWNER				Name of Employer BRITO EVANILD	Λ		_		
contributor a lobbyist, spouse, dependent child of a lobbyist?	does	ontribution is in excess of \$400 contributor or business he/she ed at more than \$5,000?	to a ca	I ndidate for a chief executiv	e offic	er of a municipality aid municipality			Contribut
	Yes No	Is contributor a principal of a If yes, indicate which bra of government the contra	nch or	ontractor or prospective state		⊙ No	'''	0.00	
fethod of Contribution: Cash Personal Check Credit/Deb	it Card (Payroll Deduction Money	Order	Date Received	_	gate Contributions			
ist Name AMAN			- 1	rst AFRIN				:	ΜÏ
esidential Street Address			City	<u></u> .		I	State	Zip C	ode
78 CLEVELAND AVE			BRI	DGEPORT			CT	066	604
ncipal Occupation				Name of Employer THE PRETZLE M	AKE	R			
contributor a lobbyist, spouse, dependent child of a lobbyist?	does	ntribution is in excess of \$400 to contributor or business he/she at at more than \$5,000?	to a car is asso	ndidate for a chief executive ciated with have a contract O Yes No	office with sa	r of a municipality, id municipality	1	ount of 00.00	Contributi
this contribution associated with an ent reported in Section L1? Fyes, list Event #) Yes	Is contributor a principal of a s If yes, indicate which bran of government the contract	ich or t	ntractor or prospective state		ŎNo		.5.00	
ethod of Contribution: Cash Personal Check OCredit/Debi	t Card 🔘	Payroll Deduction OMoney	Order	Date Received 3/26/23	Aggreg	ate Contributions			
	. u 8	SUBT	ОТА	L Section B — This	Page	\$1190.00			
		TOTAL	of ad	lditional Section B Pa	ages				. =2
TOTAL OF	ALL C	ONTRIBUTIONS FROM	INDI	VIDUALS (Sections A	+ B)	\$64,775			

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NAME OF COMMITTEE (Prov.	ide Complete N	iome a	s Registered with Filing Repository)			Түр	E OF REPORT	30	72	
JOHN GOMES FOR MA							RIL 10 FILLIN	G		
	ons from		all Contributors-Recei		his Period ONLY	\$		1/2		
	W. TE	1	B. Itemized Co	ontrib	outions from Indiv	idual	S			
Last Name					irst		×			МІ
DOS SANTOS					ANTONIO					J
Residential Street Address 165 TAFT AVE				City	DGEPORT			State	Zip (^{30de} 606
Principal Occupation				10	Name of Employer			<u> </u>	100	
PAINTER					HORNBLOWER					
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	do	contribution is in excess of \$400 es contributor or business he/she lued at more than \$5,000?						ount of 0.00	Contributio
Is this contribution associated with event reported in Section L1? If yes, list Event #	han 8		Is contributor a principal of a <i>If yes</i> , indicate which bra of government the contra	nch or	branches		actor? Yes No		J. J J	
Method of Contribution: OCash OPersonal Check O	Credit/Debit (Card (OPayroll Deduction OMoney	y Or de r	Date Received 3/26/23	Aggreg	ate Contributions			
Last Name DEPINA				Fi	rst IOSE					МІ
Residential Street Address				City				State	Zip C	ode
485 HART ST				BRII	DGEPORT			СТ	066	606
Principal Occupation ELECTROMECHANICAL					Name of Employer					
s contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No		ontribution is in excess of \$400 s contributor or business he/she					Amo	unt of	Contribution
s this contribution associated with vent reported in Section L1? If yes, list Event #			Is contributor a principal of a If yes, indicate which bra of government the contra	nch or	branches	_	⊙ No	100	0.00	
Method of Contribution:					Date Received	_	ate Contributions	1		
	redit/Debit C	ard (Payroll Deduction	Order	3/26/23					
ast Name PERDOMO				Fir	st ULISSA					MI
esidential Street Address 111 SOUTH MAIN ST				City NOF	RWALK			State CT	Zip Co 685	
rincipal Occupation BUSINESS OWNER					Name of Employer JULISSA RAIBOV	V FAN	MILY DAYCAR	ΙE		
contributor a lobbyist, spouse, dependent child of a lobbyist?	Yes No	does	ontribution is in excess of \$400 ts contributor or business he/she ed at more than \$5,000?					Amoi 500		Contribution
this contribution associated with a vent reported in Section L1? [[yes, list Event #	-	res No	Is contributor a principal of a s If yes, indicate which bran of government the contract	ch or b	ranches	contrac	O No			
fethod of Contribution:	17.45.11.5		\			Aggrega	te Contributions			
Cash Personal Check OC	redit/Debit Ca	ard (Payroll Deduction OMoney	Order	3/25/23					
			SUBT	OTAI	L Section B — This	Page	\$800.00			
			TOTAL	of ad	ditional Section B P	ages				
ТО	TAL OF A	LL C	CONTRIBUTIONS FROM		VIDUALS (Sections A		\$64,775			

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NAME OF COMMITTEE (Provide Complete Name as Registered with	Filing Repository)		TYPE OF REPORT		
JOHN GOMES FOR MAYOR			APRIL 10 FILLIN	G	
A. Total Contributions from Small Contrib		d this Period ONLY JBTOTAL SECTION A	\$		
В.	Itemized Cont	ributions from Indivi	duals		
Last Name		First			МІ
MOTA DE JESUS		JUAN PABLO	22		
Residential Street Address 572 CAPITOL AVE	Cir	BRIDGEPORT		State	Zip Code 06606
Principal Occupation		Name of Employer	500 0100 0100 000 000 000 000 000 000 00	[87]	
INSTALLER		CALIFORNIA CL	OSETS		
	or business he/she is	a candidate for a chief executive associated with have a contract Oves ONo		500.	int of Contribution
event reported in Section L1? No If yes, in	or a principal of a stat idicate which branch rnment the contract is		e contractor? Yes OLegislative		
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Ded	duction	Date Received ander 3/25/23	Aggregate Contributions	1	
Last Name		First			MI
ROSA	T	EDMILSON			
Residential Street Address 154 SUMMERFIELD AVE	City	RIDGEPORT		State	Zip Code 06610
Principal Occupation		Name of Employer		<u> </u>	
SHIPPER		SUPERIOR PLAN	ITIF		
	or business he/she is a	candidate for a chief executive associated with have a contract Yes No		Amou 90.0	nt of Contribution
event reported in Section L1? O No If yes, in	or a principal of a stated of		e contractor? Yes No Legislative		
Method of Contribution:		1 1	Aggregate Contributions	1	
Ocash OPersonal Check Ocredit/Debit Card OPayroll Dedu	uction Money Or				
ast Name LEITE		First LLIDIO			MI
Residential Street Address	City	Leave		State	Zip Code
79 COLEMAN ST	В	RIDGEPORT		СТ	06604
Principal Occupation		Name of Employer			
WATCH POLISHER	58400	BREITLING USA	-60		
r dependent child of a lobbyist? No does contributor of valued at more that	r business he/she is a	candidate for a chief executive ssociated with have a contract v		100.0	nt of Contribution)0
event reported in Section L1?	r a principal of a state dicate which branch nment the contract is		contractor? Yes No Legislative		
Method of Contribution: Cash Personal Check OCredit/Debit Card Payroll Dedu	uction OMoney Ord		Aggregate Contributions		
	SUBTO	TAL Section B — This l	Page \$690.00		
	TOTAL of	additional Section B Pa	ages		
TOTAL OF ALL CONTRIBU (Ente	TIONS FROM IN er total on Line 13. (DIVIDUALS (Sections A Column A of Summary Page T	+ B) \$64,775		

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of 82

	DITIONAL PAGE	01 02	
NAME OF COMMITTEE (Provide Complete Name as Registered with i	Filing Repository)	TYPE OF REPORT	
JOHN GOMES FOR MAYOR		APRIL 10 FILLIN	IG
A. Total Contributions from Small Contribu	utors-Received this Period ONLY SUBTOTAL SECTION A	\$	
B. 1	Itemized Contributions from Indivi	duals	MI
VIEIRA	CARLOS		
Residential Street Address 110 CHERRY ST	BROCKTON		State Zip Code MA 2301
Principal Occupation BUSINESS OWNER	Name of Employer CARLOS VIEIRA		<u> </u>
or dependent child of a lobbyist? O No does contributor or	n excess of \$400 to a candidate for a chief executive r business he/she is associated with have a contract		
event reported in Section L1? No If yes, ind	a principal of a state contractor or prospective stat	e contractor? Yes OLegislative	90.00
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Dedu	Date Received 3/25/23	Aggregate Contributions	
ast Name DE LA CRUZ	ADYERIN		MI
tesidential Street Address 77 6TH ST	City BRIDGEPORT		State Zip Code CT 06607
Trincipal Occupation TEACHER	Name of Employer CREATIVE KIDS		
contributor a lobbyist, spouse, r dependent child of a lobbyist? Yes No Yes does contribution is in does contributor or valued at more than	excess of \$400 to a candidate for a chief executive business he/she is associated with have a contract to \$5,000? Yes O No	officer of a municipality, with said municipality	Amount of Contribution
vent reported in Section L1?	a principal of a state contractor or prospective state licate which branch or branches ment the contract is with:	⊙ No	30.30
Method of Contribution: Cash Personal Check Ocredit/Debit Card Payroll Deduc		Aggregate Contributions]
nst Name MIRANDA	First JOSH		МІ
sidential Street Address 37 WOOD AVE	City BRIDGEPORT		State Zip Code CT 06604
incipal Occupation	Name of Employer MIRANDA JOSH	1	
contributor a lobbyist, spouse, dependent child of a lobbyist? Yes does contribution is in a does contributor or by valued at more than	excess of \$400 to a candidate for a chief executive business he/she is associated with have a contract v \$5,000?	officer of a municipality, vith said municipality	Amount of Contributio
this contribution associated with an and the reported in Section L1? Yes Is contributor a lf yes, indicate the reported in Section L1?	a principal of a state contractor or prospective state cate which branch or branches nent the contract is with:	_ O No	30.00
ethod of Contribution: Cash Personal Check Ocredit/Debit Card Payroll Deduct	1 1	Aggregate Contributions	
	SUBTOTAL Section B — This F	age \$260.00	
	TOTAL of additional Section B Pa		
TOTAL OF ALL CONTRIBUTI (Enter	IONS FROM INDIVIDUALS (Sections A total on Line 13, Column A of Summary Page To	+ B) \$64,775	

SEEC FORM 20 Bested January 2015

Section B ADDITIONAL PAGE 44 of 82

NAME OF COMMITTEE (Provide	le Complete N	ame a	s Registered with Filing Repository)	Œ		TYP	E OF REPORT			
JOHN GOMES FOR MA	YOR					API	RIL 10 FILLIN	G		
A. Total Contributio (See instructions for defin					this Period ONLY	\$		-		
						0.00				
	V_ U.J		B. Itemized Co	ontri	ibutions from Indivi	iduals	S		- 22	
Last Name					First					МІ
VELOZ					DIGNA					1
Residential Street Address 176 YAREMICH DR				City	RIDGEPORT		5829	State	10.00	Code
Principal Occupation	- 1 Y 22 Y 24] Br	Name of Employer			01	100	6606
Supervisor					Totality home hea	alth ca	are agency			
Is contributor a lobbyist, spouse,	O Yes	If	contribution is in excess of \$400) to a c				. Am	ount o	f Contributio
or dependent child of a lobbyist?	⊙ No	do va	es contributor or business he/sh- lued at more than \$5,000?	e is ass	sociated with have a contract OYes ONo	t with sa	aid municipality	1	0.00	i Contributio
Is this contribution associated with event reported in Section L1? If yes, list Event #	an C			anch o	r branches	_	actor? Yes No gislative			
Method of Contribution: Cash Personal Check OC	redit/Debit (Card	OPayroll Deduction OMone	y Orde	Date Received	Aggreg	ate Contributions]		
Last Name		_		Ī	First					МІ
ESTRADA					CATALINA					
Residential Street Address				City		CQ-E		State	Zip C	
630 NAUGATUCK AVE				Mil	LFORD			СТ	06	461
Principal Occupation ASSISTANT					Name of Employer					
	Δν.	10	. 11		NPS	00	- C - 11-11-11-			
s contributor a lobbyist, spouse, r dependent child of a lobbyist?	8 Yes No	doc	contribution is in excess of \$400 as contributor or business he/she ued at more than \$5,000?					1	unt 01).00	Contribution
s this contribution associated with a vent reported in Section L1? If yes, list Event #		Yes No	Is contributor a principal of a If yes, indicate which bra of government the contra	inch o	r branches	-	⊙ No			
Method of Contribution:						Aggrega	ate Contributions	1		
Cash OPersonal Check OC	edit/Debit C	ard (Payroll Deduction Money	/ Ordei	3/24/23					
ast Name FIDALGO				- 1	irst BALTAZAR				1	М
esidential Street Address				City	DALIAZAN			State	Zip C	ode
435 VINCELLETTE ST				1.5	IDGPORT			CT	1 .	606
rincipal Occupation		-	- 100 m m m m m m m m m m m m m m m m m m		Name of Employer					
POLISHER					BREITLING USA					
contributor a lobbyist, spouse, dependent child of a lobbyist?	8 Yes No	doe	ontribution is in excess of \$400 s contributor or business he/she and at more than \$5,000?					Amor		Contribution
this contribution associated with a vent reported in Section L1? If yes, list Event #	_		Is contributor a principal of a suffyes, indicate which brain of government the contract	nch or	ontractor or prospective state branches	_	⊙ No		.00	
lethod of Contribution: Cash Personal Check OCr	edit/Debit C	ard (Payroll Deduction OMoney	Order	n I	Aggrega	te Contributions		6:	
			SUBT	OTA	AL Section B — This	Page	\$310.00			
		W.S	TOTAL	ofa	dditional Section B Pa	ages				
TO	TAL OF A	LL (CONTRIBUTIONS FROM (Enter total on Line 1		OVIDUALS (Sections A Jumn A of Summary Page T		\$64,775			

SEEC FORM 20 Resided January 2015

Section B ADDITIONAL PAGE 45

of <u>82</u>

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repo	sitory)	TYPE OF REPORT	
JOHN GOMES FOR MAYOR		APRIL 10 FILLING	3
A. Total Contributions from Small Contributors-R (See instructions for definition of Small Contributor)	Received this Period ONLY SUBTOTAL SECTION A	\$	
		··-	
B. Itemize	ed Contributions from Indiv	iduals	
Last Name CAMERON	First ANNA		МІ
Residential Street Address	City		State Zip Code
5440 NETHERLAND AVE D15	BRONX		NY 10471
Principal Occupation	Name of Employer		
RN		E OF WESTCHEST	
or dependent child of a lobbyist? O No does contributor or business valued at more than \$5,000?		with said municipality	Amount of Contribution 60.00
	pal of a state contractor or prospective statich branch or branches contract is with:	te contractor? Yes OLegislative	
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction O	Money Order Date Received 3/24/23	Aggregate Contributions]
Last Name	First		MI
BARRETO	MARIA	···	State Zip Code
Residential Street Address 7 JAMES ST	City MILFORD		CT 06460
Principal Occupation	Name of Employer		
MANAGER	BARRETOS CLE		
	f \$400 to a candidate for a chief executive he/she is associated with have a contract Yes No		Amount of Contribution 120.00
		O Legislative	
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	I	Aggregate Contributions	
Last Name	First	· -	МІ
XAVIER	TINA		
Residential Street Address	City SHELTON		State Zip Code CT 06484
59 BALLARO DRIVE Principal Occupation	Name of Employer		01 00404
SUPERVISOR	SHELTON BOAR	D OF EDUCATION	
s contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business valued at more than \$5,000?	f \$400 to a candidate for a chief executive he/she is associated with have a contract Yes No	e officer of a municipality, with said municipality	Amount of Contribution 50.00
s this contribution associated with an Yes Is contributor a principa	al of a state contractor or prospective state ch branch or branches contract is with: © Executive	O Legislative	
Method of Contribution: Cash OPersonal Check OCredit/Debit Card OPayroll Deduction O	Date Received 2/3/23	Aggregate Contributions	
	SUBTOTAL Section B — This	Page \$230.00	
TO	OTAL of additional Section B P	ages	
TOTAL OF ALL CONTRIBUTIONS F	FROM INDIVIDUALS (Sections A Line 13, Column A of Summary Page 1		

Section B ADDITIONAL PAGE 46 of 82

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Re	epository)	TYPE OF REPORT	W. 1 18 18 18 18 18 18 18 18 18 18 18 18 1
JOHN GOMES FOR MAYOR		APRIL 10 FILLIN	G
A. Total Contributions from Small Contributors-	-Received this Period ONLY		
(See instructions for definition of Small Contributor)	SUBTOTAL SECTION A	\$	
B. Itemiz	zed Contributions from Indiv	iduals	
Last Name	First	10 (1815)	MI
GRAY	ANA		
Residential Street Address 46 SOUNDVIEW AVE	City		State Zip Code
Yincipal Occupation	MILFORD		CT 06460
NURSE	Name of Employer COMPLETE CAI	3E	
	s of \$400 to a candidate for a chief executive		Amount of Contrib
	ss he/she is associated with have a contract	t with said municipality	
	ipal of a state contractor or prospective sta	te contractor? Yes	70.00
event reported in Section L1? No If yes, indicate w	hich branch or branches	OLegislative No	
Method of Contribution:	Date Received	Aggregate Contributions	-
Cash Personal Check Ocredit/Debit Card Payroll Deduction	Money Order 2/3/23		
ast Name	First		MI
AVIER	JOSE		
sidential Street Address	City		State Zip Code
47 COLORADO AVE	BRIDGEPORT		CT 06605
incipal Occupation	Name of Employer	PODT	
	CITY OF BRIDGE		
	of \$400 to a candidate for a chief executive she/she is associated with have a contract? Yes No	e officer of a municipality, with said municipality	Amount of Contribu
ent reported in Section L1? O No If yes, indicate wh	ipal of a state contractor or prospective stat hich branch or branches e contract is with:	e contractor? O Legislative	
ethod of Contribution:	Date Received	Aggregate Contributions	
Cash Personal Check Ocredit/Debit Card Payroll Deduction	Money Order 2/3/23		
t Name	First		М
ZARDO	ENYILIS		
idential Street Address OO ASHLEY ST	BRIDGEPORT		State Zip Code CT 06608
scipal Occupation	Name of Employer		00006
USINESS OWNER	LA DOMINICANA	DISTRIBUIDOR	
ontributor a lobbyist, spouse, Yes If contribution is in excess o	of \$400 to a candidate for a chief executive		Amount of Contribut
dependent child of a lobbyist? No does contributor or business valued at more than \$5,000?	he/she is associated with have a contract v	with said municipality	70.00
his contribution associated with an Yes Is contributor a princip	pal of a state contractor or prospective state	contractor? Yes No	70.00
thod of Contribution:		Aggregate Contributions	
Cash Personal Check OCredit/Debit Card Payroll Deduction O	Money Order 2/4/23		
	SUBTOTAL Section B — This I	Page \$240.00	
	SUDIOTAL SCHOOL D THIS I		
	OTAL of additional Section B Pa	nges	

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Section R ADDITIONAL PAGE 47 of 82

	500	, tiOi	I D ADDITIONA			<u> </u>		
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT				
JOHN GOMES FOR MAY	OR					APRIL 10 FILLIN	1G	
A. Total Contribution (See instructions for definit			Il Contributors-Receiv		otal section a	\$		
					*		· ·	
	-x-1		B. Itemized Co	ntrib	utions from Indivi	duals	are i	
Last Name					rst			MI
ALVAREZ				(BIOVANNI			
Residential Street Address 610 LAKESIDE DRIVE				City	DGEPORT		State	Zip Code 06606
Principal Occupation				5,	Name of Employer		1	1 0000
MECHANIC					UNITED RENTAL	-		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	8 Yes No	do	contribution is in excess of \$400 es contributor or business he/she used at more than \$5,000?					ount of Contributio
Is this contribution associated with a event reported in Section L1? If yes, list Event #	an E) Yes	Is contributor a principal of a If yes, indicate which bra: of government the contract	nch or t	ntractor or prospective statements h: OExecutive	OLegislative No	7	.00
Method of Contribution: Cash Personal Check OCr	edit/Debit	Card (Payroll Deduction	Order	Date Received	Aggregate Contributions		
Last Name				Fir	st		_	MI
FIDALGO				E	GIDIO			
Residential Street Address				City	OGEPORT		State	Zip Code 06605
585 COLORADO AVE 1ST Principal Occupation	rL.		·	DITIL	Name of Employer		01	1 00003
RETIRED					RETIRED			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	doe	ontribution is in excess of \$400 s contributor or business he/she and at more than \$5,000?	to a can is assoc	didate for a chief executive iated with have a contract Yes No	officer of a municipality with said municipality		ount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	- 8	Yes No	Is contributor a principal of a If yes, indicate which brat of government the contract	nch or t	oranches	e contractor? Yes No Legislative	_	
Method of Contribution:						Aggregate Contributions		
OCash OPersonal Check OCre	dit/Debit (Card (Payroll Deduction		2/8/23	· ·		120
Last Name REYES				Firs	t UIS			MI
Residential Street Address				City		···	State	Zip Code
2400 NORTH AVE				BRIC	GEPORT		СТ	06604
Principal Occupation					Name of Employer			
CONSULTING					LR CAPITALS PA		- 100-	
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	doe	ontribution is in excess of \$400 to s contributor or business he/she and at more than \$5,000?					ount of Contribution
s this contribution associated with an event reported in Section L1? If yes, list Event #	- 8	Yes No	Is contributor a principal of a s If yes, indicate which bram of government the contrac	ch or b	ranches Executive	O Legislative		
Method of Contribution:	dia/ID=1-1- 4	and P	Dougall Deduction Charge	~	Date Received 2/8/23	Aggregate Contributions		
Cash Personal Check OCre	uivDebil (ara (Prayton Deduction OMoney	Oraer	210120			
	170-		SUBT	OTAI	L Section B — This	Page \$270.00		
	Hit w		TOTAL	of ad	ditional Section B Pa	ages		
тот	AL OF	ALL (CONTRIBUTIONS FROM (Enter total on Line 1		VIDUALS (Sections A mn A of Summary Page T			

Section B ADDITIONAL PAGE 48 of 82

NAME OF COMMITTEE (Provide Complete N	IE OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
JOHN GOMES FOR MAYOR			APRIL 10 FILLING				
A. Total Contributions from (See instructions for definition of Small)		ved this Period ONLY SUBTOTAL SECTION A	\$				
	P Itomizad Co	ontributions from Indivi	duolo				
Last Name	D. Remizeu Co	First	iduais	MI			
FIDALGO		MARIA					
Residential Street Address		City		State Zip Code			
585 COLORADO AVE		BRIDGEPORT		CT 06605			
Principal Occupation RETIRED		Name of Employer RETIRED					
s contributor a lobbyist, spouse, Yes	If contribution is in excess of \$400		e officer of a municipality	Amount of Contribu			
r dependent child of a lobbyist?	does contributor or business he/she valued at more than \$5,000?			90.00			
Is this contribution associated with an event reported in Section L1? If yes, list Event #		state contractor or prospective stat	No No	30.00			
Method of Contribution:		Date Received	Aggregate Contributions	1			
Cash Personal Check OCredit/Debit (Card OPayroll Deduction OMoney	Order 2/8/23					
ast Name SALDANA		First YURI		МІ			
esidential Street Address 172 GARFIELD AVE		City BRIDGEPORT		State Zip Code CT 06606			
PACKAGING HANDLER		Name of Employer FEDEX					
contributor a lobbyist, spouse, dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			Amount of Contribut			
32	Yes Is contributor a principal of a If yes, indicate which braid of government the contract	state contractor or prospective state nch or branches et is with:	⊙ №				
lethod of Contribution:		1 1	Aggregate Contributions				
Cash Personal Check Credit/Debit C	ard Payroll Deduction Money						
st Name STRADA		First WILLIAM		MI			
sidential Street Address 384 NORTH AVE		BRIDGEPORT	1	CT Zip Code CT 06604			
ncipal Occupation RETIRED		Name of Employer RETIRED					
contributor a lobbyist, spouse, Yes dependent child of a lobbyist? No	If contribution is in excess of \$400 t does contributor or business he/she i valued at more than \$5,000?			Amount of Contribute			
his contribution associated with an ent reported in Section L1? Syes, list Event #	ls contributor a principal of a st If yes, indicate which bran of government the contract		_ © No				
ethod of Contribution:	100 40	I	Aggregate Contributions				
Cash Personal Check OCredit/Debit Ca	ard OPayroll Deduction OMoney	Order 2/9/23					
	SUBTO	OTAL Section B — This I	Page \$280.00				
	TOTAL	of additional Section B Pa	iges				
TOTAL OF A	LL CONTRIBUTIONS FROM	INDIVIDUALS (Sections A	+ B) \$64.775				

Section B ADDITIONAL PAGE 49

of 82

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing I	Repository)	TYPE OF REPORT	NE NIL VIII		
JOHN GOMES FOR MAYOR	APRIL 10 FILLING	APRIL 10 FILLING			
A. Total Contributions from Small Contributors (See instructions for definition of Small Contributor)	\$				
	_ - "				
B. Item	nized Contributions from Indivi	iduals			
Last Name	First		MI		
DE PINA Residential Street Address	JOSE		State Zip Code		
4 GREEN ST	City TRUMBULL		CT 06611		
Principal Occupation	Name of Employer		· · · · · · · · · · · · · · · · · · ·		
PHYSICAL THERAPIST	FAMILY CARE V	ISITING NURSE			
	ess of \$400 to a candidate for a chief executiveness he/she is associated with have a contract OOO? Yes No		Amount of Contribution		
event reported in Section L1? No If yes, indicate	ncipal of a state contractor or prospective state which branch or branches the contract is with:	le contractor? Yes OLegislative			
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Money Order Date Received 2/9/23	Aggregate Contributions			
Last Name	First	-	MI		
QUEIROZ Residential Street Address	LARISSA		State Zip Code		
89 LINEN AVE APT 2	City BRIDEGPORT		CT 06604		
Principal Occupation	Name of Employer				
CLEANING	BARRETOS CLE	ANING LLC			
	ss of \$400 to a candidate for a chief executive tess he/she is associated with have a contract 00? Yes O No		Amount of Contribution		
event reported in Section L1?	ncipal of a state contractor or prospective state which branch or branches the contract is with:	e contractor? Yes No Legislative			
Method of Contribution:	Date Received	Aggregate Contributions]		
Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction					
ast Name CUNHA	JOAO		MI		
Residential Street Address 50 SUNBURST RD	City BRIDGEPORT		State Zip Code CT 06606		
trincipal Occupation	Name of Employer		C1 00000		
BARTENDER	BRASAS				
	ss of \$400 to a candidate for a chief executive ess he/she is associated with have a contract to O? Yes No		Amount of Contribution		
s this contribution associated with an vent reported in Section L1? Yes No Is contributor a prince of the section L1? If yes, indicate we will be set to the section L1?	cipal of a state contractor or prospective state which branch or branches	contractor? Yes No Legislative			
Method of Contribution: Cash Personal Check Ocredit/Debit Card Payroll Deduction	OMoney Order Date Received 1/18/23	Aggregate Contributions			
	SUBTOTAL Section B — This	Page \$130.00			
	TOTAL of additional Section B Page 1	ages	· · · · · · · · · · · · · · · · · · ·		
	S FROM INDIVIDUALS (Sections A				

Section B ADDITIONAL PAGE 50 of 82

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) JOHN GOMES FOR MAYOR A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A B. Itemized Contributions from Indivi	APRIL 10 FILLIN	IG .	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A B. Itemized Contributions from Indivi			
(See instructions for definition of Small Contributor) SUBTOTAL SECTION A B. Itemized Contributions from Indivi	\$		
Last Name First	duals		11-97-20-00 V
XAVIER ELIZABETH			MI
Residential Street Address City		State	Zip Code
123 SUNSET HILL RD REDDING		СТ	06896
Principal Occupation Name of Employer			
DIRECTOR, TOTAL REWARDS CANNONDALE	0" 0 11	T .	
If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract valued at more than \$5,000?			ount of Contribut 40.00
Is this contribution associated with an Yes Is contributor a principal of a state contractor or prospective state		٦ "١	10.00
event reported in Section L1? If yes, indicate which branch or branches of government the contract is with: Executive OExecutive OEXECUTIV	OLegislative No		
Method of Contribution: Date Received	Aggregate Contributions	7	
Cash Personal Check Ocredit/Debit Card Payroll Deduction Money Order 2/17/23			
ast Name First JOHANNA			MI
desidential Street Address City		State	Zip Code
25 COTTAGE ST 202 NORWALK		CT	06855
Principal Occupation Name of Employer	10.001.001		-
TRANSPORTATION ADMINISTRATOR NORWALK PUBLI		T.	
s contributor a lobbyist, spouse, r dependent child of a lobbyist? No Yes If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract v valued at more than \$5,000? Yes No		30.0	unt of Contributi
this contribution associated with an Yes Is contributor a principal of a state contractor or prospective state] 50.1	,0
vent reported in Section L1? No If yes, indicate which branch or branches of government the contract is with: Executive	O No Legislative		
	Aggregate Contributions		
Cash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order 2/17/23			
FIDALGO First LUDOVINA			МІ
esidential Street Address City	<u></u>	State	Zip Code
587 COLORADO AVE 2ND BRIDGEPORT		СТ	06605
rincipal Occupation Name of Employer			
DENTAL ASSITANT DR. VAYNER FAM	ILY DENTISTRY		
contributor a lobbyist, spouse, dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate for a chief executive does contributor or business he/she is associated with have a contract we valued at more than \$5,000? Yes O No			ant of Contributio
this contribution associated with an vent reported in Section L1? Yes, list Event # Yes Is contributor a principal of a state contractor or prospective state of government the contract is with: Executive	_ ⊙ No	120.	00
In a contract to the contract	Aggregate Contributions		
_ 33 _		<u></u>	
Date Received Cash Personal Check Ocredit/Debit Card Payroll Deduction Money Order A 2/17/23			
_ 33 _	age \$290.00		<u>, </u>
Cash Personal Check Ocredit/Debit Card Payroll Deduction Money Order 2/17/23			2.25%

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Section & ADDITIONA						
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
JOHN GOMES FOR MAYOR			APRIL 10 FILLIN	IG		
A. Total Contributions from Small Contributors-Recei (See instructions for definition of Small Contributor)		nis Period ONLY OTAL SECTION A	\$			
B. Itemized Co	ontrib	utions from Indivi	duals			
Last Name	Fü				MI	
Hall		lohnel		- C	77-0-4-	
Residential Street Address 122 Madison Ave	City Bride	geport		State	Zip Code 06608	
Principal Occupation		Name of Employer	<u> </u>		1	
Barber		Johnel's A Cut Ab	ove LLC			
ls contributor a lobbyist, spouse, Yes If contribution is in excess of \$400	0 to a can	ndidate for a chief executive	e officer of a municipality	y, Ame	ount of Contribution	
or dependent child of a lobbyist? One does contributor or business he/sh valued at more than \$5,000?	ie is assoc	ciated with have a contract Oyes ONo	with said municipality	\$10	00.00	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a If yes, indicate which broad of government the control of government the control of government.	anch or b	branches	CLegislative Syes			
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	ey Order	3/10/23	\$300.00			
Last Name	Fire				MI	
Mendez		etra	v	State	Zip Code	
Residential Street Address 1237 Lindley Street	City Bride	egport	,	Ct	06606	
Principal Occupation	1	Name of Employer		1		
Machine Operator		Presicion Resours	se			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	0 to a can e is assoc	didate for a chief executive intended with have a contract of Yes No	officer of a municipality with said municipality		unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 030923A Yes No If yes, indicate which broad of government the contributor of government the contributor apprincipal of a list contributor apprincipal o	anch or b	branches	e contractor? Yes No Legislative			
Method of Contribution:]	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone		3/9/23				
Last Name	Firs	st Francisco			MI	
Santos Residential Street Address	City	Taricisco		State	Zip Code	
1067 Wayne Street	1 '	geport		Ct	06606	
Principal Occupation		Name of Employer				
Appliance Repair		PC Richard and S	on			
s contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of \$400 does contributor or business he/she valued at more than \$5,000?) to a cane e is assoc	didate for a chief executive inted with have a contract V	officer of a municipality with said municipality	1	unt of Contribution	
is this contribution associated with an event reported in Section L1? If yes, list Event # 030923A Yes No No If yes, indicate which bra of government the contra	anch or b	ranches Executive	O Legislative			
Method of Contribution:		Date Received 3/09/23	Aggregate Contributions			
Cash Personal Check Ocredit/Debit Card Payroll Deduction Omone	y Order	3/09/23				
SUB	TOTAL	L Section B — This l	Page \$300.00			
TOTAL	L of ad	ditional Section B Pa	ages			
TOTAL OF ALL CONTRIBUTIONS FROM		VIDUALS (Sections A				

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Rep.	pository)	TYPE OF REPORT			
JOHN GOMES FOR MAYOR	APRIL 10 FILLIN	APRIL 10 FILLING			
A. Total Contributions from Small Contributors-I (See instructions for definition of Small Contributor)	LY \$	500			
•	100000		Villa		
B. Itemiz	ed Contributions from I	adividuals			
Last Name	First		MI		
Depina	Augusto		In the second		
Residential Street Address 485 Hart Street	City Bridgeport		State Zip Code Ct 06606		
Principal Occupation	Name of Employer				
Retired	Retired				
or dependent child of a lobbyist? O No does contributor or business valued at more than \$5,000		ontract with said municipality No	\$100.00		
	pal of a state contractor or prospecti hich branch or branches e contract is with:	_ O No			
Method of Contribution: Cash Personal Check Ocredit/Debit Card Payroll Deduction	Money Order 3/9/23	Aggregate Contributions			
Last Name	First		MI		
Longwa Residential Street Address	Bertin		State Zip Code		
1225 North Ave	Bridgeport		Ct 06604		
Principal Occupation	Name of Employer		<u> </u>		
Electrian	Stevebert Inv	estment LLC			
	of \$400 to a candidate for a chief exists he/she is associated with have a co?		Amount of Contribution \$100.00		
	pal of a state contractor or prospectinich branch or branches e contract is with:	ve state contractor? Stative O Legislative			
Method of Contribution:	Date Received	Aggregate Contributions			
Cash Personal Check Credit/Debit Card Payroll Deduction C	Money Order 03/09/23				
DosSantos	Arlindo		***		
tesidential Street Address	City		State Zip Code		
167 Taft Ave	Bridgeport		Ct 06606		
rincipal Occupation	Name of Employer				
Police Officer	City Of Bridge	<u> </u>			
s contributor a lobbyist, spouse, r dependent child of a lobbyist? Yes Ves Ves Ves Ves Ves Ves Ves Ves Ves V	of \$400 to a candidate for a chief exes he/she is associated with have a color. Yes	ntract with said municipality No	Amount of Contribution \$100.00		
s this contribution associated with an vent reported in Section L1? If yes, list Event # 030923A Is contributor a principal of government the	oal of a state contractor or prospective ich branch or branches contract is with:	_ ⊙ No			
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction C	Money Order O3/09/23	Aggregate Contributions			
	SUBTOTAL Section B —	This Page \$300.00			
TO	OTAL of additional Section	B Pages			
TOTAL OF ALL CONTRIBUTIONS I (Enter total on	FROM INDIVIDUALS (Section Line 13, Column A of Summary 1				

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NAME OF COMMITTEE (Provide Complete	F COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYP.	TYPE OF REPORT				
JOHN GOMES FOR MAYOR					AP	APRIL 10 FILLING			
A. Total Contributions from (See instructions for definition of St.				this Period ONLY TOTAL SECTION A	\$				
	M. II.	B. Itemized Co	_	ibutions from Indivi	idual	S			
Depina Jr				Antonio				MI	
Residential Street Address			City				State	Zip Code	
17 Pine Needle Drive			Str	ratford			Ct	06614	
Principal Occupation Parole Supervisor				Name of Employer State Of CT Dept	of C	orrection			
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	do	contribution is in excess of \$400 es contributor or business he/should at more than \$5,000?						ount of Contribution	
	Yes No		ınch o	contractor or prospective states branches with: ©Executive	OLe	egislative No	<u>-</u> Ψ2	50.00	
Method of Contribution: OCash OPersonal Check OCredit/Deb	it Card (OPayroll Deduction OMone	y Orde	Date Received 3/9/23	Aggreg	gate Contributions			
Last Name			1	First	<u>. </u>			Mī	
OMalley				Tricia					
Residential Street Address			City				State	Zip Code	
1581 Georges Hill Rd			50	uthbury			Ct	06488	
Principal Occupation Manager				United HealthCan	е				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	doe	ontribution is in excess of \$400 s contributor or business he/she ued at more than \$5,000?						ount of Contribution	
s this contribution associated with an event reported in Section L1? If yes, list Event # 030923A	Yes No	Is contributor a principal of a If yes, indicate which bra of government the contra	nch o	r branches		No No No			
Method of Contribution:		<u> </u>		Date Received	Aggreg	ate Contributions			
OCash OPersonal Check OCredit/Debi	Card (Payroll Deduction Money						120	
Last Name Marciangelo			- 1	Pirst Nick				MI	
Residential Street Address			City	eth Llover		T	State	Zip Code	
5 Orient Lane			NOI	rth Haven			Ct	06473	
Principal Occupation Project Manager				Name of Employer Ariel Electrical					
s contributor a lobbyist, spouse, or dependent child of a lobbyist?	does	ontribution is in excess of \$400 s contributor or business he/she at more than \$5,000?	to a ca	andidate for a chief executive ociated with have a contract Yes No	office with sa	r of a municipality, id municipality		ount of Contribution	
event reported in Section L1? If yes, list Event # 030923A	Yes No	Is contributor a principal of a s If yes, indicate which bran of government the contract	nch or	branches Executive	O Leg	©No gislative			
Method of Contribution:	Co •	Down Deduction Office	- داده	Date Received 03/09/23	Aggrega	ate Contributions			
Cash Personal Check OCredit/Debit	Card (\$450.00			
	Jan V			AL Section B — This		\$450.00			
TOTALOG	ATT	TOTAL CONTRIBUTIONS FROM	10.00	Idditional Section B P					
TOTAL OF	ALL (IIV IIIUALS (SECUORS A Iumn A of Summers Page T		\$64,775			

SEEC FORM 20 Restrict Assessey 2015

Section B ADDITIONAL PAGE 54 of 82

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF RE	PORT			
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 Co.	ntrib	utions from Indivi	duals				TT TE
Lasi Name	5	rst					MI
Tairi		Dashurie	<u> </u>		State	Zip C	'ode
Residential Street Address 332 Windy Drive	City Wate	erbury			Ct	Ι'.	705
Principal Occupation		Name of Employer	<u> </u>			L	
Banker		M & T Bank					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? One is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a car	ndidate for a chief executive ciated with have a contract OYes ONo	officer of a m with said mun	nunicipality, icipality		unt of	Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No Is contributor a principal of a section L1? If yes, list Event #	nch or l	branches	contractor? Clegislative	e SYes No			
Method of Contribution:		Date Received	Aggregate Cont	ributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	03/10/23					
Last Name	Für	asmin					MI
Guevara	City	103111111		т	State	Zip C	ode
Residential Street Address 1618 North Ave	323	geport			Ct	1	604
Principal Occupation	<u></u>	Name of Employer			_	<u> </u>	
Administrator		Durango Insurano					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of does contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a can	ndidate for a chief executive ciated with have a contract Yes No	officer of a m with said muni	nunicipality, icipality	Amo		Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 030923A Yes Is contributor a principal of a lfyes, indicate which brate of government the contraction.	nch or	branches th: Executive	O Legislativ				!
Method of Contribution	ï	10-200	Aggregate Cont	ributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney		03/09/23			<u></u> _		MI
Last Name	Fin	rsı Maykel					WI
Teodoro Residential Street Address	City				State	Zip C	ode
6 Woodbine Circle	Bride	egport			Ct	06	606
Principal Occupation		Name of Employer					
Business Owner		Makula Construct					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of S400 does contributor or business he/she valued at more than \$5,000?	to a can	ndidate for a chief executive ciated with have a contract Yes O No	e officer of a m with said mun	icipality		unt of 0.00	Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 030923A Yes Is contributor a principal of a section L1? If yes, list Event # 030923A	nch or l	branches _	OLegislativ				
Method of Contribution:	. 0- !	Date Received 3/09/2023	Aggregate Cont	ributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	3/03/2023					
SUBT	ГОТА	L Section B — This	Page \$62	5.00			
		dditional Section B P					
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line)	IND	IVIDUALS (Sections A umn A of Summary Page 1	(A + B) Totals) \$64	,775			

Section B ADDITIONAL PAGE 55 of 82

NAME OF COMMITTEE (Provide Complete Name as Register	OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF			
JOHN GOMES FOR MAYOR	APRIL 10 FILLING \$			
A. Total Contributions from Small Constructions for definition of Small Contributor				
	B. Itemized Contributions from Indivi	duals		
Last Name	First		MI	
Potter-Henderson Residential Street Address	Zoey	lo: la		
850 Hancock Ave	City Bridgeport		p Code)6605	
Principal Occupation	Name of Employer			
RN	Mobile Dermatolo	gy		
or dependent child of a lobbyist? O No does contri	tion is in excess of \$400 to a candidate for a chief executive ibutor or business he/she is associated with have a contract nore than \$5,000?		of Contributio	
Is this contribution associated with an event reported in Section L1? Yes Is contribution associated with an event reported in Section L1?	ntributor a principal of a state contractor or prospective state yes, indicate which branch or branches		,0	
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayro	oll Deduction Money Order Date Received 3/32/23	Aggregate Contributions		
Last Name	First	•	MI	
Monarca	Sal			
Residential Street Address	City Durham		Code	
249 Haddam Quarter Rd	Name of Employer	0	6422	
Business Owner	Acranom Masonry	,		
r dependent child of a lobbyist? O No does contrib	ion is in excess of \$400 to a candidate for a chief executive butor or business he/she is associated with have a contract vore than \$5,000?		of Contribution	
vent reported in Section L1? ONO If	tributor a principal of a state contractor or prospective state yes, indicate which branch or branches f government the contract is with:	O Legislative		
Method of Contribution: Cash Personal Check Ocredit/Debit Card Payrol	_ I	Aggregate Contributions		
ast Name	First		МІ	
Fidalgo	Ludovina	State Zip	Code	
587 Colorado Ave	Bridgeport	1 1 .	3605	
rincipal Occupation	Name of Employer			
Dental Assistant	Dr. Vayner Family	Dentisry		
r dependent child of a lobbyist? ONO does contrib	on is in excess of \$400 to a candidate for a chief executive autor or business he/she is associated with have a contract wore than \$5,000? Yes No	, ,,	of Contribution	
vent reported in Section L1?	ributor a principal of a state contractor or prospective state ces, indicate which branch or branches government the contract is with:			
Method of Contribution: Ocash OPersonal Check OCredit/Debit Card OPayrol	_	Aggregate Contributions		
	SUBTOTAL Section B — This P	Page \$1,620.00		
	TOTAL of additional Section B Pa	ges		
TOTAL OF ALL CONTR	RIBUTIONS FROM INDIVIDUALS (Sections A (Enter total on Line 13, Column A of Summary Page To			

Section B ADDITIONAL PAGE 56 of 82

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repositor	n)	TYPE OF REPORT		
JOHN GOMES FOR MAYOR	APRIL 10 FILLING			
A. Total Contributions from Small Contributors-Rec (See instructions for definition of Small Contributor)	\$			
B. Itemized	Contributions from Indiv	iduals		KIND OF
Last Name	First	····		MI
Bertrand	James		State	Zip Code
Residential Street Address 1991 North Ave	City Bridgeport		Ct	06604
Principal Occupation	Name of Employer	· · · · · · · · · · · · · · · · · · ·	L	
Member	Shisha			
or dependent child of a lobbyist? O No does contributor or business he/valued at more than \$5,000?	400 to a candidate for a chief executive/she is associated with have a contract OYes ONo	t with said municipality	/, Amo	ount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 033023A Is contributor a principal of If yes, indicate which to of government the contributor apprincipal of If yes, indicate which to of government the contributor apprincipal of yes, indicate which to of government the contributor apprincipal of yes.	ntract is with:	OLegislative No		
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMo	Date Received O3/30/23	Aggregate Contributions		
Last Name	First			МІ
Sierra	Lucy		State	Zip Code
Residential Street Address 143 Greenfield Drive	Bridgeport		Ct	06606
Principal Occupation	Name of Employer			
Insurance Agent	Sierra & Sons Ins	surance Agency		
s contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No local No	100 to a candidate for a chief executive she is associated with have a contract Yes O No	e officer of a municipality with said municipality		unt of Contribution
s this contribution associated with an event reported in Section L1? If yes, list Event # 033023A Yes Is contributor a principal of If yes, indicate which long government the contributor of government the governmen		O Legislative No		
Method of Contribution:	Date Received	Aggregate Contributions		
Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMor	ney Order 03/30/23			МІ
Last Name Velazquez	Ruth			1911
Residential Street Address	City		State	Zip Code
490 West Jackson Ave	Bridegport		Ct	06604
Principal Occupation	Name of Employer			
Store Manger	Khols			
	00 to a candidate for a chief executive she is associated with have a contract Yes O No		, Amoi \$100	unt of Contribution 0.00
vent reported in Section L1? If yes, list Event # 033023A No If yes, indicate which b of government the cont	tract is with:	O Legislative		
Method of Contribution: Cash Personal Check Ocredit/Debit Card Payroll Deduction OMor	Date Received nev Order 3/30/23	Aggregate Contributions		
	BTOTAL Section B — This	Page \$250.00		
	AL of additional Section B P			
TOTAL OF ALL CONTRIBUTIONS FRO	OM INDIVIDUALS (Sections A ne 13, Column A of Summary Page 1			

Section B ADDITIONAL PAGE 57 of 82

	Dept.		A MACABOOM									
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) JOHN GOMES FOR MAYOR A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			APRIL 10 FILLING \$									
							29-127 2000					
							B. Iten	nized Contributi	ons from Individ	luals		
Last Name	First				MI							
Soares	Abr	ner										
Residential Street Address	City			State	Zip Code							
27 Mabel Ave	Danbu	У		Ct	06811							
Principal Occupation	18	ame of Employer		- 1	10-10-							
Business Owner		JSABR Construct										
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in exceed does contributor or busing valued at more than \$5,	ness he/she is associate		officer of a municipality vith said municipality		nt of Contribution							
event reported in Section L1? No If yes, indicate	ncipal of a state contract which branch or brant the contract is with:		Contractor? Yes OLegislative									
Method of Contribution	Da	te Received	Aggregate Contributions									
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction	Money Order 3	3/30/23										
Last Name	First				MI							
Ayala	Mari	ia	te									
Residential Street Address	City			- 1	Zip Code							
407 Funston Ave	Bridgep			Ct	06606							
Principal Occupation		me of Employer										
Data Analysis		ealth department										
s contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in exce does contributor or busin valued at more than \$5,0	ness he/she is associated			\$150	nt of Contribution							
event reported in Section L1? No If yes, indicate	ncipal of a state contrac which branch or bran the contract is with:	ctor or prospective state ches Executive	⊙ No									
Method of Contribution:		1.0	ggregate Contributions	7								
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction	OMoney Order 0	3/30/23										
ast Name	First			1922/	МІ							
Pierce	Chris	sty 										
Residential Street Address 41 McKay Drive	City Exeter				Cip Code 03833							
rincipal Occupation		ne of Employer		<u> </u>								
Self-employed	1	elf-employed										
			fficer of a municipality	A	4 - 6 C - 11 - 11 - 41							
s contributor a lobbyist, spouse, r dependent child of a lobbyist? Ves No Source of the No	ess he/she is associated			\$150.	t of Contribution							
vent reported in Section L1? No If yes, indicate to	cipal of a state contract which branch or branc the contract is with:	tor or prospective state of thes Executive	⊙ No									
Method of Contribution: Cash Personal Check OCredit/Debit Card Payroll Deduction	_	Received A 8/29/23	ggregate Contributions									
	SUBTOTAL Se	ection B — This P	age \$1,300.00									
		onal Section B Pa										
TOTAL OF ALL CONTRIBUTION (Enter total)		UALS (Sections A + of Summary Page To										

Section B ADDITIONAL PAGE 58 of 82

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repositor	וח	TYPE OF REPORT	
JOHN GOMES FOR MAYOR		APRIL 10 FILLIN	
A. Total Contributions from Small Contributors-Rec (See instructions for definition of Small Contributor)	eived this Period ONLY SUBTOTAL SECTION A	\$	
B. Itemized	Contributions from Indiv	iduals	
Last Name	First		МІ
Hall	Johnel		
Residential Street Address 122 Madison Ave	City		State Zip Code Ct 06604
Principal Occupation	Bridgeport Name of Employer		Ct 06604
Barber	Johnel's A Cut At	ove LLC	
	100 to a candidate for a chief executive she is associated with have a contract OYes ONo		
Is this contribution associated with an event reported in Section L1? No If yes, list Event # 033023A Yes No Is contributor a principal of If yes, indicate which to of government the contributor apprincipal of government the contributor apprincipal of government the contributor apprincipal of Is contrib	f a state contractor or prospective state oranch or branches tract is with: OExecutive	OLegislative No	\$200.00
Method of Contribution: Cash Personal Check Ocredit/Debit Card Payroll Deduction Mo	Date Received ney Order 3/30/23	Aggregate Contributions \$500.00	
ast Name	First		МІ
zaman	Atique		
78 Cleveland Ave	City Bridgeport		State Zip Code Ct 06604
ncipal Occupation	Name of Employer		00004
Customer service	Whole Foods mar	ket	
	00 to a candidate for a chief executive he is associated with have a contract Yes No		\$1,000.00
this contribution associated with an ent reported in Section L1? Yes Is contributor a principal of If yes, indicate which by of government the contributor.		⊘ No	41,000.00
ethod of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Mon		Aggregate Contributions	
st Name	First	<u></u>	MI
VASZKEIWICZ	Rebecca		
5 Sunset Circle	Woodbridge		State Zip Code Ct 06525
cipal Occupation	Name of Employer		00020
tate Street School	Paraprofessional I	I	
ontributor a lobbyist, spouse, lependent child of a lobbyist? Yes of \$40 does contributor or business he/sh valued at more than \$5,000?	0 to a candidate for a chief executive is associated with have a contract v	officer of a municipality, rith said municipality	Amount of Contribu
	a state contractor or prospective state anch or branches	contractor? Yes No	41,000.00
thod of Contribution: Cash Personal Check Oredit/Debit Card Payroll Deduction Mone		Aggregate Contributions	
SUB	TOTAL Section B — This I	Page \$2,200.00	
	L of additional Section B Pa		
TOTAL OF ALL CONTRIBUTIONS FRO	M INDIVIDUALS (Sections A 13, Column A of Summary Page To		

SEEC FORM 20 British January 2015

Section B ADDITIONAL PAGE 59 of 82

		TWO C	OF BERORT	2550 ry	
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		1.00	OF REPORT	_	
JOHN GOMES FOR MAYOR			L 10 FILLING	G 	
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	ed this Period ONL SUBTOTAL SECTION				
B. Itemized Co	ntributions from In	dividuals		il el la	
Last Name	First	-			MI
Durango	Fabian			State	Zip Code
Residential Street Address 84 West Ave	City Norwalk			Ct	06854
Principal Occupation	Name of Employer				1
Insurance Broker	Durango Insu	ırance			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of \$400 does contributor or business he/she valued at more than \$5,000?	is associated with have a co	ecutive officer ntract with said	of a municipality, I municipality		unt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 033023A Yes No If yes, indicate which brain of government the contract	state contractor or prospective	e state contract	No]	0.00
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney					
Last Name	First			•	MI
Santos	Vilma				
	City			State	Zip Code
115 Cherry Hill Ave	Bridgeport Name of Employer	<u>-</u>		Ct	06606
Principal Occupation Homemaker	Homemaker				
s contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?	to a candidate for a chief exe is associated with have a cor Yes	tract with said	of a municipality, municipality		unt of Contribution 0.00
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Method of Contribution:	Date Received	Aggregate	Contributions		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney					Da
Cast Name Castellón	First Roberto				MI
Residential Street Address	City	· · · · · · · · · · · · · · · · · · ·		State	Zip Code
164 Glenwood Ave	Bridgeport			Ct	06610
Principal Occupation Social Worker	Name of Employer Optimus				
s contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?		tract with said		Amou \$50.	unt of Contribution
s this contribution associated with an event reported in Section L1? If yes, list Event # 033023A Yes No If yes, indicate which bran of government the contract	ch or branches t is with: Execu	tive OLegis	Slative No		
Method of Contribution	Order 3/30/23	Aggregate	Contributions		
Cash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 3/30/23			<u></u>	
SUBT	OTAL Section B — T	This Page	\$250.00		
	of additional Section				
TOTAL OF ALL CONTRIBUTIONS FROM	INDIVIDUALS (Section		\$64,775		

Section B ADDITIONAL PAGE 60 of 82

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repositor	עליים וויים	TYPE OF REPORT	
JOHN GOMES FOR MAYOR		APRIL 10 FILLIN	IG
A. Total Contributions from Small Contributors-Reco	eived this Period ONLY SUBTOTAL SECTION A	\$	·
B. Itemized (Contributions from Indiv	iduals	
ast Name	First		MI
Grimaldi	Katherine		
Residential Street Address 169 Riverside Ave	City		State Zip Code
rincipal Occupation	Westport		Ct 06880
Strategic Operations Management & Licensed Relator	Name of Employer Charter Commun	ications & William	Povoja Boal Estat
	00 to a candidate for a chief executiv		
r dependent child of a lobbyist? No No does contributor or business he/s valued at more than \$5,000?	the is associated with have a contract Oyes No	with said municipality	Amount of Contrib
s this contribution associated with an event reported in Section L1? Yes, list Event # Is contributor a principal of If yes, indicate which be of government the cont		e contractor? OLegislative	
Method of Contribution: Cash OPersonal Check OCredit/Debit Card OPayroll Deduction OMon	Date Received ney Order 3/31/23	Aggregate Contributions	
st Name	First	<u> </u>	М
ena	Abelino		
Sidential Street Address	City		State Zip Code
69 Truman Street	Bridgeport		06606
ncipal Occupation Self Employed	Name of Employer		
	Construction		
contributor a lobbyist, spouse, dependent child of a lobbyist? Yes of \$40 does contributor or business he/sh valued at more than \$5,000?	0 to a candidate for a chief executive the is associated with have a contract Yes O No	e officer of a municipality, with said municipality	Amount of Contribution \$500.00
this contribution associated with an ent reported in Section L1? Yes, list Event # Yes No Is contributor a principal of If yes, indicate which be of government the contributor.		e contractor? O Legislative	
ethod of Contribution: Cash Personal Check Ocredit/Debit Card Payrolf Deduction Mone		Aggregate Contributions	
t Name	First		MI
zcaino	Salomon		
idential Street Address	City	1	State Zip Code
746 Fairfield Ave	Bridegport		Ct 06605
arber	Name of Employer Smart Cut		
ontributor a lobbyist, spouse, tependent child of a lobbyist? Yes of \$400 does contributor or business he/she valued at more than \$5,000?	to a candidate for a chief executive e is associated with have a contract v Yes No	officer of a municipality, with said municipality	Amount of Contribu
his contribution associated with an nt reported in Section L1? Yes No Is contributor a principal of a If yes, indicate which bra of government the contra		contractor? Yes No	
cloud of Contribution: Cash Personal Check	2.200	Aggregate Contributions	
SUB	FOTAL Section B — This I	Page \$1,300.00	
TOTA	L of additional Section B Pa	nges	
TOTAL OF ALL CONTRIBUTIONS FROM	M INDIVIDUALS (Sections A 13, Column A of Summary Page To	+ B) \$64,775	

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NAME OF COMMITTEE (Provide Complete	Name a	s Registered with Filing Repository)			TYPE OF REPORT		
JOHN GOMES FOR MAYOR					APRIL 10 FILL	NG	
A. Total Contributions from (See instructions for definition of Sm				his Period ONLY TOTAL SECTION A	\$		
		B. Itemized Co	ntrib	outions from Indiv	iduals		
Last Name McCullough			- 1	^{irst} William		_	MI
Residential Street Address		<u> </u>		vviiiani		10	
228 Ridgefield ave			City	lgeport		State	Zip Code 06610
Principal Occupation				Name of Employer		101	00010
Clergy				Russell Temple C	Church		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	do	contribution is in excess of \$400 es contributor or business he/she ued at more than \$5,000?	to a car is asso	ndidate for a chief executive	ve officer of a municipal	`	nount of Contribut
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes	Is contributor a principal of a s If yes, indicate which bran of government the contract	ich or i	ntractor or prospective stat	e contractor? Ye OLegislative	s	100.00
Method of Contribution:				Date Received	Aggregate Contributions		
OCash OPersonal Check OCredit/Debit	Card (OPayroll Deduction OMoney	Order	3/13/23			
Last Name			Fir				MI
Torres			<u> </u>	Beatrice —-			
Residential Street Address		ľ	City			State	Zip Code
18 General Wooster Rd			Derb			Ct	06418
Admin Asst				Name of Employer State of Ct			
s contributor a lobbyist, spouse, Yes	TEac	ontribution is in excess of \$400 to			- CF		
r dependent child of a lobbyist?	does	s contributor or business he/she is led at more than \$5,000?	s assoc	iated with have a contract of Yes O No	with said municipality	1	ount of Contribution
s this contribution associated with an vent reported in Section L1? If yes, list Event #	Yes No	Is contributor a principal of a surfyes, indicate which bran of government the contract	ch or b	oranches	_ ① No		
Method of Contribution:				585	Aggregate Contributions		
Cash Personal Check Ocredit/Debit	Card (Payroll Deduction Money (Order	3/11/23			
ast Name			Firs		_		MI
esidential Street Address				ohn 			
18 General Wooster Rd		10	ity Derb	v		State	Zip Code 06418
incipal Occupation			<u> </u>	Name of Employer		<u> </u>	1 00418
Executive Director				Bridgeport Caribe	Youth Leader		
contributor a lobbyist, spouse, dependent child of a lobbyist? Yes	does	ntribution is in excess of \$400 to contributor or business he/she is	a cand associ	lidate for a chief executive ated with have a contract w	officer of a municipality	/, Amo	ount of Contribution
this contribution associated with an ent reported in Section L1? fyes, list Event #	Yes	ed at more than \$5,000? Is contributor a principal of a sta If yes, indicate which brane of government the contract	h or br	anches _	contractor? Yes No	- \$10	00.00
ethod of Contribution: Cash Personal Check OCredit/Debit C	ard C	Payroll Deduction OMoney O			Aggregate Contributions		
		SUBTO	TAL	Section B — This P	age \$300.00		
	all	TOTAL	f add	litional Section B Pa	ges		
TOTAL OF A	LL C	ONTRIBUTIONS FROM I	NDIV Colum	TDUALS (Sections A on A of Summary Page To	+ B) \$64,775		

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NAME OF COMMITTEE (Provide Comple	te Name as	s Registered with Filing Repository)			TYPE	OF REPORT	157.6	
JOHN GOMES FOR MAYOR					APF	IL 10 FILLIN	G	
A. Total Contributions fro				this Period ONLY TOTAL SECTION A	\$	7-700		
		B. Itemized Co	ntri	butions from Indivi	iduals			
Last Name Slocum			- 1	^{First} Melodie				MI
Residential Street Address			City	Welodie			State	Zip Code
120 Middle st			1 -	dgeport		İ	СТ	06601
Principal Occupation			1	Name of Employer				
TEACHER				KES EDUCATION	N SER	VICES		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	lo do	contribution is in excess of \$400 es contributor or business he/she lued at more than \$5,000?	is ass	ociated with have a contract Oyes ONo	with sai	d municipality	1	ount of Contributi 5.00
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes No	Is contributor a principal of a siff yes, indicate which brand of government the contract	nch or	branches	_	● No		
Method of Contribution: OCash OPersonal Check OCredit/De	bit Card	OPayroll Deduction OMoney	Orde	Date Received r 3/31/23	Aggrega	te Contributions	7	
Last Name			I	irst	•			MI
SANTOS				DINA			0	la: 0.1
Residential Street Address 260 E ST			City BRI	IDGEPORT			State	Zip Code 06606
Principal Occupation				Name of Employer		<u> </u>		10000
DENTALASST				ALLURE DENTAL	-			
is contributor a lobbyist, spouse, or dependent child of a lobbyist?	o doe	contribution is in excess of \$400 to see contributor or business he/she ued at more than \$5,000?						ount of Contribution
	Yes No	Is contributor a principal of a surface which branched government the contract	nch or	branches		⊙ No		
Method of Contribution:				Date Received	Aggregat	e Contributions	7	
OCash OPersonal Check OCredit/Del	it Card	Payroll Deduction Money					<u></u>	
Last Name IWASZKIEWICZ			- [irsi BENJAMIN				МІ
Residential Street Address		•	City				State	Zip Code
15 SUNSET CIRCLE			WO	ODBRIDGE			СТ	06525
Principal Occupation RETIRED				Name of Employer RETIRED				
s contributor a lobbyist, spouse, or dependent child of a lobbyist?	does	ontribution is in excess of \$400 ts contributor or business he/she intended at more than \$5,000?						unt of Contribution
s this contribution associated with an event reported in Section L1? If yes, list Event #	Yes No	ls contributor a principal of a si If yes, indicate which bran of government the contract	ch or	branches th:	OLegi	Slative ONo		
Method of Contribution: Cash	it Card (Payroll Deduction OMoney	Order	i l	Aggregati	Contributions		
	T TO	SUBT	ОТА	L Section B — This	Page	\$625.00		
		TOTAL	of a	dditional Section B Pa	ages	····		
TOTAL O	F ALL (CONTRIBUTIONS FROM (Enter total on Line 1:		IVIDUALS (Sections A umn A of Summary Page T		\$64,775		

Section B ADDITIONAL PAGE 63 of 82

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Re	spository)	TYPE OF REPORT	
JOHN GOMES FOR MAYOR		APRIL 10 FILLIN	IG
A. Total Contributions from Small Contributors- (See instructions for definition of Small Contributor)	Received this Period ONLY SUBTOTAL SECTION A	\$	
B. Itemiz	zed Contributions from Indi	vidnale	
Last Name	First	luulis	Mil
ST. MARTIN	FRANKY		
Residential Street Address 133 GURDON ST	BRIDGEPORT		State Zip Code
Principal Occupation	Name of Employer		CT 06606
UNEMPLOYED	UNEMPLOYED		
s contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Yes does contributor or busines valued at more than \$5,000	s of \$400 to a candidate for a chief execut ss he/she is associated with have a contra 0?	t with said municipality	
Is this contribution associated with an event reported in Section L1? Yes Is contributor a princi If yes, indicate when the section L1?	ipal of a state contractor or prospective sta hich branch or branches		\$250.00
Method of Contribution. Cash OPersonal Check OCredit/Debit Card OPayroll Deduction	Money Order 3/22/23	Aggregate Contributions	
ast Name	First	191	МІ
esidential Street Address	AGUINALDO		
167 TAFT AVE	BRIDGEPORT	10	State Zip Code CT 06606
incipal Occupation	Name of Employer		01 00000
JMEMPLOYED	UNEMPLOYED		
contributor a lobbyist, spouse, dependent child of a lobbyist? Yes If contribution is in excess o does contributor or business valued at more than \$5,000?	of \$400 to a candidate for a chief executive he/she is associated with have a contract Yes No	e officer of a municipality, with said municipality	Amount of Contribution
this contribution associated with an ent reported in Section L1? Yes No Is contributor a princip No If yes, indicate who of government the	pal of a state contractor or prospective statich branch or branches contract is with:	te contractor? Yes No Legislative	\$100.00
cthod of Contribution: Cash OPersonal Check OCredit/Debit Card OPayroll Deduction O	Date Received	Aggregate Contributions	
St Name	First		MI
ERDOMO sidential Street Address	EDWARD		
6 EUNICE PARKWAY	STRATFORD	1	tate Zip Code CT 06615
ncipal Occupation	Name of Employer		CT 06615
ANKER	BANK OF AMERI	CA	
ontributor a lobbyist, spouse, lependent child of a lobbyist? Yes of does contribution is in excess of does contributor or business by valued at more than \$5,000?	f \$400 to a candidate for a chief executive he/she is associated with have a contract Yes No	officer of a municipality, with said municipality	Amount of Contribution
his contribution associated with an nt reported in Section L1? yes, list Event # Yes No Is contributor a principal If yes, indicate whice of government the contributor of government the contributor apprincipal in the section L1?	al of a state contractor or prospective state th branch or branches	contractor? Yes No Legislative	\$1,000.00
thod of Contribution: Cash Personal Check		Aggregate Contributions	
S	SUBTOTAL Section B — This l	Page \$1,350.00	
то	TAL of additional Section B Pa	iges	
TOTAL OF ALL CONTRIBUTIONS F	ROM INDIVIDUALS (Sections A	+ B) \$64,775	

Section B ADDITIONAL PAGE 64 of 82

NAME OF COMMITTEE (Provide Complete Name as Registered with	Elling Dayssissmi			TYPE OF REPORT		
JOHN GOMES FOR MAYOR	ruing Kepository)			APRIL 10 FILLI	NG	W -
A. Total Contributions from Small Contrib	and a second Description	J 41.	!- D!- 1 ONI V	APRIL 10 FILLI	NG	
(See instructions for definition of Small Contributor)			OTAL SECTION A	\$		
В.	Itemized Co	ntrib	utions from Indiv	iduals	3 1	
Last Name		Fir	st			МІ
LOPES			ARLOS			
Residential Street Address 20 JOANNE DR		City MII F	FORD		State	Zip Code 06460
Principal Occupation			Name of Employer		10.	100400
FINANCIAL			ANALYSIS			
	or business he/she i		didate for a chief executive intention in the contract of the		1	nount of Contribut
Is this contribution associated with an event reported in Section L1? Yes Is contributo No If yes, in		ich or b	stractor or prospective statements	te contractor? Yes	s	00.00
Method of Contribution:			Date Received	Aggregate Contributions		
Cash Personal Check Ocredit/Debit Card Payroll Ded	uction OMoney	نسب	3/9/23			
ast Name SOARES		Firs N	EDIR			MI
lesidential Street Address 1188 MAIN ST		City BRID	GEPORT		State	Zip Code 06604
rincipal Occupation			Name of Employer			
PRODUCT MANAGER			LAUREL ROAD			
	r business he/she is		idate for a chief executive ated with have a contract Yes No			ount of Contributi 50.00
vent reported in Section L1? O No If yes, inc	r a principal of a st dicate which brand nment the contract	ch or bi		c contractor? Yes		
Method of Contribution:	. •	- 1	Date Received	Aggregate Contributions		
Cash Personal Check Credit/Debit Card Payroll Dedu	iction (Money C	First	03/09/23			13.0
ARBOSA			NDREW			MI
sidential Street Address 9 PETERSON AVE	- 1	ity WATE	RBURY		State	Zip Code 06705
incipal Occupation	10000		Name of Employer		<u> </u>	00700
ECHNICAL TRAINING SPECIALIST			COMCAST			
	business he/she is		idate for a chief executive ted with have a contract of Yes No			ount of Contribution
ent reported in Section L1? O No If yes, indi	a principal of a sta icate which branci ment the contract i	h or bra is with:	O Executive	⊙ No		
ethod of Contribution:	otion O M		Date Received 3/9/23	Aggregate Contributions		
Cash Personal Check OCredit/Debit Card Payroll Deduc	cuon UMoney O	raer	3/8/23			 -
	SUBTO	TAL	Section B — This l	Page \$350.00		3
	TOTAL o	of add	itional Section B Pa	ages		
TOTAL OF ALL CONTRIBUT			IDUALS (Sections A			

Section B ADDITIONAL PAGE 65 of 82

NAME OF COMMITTEE (Provide Complete)	Name as Registered with Filing Reposito	(ערוי		TYPE OF REPORT		
JOHN GOMES FOR MAYOR				APRIL 10 FILL	ING	-
A. Total Contributions from (See instructions for definition of Small)	Small Contributors-Recall Contributor)		his Period ONLY FOTAL SECTION A	s		
	B. Itemized	Contril	butions from Indiv	ziduals	20 30	
Last Name			îrst			МІ
GONEZ			ANTHONY			
Residential Street Address 54 HARLEM AVE		City			State	1-7
rincipal Occupation		BRI	DGEPORT		СТ	06606
STUDENT			Name of Employer STUDENT			
contributor a lobbyist, spouse, Yes	If contribution is in excess of \$4	100 to a ca				
r dependent child of a lobbyist? ONO	does contributor or business he/s	she is asso	ciated with have a contrac	ve officer of a municipal t with said municipality		mount of Contrib
s this contribution associated with an	Yes Is contributor a principal of	f a state co	OYes ONo	te contractor? OYe		200.00
vent reported in Section L1? fyes, list Event # 030923A	No If yes, indicate which be of government the con-	ranch or	branches	♠ No		
lethod of Contribution:	or government the conf	II act 15 WII	Date Received	OLegislative Aggregate Contributions	_	
Cash OPersonal Check OCredit/Debit C	Card OPayroll Deduction OMor	ney Order		Aggregate Contributions		
st Name		Fir	<u></u>	<u> </u>	Щ.	МІ
ILHO		s	ERGIO			IVII
sidential Street Address		City			State	Zip Code
9 BENSON RD		BET	HEL		СТ	06801
ncipal Occupation			Name of Employer		<u> </u>	
ontractor			APEX			
ontributor a lobbyist, spouse, lependent child of a lobbyist?	If contribution is in excess of \$40 does contributor or business he/sh valued at more than \$5,000?	0 to a cand to is assoc	didate for a chief executive inted with have a contract O Yes O No	officer of a municipality with said municipality		ount of Contribu
nis contribution associated with an int reported in Section L1? yes, list Event # 030923A	Is contributor a principal of If yes, indicate which by of government the contr	anch or b	stractor or prospective state	⊙ No		600.00
thod of Contribution:	il in the state of			Aggregate Contributions	-	
Cash OPersonal Check OCredit/Debit Ca	rd Payroll Deduction OMone	y Order	3/9/23			
Name		First				MI
NEZ		JE	ANNETTE			
dential Street Address WOOD ST		City			State	Zip Code
ripal Occupation			THAVEN		CT	06516
ANAGEMENT AND PROGRAM A	NAI VOT		Name of Employer		_	-
		-	VA CT HEALTHCA			
pendent child of a lobbyist? O No	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a candi is associa	idate for a chief executive ited with have a contract we are No	officer of a municipality ith said municipality		ount of Contributi 10.00
s contribution associated with an treported in Section L1? es, list Event # 030923A		nch or bra	inches	No	1	
od of Contribution:		I		Legislative ggregate Contributions	-	
ash Personal Check OCredit/Debit Care	d OPayroll Deduction OMoney	Order	03/09/23			
	SUBT	OTAL	Section B — This P	age \$900.00		
	TOTAL	of add	itional Section B Pa	ges		
The second second	L CONTRIBUTIONS FROM	-	Control of the Party of the Party of			

Section B ADDITIONAL PAGE 66 of 82

NAME OF COMMITTEE (Provide Complete N	lame as Registered with Filing Repository)			TYPE OF REPORT			
JOHN GOMES FOR MAYOR				APRIL 10 FILLI	NG		
A. Total Contributions from (See instructions for definition of Small)			his Period ONLY OTAL SECTION A	\$			
			 :.				
Last Name	B. Itemized Co		outions from Indivi	duals			JIT, " Date
MARINI		[-	irst FRANCESCA				MI
Residential Street Address		City			State	Zip C	ode
304 GOLDEN RD			DGEPORT		СТ	066	
Principal Occupation			Name of Employer				
RETIRED			RETIRED				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?) to a car e is asso	ndidate for a chief executive ciated with have a contract Oyes ONo	e officer of a municipalit with said municipality		ount of	Contributi
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes Is contributor a principal of a No If yes, indicate which bra of government the contra	nch or	ntractor or prospective stat branches	No.		00.00	
Method of Contribution:			Date Received	Aggregate Contributions			
Cash OPersonal Check OCredit/Debit (Card OPayroll Deduction OMoney	y Order	2/16/23				
ast Name		Fü					MI
STRAUBEL			MARK				
esidential Street Address 23 GORHAM PLACE		City	MBULL		State	Zip Co	
incipal Occupation		INU			СТ	066	11
RETIRED			Name of Employer RETIRED				
contributor a lobbyist, spouse, dependent child of a lobbyist? Yes No this contribution associated with an	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	is assoc	iated with have a contract v	with said municipality	\$10	ount of (Contributio
rent reported in Section L1? fyes, list Event #	Yes Is contributor a principal of a If yes, indicate which brai of government the contract	nch or t	oranches	O No			
Icthod of Contribution: Cash Personal Check Ocredit/Debit C	and Channell the decision Co.	0.1		Aggregate Contributions			
st Name	ard Orayfori Deduction Ovioney		01/14/23		<u></u>	- 1.	
STEVES		Firs	i IARIA			1	ΔI
sidential Street Address		City			State	Zip Cod	le.
74 DANIEL FARM RD		•	MBULL		ST	066	
neipal Occupation			Name of Employer				
FFICE MANAGER			NUNES AUTOBOI	ΣΥ			
contributor a lobbyist, spouse, dependent child of a lobbyist?	If contribution is in excess of \$400 to does contributor or business he/she i valued at more than \$5,000?	o a cand s associ	lidate for a chief executive ated with have a contract was Yes No	officer of a municipality ofth said municipality		unt of C	ontributio
this contribution associated with an ent reported in Section L1? Yyes, list Event #	Is contributor a principal of a st If yes, indicate which bran- of government the contract	ch or br	anches	No		J. J.	
cthod of Contribution: Cash Personal Check ©Credit/Debit Ca	urd OPayroll Deduction OMoney	Order		aggregate Contributions			
	SUBTO	OTAL	Section B — This P	Page \$1,100.00			
			litional Section B Pa				
TOTAL OF A	LL CONTRIBUTIONS FROM (Enter total on Line 13		/IDUALS (Sections A - nn A of Summary Page To				

Section B ADDITIONAL PAGE 67

of ⁸²

NAME OF COMMITTEE (Provide Complete	e Name a	s Registered with Filing Repository)		TY	PE OF REPORT	10	Aller S
JOHN GOMES FOR MAYOR				AF	PRIL 10 FILLIN	G	
	A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A					<u></u>	
		B. Itemized Cont	ributions from Inc	lividua	ls	die -	
Last Name SILVA			First GLAUBER				MI
Residential Street Address		Ci				State	Zip Code
640 EZRA ST			BRIDGEPORT			СТ	06606
Principal Occupation			Name of Employer			<u> </u>	
SELF EMPLOYED			GLAUBER				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	o do	contribution is in excess of \$400 to es contributor or business he/she is lued at more than \$5,000?	associated with have a con				ount of Contributi
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes No	Is contributor a principal of a state If yes, indicate which branch of government the contract is	or branches	state cont	⊙ No		
Method of Contribution: Cash OPersonal Check OCredit/Deb	it Card	OPayroll Deduction OMoney On	Date Received 1/23/23	Aggre	gate Contributions		
ast Name		· ···	First				MI
THUNGA			SANTHI				
desidential Street Address		Cit	•			State	Zip Code
41 FRANCIS ST		-	AIRFIELD			СТ	06824
MANAGER			Name of Employer				
s contributor a lobbyist, spouse, r dependent child of a lobbyist?	doe	ontribution is in excess of \$400 to a scontributor or business he/she is a ued at more than \$5,000?		ract with s			unt of Contributio
s this contribution associated with an event reported in Section L1? If yes, list Event #		Is contributor a principal of a stat If yes, indicate which branch of government the contract is	or branches		⊙ No		
Method of Contribution:		O	Date Received	Aggreg	gate Contributions		
Cash Personal Check Ocredit/Debi	t Card (Payroll Deduction				<u>L. </u>	
ast Name MASON			First JAMES				М
esidential Street Address		City	<u> </u>		T	State	Zip Code
54 HUNTINGTON ST		s	HELTON			СТ	06484
incipal Occupation MECHANIC			Name of Employer		<u> </u>		
contributor a lobbyist, spouse, dependent child of a lobbyist?	does	ontribution is in excess of \$400 to a scontributor or business he/she is as led at more than \$5,000?		act with sa		Amo	unt of Contributio
this contribution associated with an ent reported in Section L1? (fyes, list Event #	Yes No	Is contributor a principal of a state If yes, indicate which branch of government the contract is	or branches	_	actor? Yes No gistative		
ethod of Contribution: Cash Personal Check Ocredit/Debit	Card C	Payroll Deduction Money Ord	Date Received 1/27/23	Aggreg	ate Contributions		
		SUBTO	TAL Section B — Th	is Page	\$2,200.00		
			additional Section E				
TOTAL OF	ALL (CONTRIBUTIONS FROM IN (Enter total on Line 13, C	DIVIDUALS (Section Column A of Summary Pag		\$64,775		

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Reposite	pry)	TYPE OF REPORT	
JOHN GOMES FOR MAYOR		APRIL 10 FILLIN	IG
A. Total Contributions from Small Contributors-Rec (See instructions for definition of Small Contributor)	ceived this Period ONLY SUBTOTAL SECTION A	\$	
R Itemized	Contributions from Indivi	duale	
Last Name	First	duais	l MI
DECILIO	LOUIS		
Residential Street Address	City	<u> </u>	State Zip Code
65 FERRY COURT Principal Occupation	STRATFORD		CT 06615
REGISTRAT VOTERS	Name of Employer TOWN OF STRA	TFORD	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$\frac{1}{2}\$ does contributor or business he/ valued at more than \$\frac{1}{2}\$,000?	400 to a candidate for a chief executive she is associated with have a contract Yes No	e officer of a municipality with said municipality	\$100.00
	f a state contractor or prospective state branch or branches	Capacitative Yes	\$100.00
Method of Contribution. Cash Personal Check OCredit/Debit Card Payroll Deduction OMo	ney Order 2/4/23	Aggregate Contributions	
DEPINA	First		MI
esidential Street Address	MONALISA		
15 MARMILL DR	City EASTON		State Zip Code
incipal Occupation	Name of Employer		CT 06612
Sales executive	REED EXHIBITION	N	
contributor a lobbyist, spouse, dependent child of a lobbyist? Yes of \$40 does contribution is in excess of \$40 does contributor or business he/si valued at more than \$5,000?	00 to a candidate for a chief executive he is associated with have a contract w	officer of a municipality	Amount of Contributio
this contribution associated with an ent reported in Section L1? Yes No Is contributor a principal of If yes, indicate which be of government the contributor.	a state contractor or prospective state ranch or branches	ŌΝο	. \$60.00
lethod of Contribution: Cash Personal Check Oredit/Debit Card Payroll Deduction Money	Date Received A	ggregate Contributions	
st Name EITE	First		MI
SIDE Sidential Street Address	ILIDIO		
9 COLEMAN ST	BRIDGEPORT		tate Zip Code
acipal Occupation	Name of Employer		CT 06604
ATCH POLISHER	BREITLING USA		
contributor a lobbyist, spouse, dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/sh valued at more than \$5,000?	to a candidate for a chief executive of the contract with have a contract with have a Contract with the contract with th	fficer of a municipality, th said municipality	Amount of Contribution
his contribution associated with an entreported in Section L1? Yes No Section L1? Yes Is contributor a principal of a section L1? Yes No Section L1? Yes of government the contrast of government the government the contrast of government the government of government the government of government the government of g	state contractor or prospective state contractor or branches	⊙ No	\$100.00
thod of Contribution: Cash Personal Check OCredit/Debit Card Payroll Deduction OMone		gregate Contributions	
SUB	TOTAL Section B — This Pa	ge \$260.00	· · · · · · · · · · · · · · · · · · ·
TOTAL	L of additional Section B Pag	es	
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line	M INDIVIDUALS (Sections A + 13, Column A of Summary Page Tota	B) \$64,775	

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of 82

Section B ADDITIO	JNAL F	AGE	01 92		
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Report	ository)		TYPE OF REPORT	CIT W.	
JOHN GOMES FOR MAYOR			APRIL 10 FILLIN	IG	
A. Total Contributions from Small Contributors-R (See instructions for definition of Small Contributor)		his Period ONLY TOTAL SECTION A	\$		
B. Itemize	ed Contril	butions from Indivi	iduals		
Last Name MONTEIRO	1	First MARIO			MI
Residential Street Address	City			State	Zip Code
21 NORTH BENHAM RD	SE	YMOUR		СТ	06483
Principal Occupation PALTER SUPERVISOR		Name of Employer SUPERIOR PLAI	NTING		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess o does contributor or business valued at more than \$5,000?	s he/she is asso				unt of Contribution
	oal of a state co	ontractor or prospective stat	e contractor? Yes OLegislative		0.00
Method of Contribution: Cash Personal Check Occedit/Debit Card Payroll Deduction	Money Order	Date Received 3/9/23	Aggregate Contributions		
Last Name BERTRAND		ust JAMES			MI
Residential Street Address 1191 NORTH AVE	City BRI	DGEPORT		State CT	Zīp Code 06604
Principal Occupation BUSINESS MEMBER	·	Name of Employer SHISHA			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of does contributor or business valued at more than \$5,000?	he/she is asso				unt of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 030923A Yes Is contributor a principal of government the	ich branch or		O Legislative		
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction O	Money Order	Date Received 3/09/23	Aggregate Contributions		
Last Name MARTINEZ		DENNIS			МІ
Residential Street Address 3200 MADISON AVE	City BRI	DGEPORT		State CT	Zip Code 06606
Principal Occupation INVESTIGATOR	•	Name of Employer STATE OF CT			
is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes lf contribution is in excess of does contributor or business by valued at more than \$5,000?	he/she is asso			, Amou	int of Contribution
	al of a state co	h: Executive	O Legislative		
Method of Contribution: Cash OPersonal Check OCredit/Debit Card OPayroll Deduction ON	Money Order	Date Received 3/09/23	Aggregate Contributions		
s	SUBTOTA	L Section B — This	Page \$800.00		
то	TAL of ac	ditional Section B Pa	ages		
TOTAL OF ALL CONTRIBUTIONS F		IVIDUALS (Sections A			

Section B ADDITIONAL PAGE 70 of 82

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Reposit	tory	TYPE OF REPORT	
JOHN GOMES FOR MAYOR		APRIL 10 FILLIN	IG
A. Total Contributions from Small Contributors-Re	subtotal Section A	\$	
B. Itemized	Contributions from Indivi	duals	
Last Name	First		МІ
NEVES	SIMONE		
Residential Street Address	City		State Zip Code
84 OAKVIEW CIRCLE Principal Occupation	BRIDGEPORT		CT 06604
CLEANING	Name of Employer NEVES		
s contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of 3 does contributor or business he valued at more than \$5,000?	\$400 to a candidate for a chief executive e/she is associated with have a contract OYes ONo	e officer of a municipality with said municipality	Amount of Contribu
	of a state contractor or prospective state branch or branches	e contractor? Yes No	\$500.00
Method of Contribution: Cash Personal Check Ocredit/Debit Card Payroll Deduction OM		Aggregate Contributions	
ast Name CORREIA	First	40.5	MI
esidential Street Address	MIRIAM		
79 ROCHFORD AVE	City		State Zip Code
incipal Occupation	HAMDEN		CT 06514
PURCHASING MANAGER	Name of Employer CORNELL SCOTT	C. 1410 J	
contributor a lobbyist, spouse, dependent child of a lobbyist? Yes If contribution is in excess of \$4 does contributor or business he/valued at more than \$5,000?	400 to a candidate for a chief executive she is associated with have a contract v	officer of a municipality, vith said municipality	Amount of Contribut
this contribution associated with an ent reported in Section L1? Tyes, list Event # 0300923A Section L1? No If yes, indicate which of government the contributor of government the con		⊘ No	
ethod of Contribution: Cash OPersonal Check OCredit/Debit Card OPayroll Deduction OMo		Aggregate Contributions	
st Name	First	1001	М
ORRIA	MANUEL		
9 ROCHFORD AVE	City HAMDEN		State Zip Code
ncipal Occupation	Name of Employer		CT 06514
P. MULTISITE B.MANAGER	CITIZENS BANK		
contributor a lobbyist, spouse, dependent child of a lobbyist? Yes does contributor or business he/s valued at more than \$5,000?	00 to a candidate for a chief executive of the is associated with have a contract w	officer of a municipality, ith said municipality	Amount of Contribution \$100.00
the reported in Section L1? No If yes, indicate which box of government the continuous of government the continuous con		⊙ No ∣	4.00.00
clash Personal Check OCredit/Debit Card Payroll Deduction OMon	1 1	ggregate Contributions	
SUI	BTOTAL Section B — This Pa	age \$650.00	
TOTA	AL of additional Section B Pag	ges	
TOTAL OF ALL CONTRIBUTIONS FRO	M INDIVIDUALS (Sections A + e 13, Column A of Summary Page Tot	B) \$64,775	

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NAME OF COMMITTEE (Provide Complete Name a	s Registered with Filing Repository)		TYPE OF REPORT		73
JOHN GOMES FOR MAYOR		APRIL 10 FILLING			
A. Total Contributions from Sma (See instructions for definition of Small Con-		ed this Period ONLY SUBTOTAL SECTION A	\$		
	B. Itemized Co.	ntributions from Indivi	duole		
Last Name		First	duais	I M	1
EDWARDS		JENNIFER			
Residential Street Address		City		State Zip Code	
135 DAYTON RD		BRIDGEPORT		CT 06606	6
Principal Occupation PROGRAM MANAGER		Name of Employer STATE OF CT		<u> </u>	
or dependent child of a lobbyist? • No doc	contribution is in excess of \$400 to es contributor or business he/she i lued at more than \$5,000?	o a candidate for a chief executive	officer of a municipality with said municipality		ntribut
Is this contribution associated with an event reported in Section L1? If yes, list Event # 030923A Yes		ate contractor or prospective state	contractor? Yes No Legislative	\$250	
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ast Name	<u> </u>	First		MI	
.EIVA		OLGA			
esidential Street Address	C	ity	<u> </u>	State Zip Code	
25 STEPHANIE CIRCLE		TRUMBULL		CT 06611	
neipal Occupation		Name of Employer	·		
ED ADMIN		CITY OF BRIDGE	PORT		
dependent child of a lobbyist? • No does	ontribution is in excess of \$400 to a contributor or business he/she is ed at more than \$5,000?	a candidate for a chief executive associated with have a contract were associated with the contract were as the contract were associated with the contract were associated with the contract were associated with the contract with the con	officer of a municipality, ith said municipality	Amount of Cont	tributio
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lethod of Contribution:		Date Received A	ggregate Contributions	1	
Cash Personal Check Credit/Debit Card	Payroll Deduction Money Or	rder 3/9/23		1	
st Name	<u> </u>	First		М	
EIXIERA	<u> </u>	JOSE			
idential Street Address 5 HORSE STABLE CIRCLE	Cit	•	1	State Zip Code	
cipal Occupation		HELTON		CT 06484	
LUMBER		PICK WICK PLUMI	BING		
rependent child of a lobbyist? • No does of	attribution is in excess of \$400 to a contributor or business he/she is a d at more than \$5,000?	candidate for a chief executive o ssociated with have a contract wi	fficer of a municipality, th said municipality	Amount of Contr	ributio
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hod of Contribution: Cash Personal Check OCredit/Debit Card O	Payroll Deduction OMoney Ord	Date Received Ag	gregate Contributions		
	SUBTO	FAL Section B — This Pa	ge \$750.00		
		additional Section B Pag	1000		
TOTAL OF ALL CO	ONTRIBUTIONS FROM IN (Enter total on Line 13, C	DIVIDUALS (Sections A + Column A of Summary Page Total	B) \$64,775		

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ALLA CE COL O MUNICIPE -			
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository,)	TYPE OF REPORT	
JOHN GOMES FOR MAYOR		APRIL 10 FILLIN	G
A. Total Contributions from Small Contributors-Rece (See instructions for definition of Small Contributor)	ived this Period ONLY SUBTOTAL SECTION A	\$	
	ontributions from Indivi	duals	
VELOZ	DIGNA		МІ
Residential Street Address	City		State Zip Code
176 YAREMICH DRIVE Principal Occupation	BRIDGEPORT		CT 06606
SUPERVISOR	Name of Employer TOTALLY HOME	HEALTH CARE AG	BENCY
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$40 does contributor or business he/sh valued at more than \$5,000?	to a candidate for a chief executive the is associated with have a contract Yes ONo	officer of a municipality with said municipality	Amount of Contributi
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Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone		Aggregate Contributions	
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tesidential Street Address 4 GREEN ST	City		State Zip Code CT 06611
Trincipal Occupation PHYSICAL THERAPIST	Name of Employer FAMILY CARE VIS	SITING NURSE	
	to a candidate for a chief executive is associated with have a contract v Yes No		Amount of Contribution \$250
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incipal Occupation HEALTH CARE	Name of Employer YNHH	9.0	adora in the same
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SUBT	TOTAL Section B — This P	age \$375.00	
TOTAL	of additional Section B Pa	ges	
TOTAL OF ALL CONTRIBUTIONS FROM		*B) \$64,775	

Section B ADDITIONAL PAGE 73 of 82

NAME OF COMMITTEE		OIL D ADDITION			
		e as Registered with Filing Repository		TYPE OF REPORT	
JOHN GOMES FOR MA				APRIL 10 FILL	ING
A. Total Contribution (See instructions for defi	ons from Si nition of Small (mall Contributors-Rece	ived this Period (SUBTOTAL SECT		
		B. Itemized C	ontributions fron	n Individuals	
Last Name SILVA			First		MI
Residential Street Address			EDSON		
2006 NORTH AVE			BRIDGEPORT		State Zip Code CT 06604
Principal Occupation			Name of Emplo	yer	00004
DISPATCHER			NUVANCI	E HEALTH	
Is contributer a lobbyist, spouse, or dependent child of a lobbyist?	● No	If contribution is in excess of \$40 does contributor or business he/sh valued at more than \$5,000?	0 to a candidate for a chic e is associated with have OYes	of executive officer of a municipality ONo	
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ast Name			First		МІ
AWAN esidential Street Address			MOHAMMAN	<u> </u>	
B LANSING AVE			TRUMBULL		State Zip Code
rincipal Occupation	·	<u> </u>	Name of Employe		CT 06611
MANAGER			ADVANCE		
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060 FAIRFIELD AVE			BRIDGEPORT		State Zip Code
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		SUBT	OTAL Section B —	This Page \$1,150.00	
		TOTAL	of additional Section	on B Pages	
ТОТ	AL OF ALL	CONTRIBUTIONS FROM (Enter total on Line 13	INDIVIDUALS (Sect	tions A + B) Page Totals) \$64,775	

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Method of Contribution: Ocash Personal Check Ocredit/Debit Card Payroll Deduction Money Order 2/28/23 Last Name BERRY Residential Street Address 53 BEL AIRE DR ATTORNEY Scontributor a lobbyist, spouse, of dependent child of a lobbyist? Whis contribution associated with an vent reported in Section L1? Method of Contribution: Ocash Personal Check Ocredit/Debit Card Payroll Deduction Money Order Tincipal Occupation Name of Employer CENVEO Scontributor a principal of a state contractor or prospective of government the contract is with: Security Security Standard Residential Street Address City STAMFORD Name of Employer CENVEO Scontribution associated with an vent reported in Section L1? Security Standard Residential Street Address City Standard Residential Residenti	3	State CT	MI
B. Itemized Contributions from In Last Name STEVENSON Residential Street Address 65 ST NICHOLAS RD Principal Occupation RETIRED Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is this contribution associated with an event reported in Section L1? Jyze, list Event # Mance of Employer RETIRED If contribution is in excess of \$400 to a candidate for a chief excet of government the contract is with: Date Received 2/28/23 If contributor a principal of a state contractor or prospective flyzes, indicate which branch or branches of government the contract is with: Date Received 2/28/23 If contribution is in excess of \$400 to a candidate for a chief excet of government the contract is with: Date Received 2/28/23 Date Received 2/28/23 Date Received 2/28/23 If contribution is in excess of \$400 to a candidate for a chief excet of government the contract is with: Date Received 2/28/23 Date Received 3/1/23 The street of the excet of section L1? Date Received 3/1/23 Date Received 3/1/23 Date Received 3/1/23 Date Received 3/1/23 Date Received Date Received Javes, list Event is with: Date Received 3/1/23 Date Received Javes, list Event is with: Date Received Javes, list Event is principal of a state contractor or prospective is flyes, indicate which branch or branches of government the contract is with: Date Received Javes, list Event is principal of a state contractor or prospective is flyes, indicate which branch or branches Date Received Javes, list Event is principal of a state contractor or prospective is flyes, indicate which branch or branches Date Received Date Received	3	- 1	MI
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STEVENSON First JAYME	viduals	- 1	М
Residential Street Address 65 ST NICHOLAS RD RETIRED 8		- 1	МІ
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Cash Personal Check © Credit/Debit Card Payroll Deduction Money Order 3/1/23 First MARIA City BRIDGEPORT Decipal Occupation OMEMAKER ONE ONE Ontributor a lobbyist, spouse, lependent child of a lobbyist? No No No No No No No No No N	ate contractor? Ye		JO
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Date Received	e officer of a municipality		
Cash Personal Check OCredit/Debit Card Payroll Deduction OMoney Order 3/31/23	with said municipality	\$250	
SUBTOTAL Section B — Thi	with said municipality contractor? OYes ONo	\$250	
TOTAL of additional Section B	e contractor? Clegislative Aggregate Contributions	\$250	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections	e contractor? Clegislative Aggregate Contributions Page \$1,000	\$250	

SEEC FORM 20 Resided January 2015

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Reposit	tory)	TYPE OF REPORT	
JOHN GOMES FOR MAYOR		APRIL 10 FILLIN	IG
A. Total Contributions from Small Contributors-Re (See instructions for definition of Small Contributor)	ons from Small Contributors-Received this Period ONLY nition of Small Contributor) SUBTOTAL SECTION A		
B. Itemized	Contributions from Indiv	iduals	
PEDREIRA	First JOSHUA		MI
Residential Street Address	2 2 2 2		
19 HULL ST	ANSONIA	À.	State Zip Code CT 06401
Principal Occupation	Name of Employer	***	C1 00401
ATTORNEY	COHEN AND WO	OLF PC	
s contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$\frac{1}{2}\$ does contributor or business he valued at more than \$\frac{1}{2}\$,000?	i400 to a candidate for a chief executive/she is associated with have a contract	e officer of a municipality	
	of a state contractor or prospective state branch or branches	e contractor? Yes OLegislative	\$100
Method of Contribution: Cash Personal Check Ocredit/Debit Card Payroll Deduction Mo	Date Received Oney Order 3/9/23	Aggregate Contributions	
asi Name MOURA	First		MI
sidential Street Address	DOMIGOS		
255 MARILYN DR	BRIDGEPORT		State Zip Code
ncipal Occupation	Name of Employer		CT 06606
Business owner	Domingos Maura I	Pool Services I.I.C.	
contributor a lobbyist, spouse, dependent child of a lobbyist? Yes does contribution is in excess of \$40 does contributor or business he/s valued at more than \$5,000?	00 to a candidate for a chief executive the is associated with have a contract with have a co	officer of a municipality	Amount of Contribution
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ethod of Contribution: Cash Personal Check Ocredit/Debit Card Payroll Deduction Mon	Date Received A	aggregate Contributions	
I Name	First		М
idential Street Address	RICHARD		
JAMESTOWN RD	City		tate Zip Code
cipal Occupation	Name of Employer		CT 06611
ETIRED	RETIRED		
ontributor a lobbyist, spouse, lependent child of a lobbyist? Syes If contribution is in excess of \$40 does contributor or business he/sh valued at more than \$5,000?	0 to a candidate for a chief executive of the is associated with have a contract with the contract wit	fficer of a municipality, th said municipality	Amount of Contribution
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thod of Contribution: Cash Personal Check OCredit/Debit Card Payroll Deduction Mone		gregate Contributions	
SUB	TOTAL Section B — This Pa	1ge \$300	
ТОТА	L of additional Section B Pag	es	
TOTAL OF ALL CONTRIBUTIONS FROM	M INDIVIDUALS (Sections A +	B) \$64,775	

SEEC FORM 20 Resided January 2015

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NAME OF COMMITTEE (Provide Complete Name as Registered with F	Tiling Panasitamik	TYPE OF REPORT	70.100-01-0-01	
JOHN GOMES FOR MAYOR	NATO FOR LANCE			
		APRIL 10 FILLIN	G	
A. Total Contributions from Small Contributions (See instructions for definition of Small Contributor)	Itors-Received this Period ONLY SUBTOTAL SECTION A	\$		
B. I	temized Contributions from Indivi	duals	Type:	
FERNANDES	ALMIRA		МІ	
Residential Street Address	City		State Zip Code	
15 HOUSE STABLE CIRCLE	BRIDGEPORT		CT 06484	
Principal Occupation	Name of Employer			
RETIRED	RETIRED			
s contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in does contributor or valued at more than	excess of \$400 to a candidate for a chief executive business he/she is associated with have a contract \$5,000?	e officer of a municipality with said municipality	Amount of Contribu	
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ast Name	First		МІ	
ROWE	PATRICIA			
esidential Street Address 12 HARWICH RD	City		State Zip Code	
ncipal Occupation	FAIRFIELD		CT 06424	
PROJECT MANAGER	Name of Employer KALLMAN WORL	ביייים בייים ב		
contributor a lobbyist, spouse, dependent child of a lobbyist? Yes of the contribution is in a does contributor or by alued at more than	excess of \$400 to a candidate for a chief executive pusiness he/she is associated with have a contract v \$5,000? Yes No	officer of a municipality, vith said municipality	Amount of Contribu	
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ethod of Contribution: Cash OPersonal Check OCredit/Debit Card OPayroll Deduct		Aggregate Contributions		
st Name	First	<u>.</u>		
A	MARCO		М	
idential Street Address	City	To	State Zip Code	
26 DIXON ST	BRIDGEPORT	1	CT 06604	
cipal Occupation	Name of Employer			
/ATCHMAKER	BREITLING USA			
ontributor a lobbyist, spouse, lependent child of a lobbyist? Yes No Victor of both the specific of the speci	excess of \$400 to a candidate for a chief executive usiness he/she is associated with have a contract w \$5,000?	officer of a municipality, ith said municipality	Amount of Contribut	
his contribution associated with an nt reported in Section L1? Yes No Is contributor a If yes, indicate the section Is section Is section If yes, indicate the section Is section Is section.	principal of a state contractor or prospective state ate which branch or branches ent the contract is with:	⊘ No	\$200	
thod of Contribution: Cash Personal Check Ocredit/Debit Card Payroll Deducti		ggregate Contributions		
	SUBTOTAL Section B — This P	age \$400		
	TOTAL of additional Section B Pa	ges		
TOTAL OF ALL CONTRIBUTION (Enter t	ONS FROM INDIVIDUALS (Sections A -	B) \$64,775		

Section B ADDITIONAL PAGE 77 of 82

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repos	sitory)	TYPE OF REPORT	
JOHN GOMES FOR MAYOR	The same	APRIL 10 FILLIN	G
A. Total Contributions from Small Contributors-R (See instructions for definition of Small Contributor)	Received this Period ONLY SUBTOTAL SECTION A	\$	-
B. Itemize	d Contributions from Indiv	idnals	
Last Name	First		MI
SILVA	OLINDA		1
Residential Street Address	City		State Zip Code
170 BROOKLAWN DR	MILFORD		CT 06460
Principal Occupation CNA	Name of Employer JEWISH SENIOF	RSERVICES	
s contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes lf contribution is in excess of does contributor or business l valued at more than \$5,000?	f \$400 to a candidate for a chief executive he/she is associated with have a contract OYes ONo	e officer of a municipality with said municipality	Amount of Contribu
Is this contribution associated with an event reported in Section L1? Yes No Is contributor a principa If yes, indicate which of government the contributor approximately served.	al of a state contractor or prospective state th branch or branches contract is with: ©Executive	OLegislative	3100
Method of Contribution: Ocash OPersonal Check OCredit/Debit Card OPayroll Deduction Ox	Date Received 3/7/23	Aggregate Contributions	
asi Name MOUNTINHO	First	330	MI
OSIGNI INFO	RYAN		
814 BRIDGEPORT AVE UNIT 202	MILFORD		State Zip Code CT 06460
incipal Occupation	Name of Employer		C1 06460
CONSTRUCTION	MARK IV		
contributor a lobbyist, spouse, dependent child of a lobbyist? Yes does contribution is in excess of does contributor or business have valued at more than \$5,000?	\$400 to a candidate for a chief executive e/she is associated with have a contract Yes No	officer of a municipality, with said municipality	Amount of Contribut
		⊙ №	41,000
ethod of Contribution: Cash Personal Check Ocredit/Debit Card Payroll Deduction OM	I I	Aggregate Contributions	
st Name	First	***	М
OS REIS	ERICA	100	
sidential Street Address 51 WHITNEY AVE	City		State Zip Code
ncipal Occupation	BRIDGEPORT		CT 06606
NETERY	Name of Employer GENESIS		
contributor a lobbyist, spouse, dependent child of a lobbyist? Yes lf contribution is in excess of \$\frac{1}{2}\$ does contributor or business he	400 to a candidate for a chief executive s/she is associated with have a contract w	officer of a municipality, with said municipality	Amount of Contributi
valued at more than \$5,000? his contribution associated with an ent reported in Section L1? Yes No Is contributor a principal of the princip	of a state contractor or prospective state branch or branches ontract is with:	_ O No	\$70
thod of Contribution: Cash Personal Check	Date Received /	Aggregate Contributions	
SU	JBTOTAL Section B — This F	Page \$1,170	
тот	TAL of additional Section B Pa	ges	
TOTAL OF ALL CONTRIBUTIONS FR (Enter total on Li	ROM INDIVIDUALS (Sections A ine 13, Column A of Summary Page To	+ B) \$64,775	

Section B ADDITIONAL PAGE 78 of 82

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Reposite	ory)	TYPE OF REPORT	
JOHN GOMES FOR MAYOR		APRIL 10 FILLIN	1G
A. Total Contributions from Small Contributors-Rec (See instructions for definition of Small Contributor)	ceived this Period ONLY SUBTOTAL SECTION A	\$	
R Itemized	Contributions from Indivi	duolo	
Last Name	First	uuais	IMI
PEREZ	ANGEL		
Residential Street Address	City		State Zip Code
2746 FAIRFIELD AVE	BRIDGEPORT		CT 06605
Principal Occupation BARBER	Name of Employer SMARTCUT LLC		A Service of the serv
s contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$\frac{1}{2}\$ does contributor or business he/ valued at more than \$\frac{1}{2}\$,000?	400 to a candidate for a chief executive she is associated with have a contract Yes	officer of a municipality with said municipality	Amount of Contributi
Is this contribution associated with an event reported in Section L1? Yes No If yes, indicate which of government the contributor aprincipal of government the government of government the government of government the government of government the government of government the government of government the government of government of government the government of gover		contractor? Yes No Legislative	_ \$230
Method of Centribution: Cash OPersonal Check OCredit/Debit Card OPayroll Deduction OMo	Date Received ney Order 3/31/23	Aggregate Contributions	
ast Name	First		MI
ALVES	DAVID		
275 BENNETTT ST	City FAIRFIELD		State Zip Code
ncipal Occupation			CT 06825
WINE SALES	Name of Employer TRIVIN		
contributor a lobbyist, spouse, dependent child of a lobbyist? Yes If contribution is in excess of \$40 does contributor or business he/si valued at more than \$5,000?	00 to a candidate for a chief executive he is associated with have a contract w	officer of a municipality, ith said municipality	Amount of Contributio
	a state contractor or prospective state ranch or branches	O No	\$250
ethod of Contribution:	Date Received A	ggregate Contributions	
Cash OPersonal Check OCredit/Debit Card OPayroll Deduction OMon	ey Order 3/31/23		
RANKLIN	First		М
idential Street Address	CHRISTOPHER		
90 LITTLE BRROK DRIVE	City NEWINGTON	I	State Zip Code CT 0611
cipal Occupation	Name of Employer		CT 0611
ANAGER PARTNER	FRANSAN GROUP	LLC	
ontributor a lobbyist, spouse, lependent child of a lobbyist? Sycal Pressure 1 If contribution is in excess of \$400 does contributor or business he/sh valued at more than \$5,000?	to a candidate for a chief executive of the is associated with have a contract with the image of the image.	fficer of a municipality	Amount of Contribution
	state contractor or prospective state coanch or branches		\$25
hod of Contribution: Cash Personal Check OCredit/Debit Card Payroll Deduction OMone	Date Received Ag	gregate Contributions	
SUB	TOTAL Section B — This Pa	ge \$525.00	
	L of additional Section B Pag		
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line	M INDIVIDUALS (Sections A + 13, Column A of Summary Page Tota	B) \$64,775	

Section B ADDITIONAL PAGE 79 of 82

NAME OF COLD REPORT	
NAME OF COMMITTEE (Provide Complete Name as Registered with	
JOHN GOMES FOR MAYOR	APRIL 10 FILLING
A. Total Contributions from Small Contrib (See instructions for definition of Small Contributor)	outors-Received this Period ONLY SUBTOTAL SECTION A
В.	Itemized Contributions from Individuals
Last Name	First Mi
MORALES	MARLON
Residential Street Address 271 WHEELER AVE	City State Zip Code BRIDGEPORT CT 06606
Principal Occupation	BRIDGEPORT CT 06606 Name of Employer
CABINET MAKER	MARLON ARCHITECTURAL WOOD WORKING LLC
s contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Valued at more the	in excess of \$400 to a candidate for a chief executive officer of a municipality, or business he/she is associated with have a contract with said municipality an \$5,000? Amount of Contribution Should be a contract with said municipality an \$5,000?
Is this contribution associated with an event reported in Section L1? Yes Is contributo No If yes, in	or a principal of a state contractor or prospective state contractor? Or a principal of a state contractor or prospective state contractor? Or a principal of a state contractor or prospective state contractor? Or a principal of a state contractor or prospective state contractor? Or a principal of a state contractor or prospective state contractor? Or a principal of a state contractor or prospective state contractor? Or a principal of a state contractor or prospective state contractor? Or a principal of a state contractor or prospective state contractor? Or a principal of a state contractor or prospective state contractor? Or a principal of a state contractor or prospective state contractor? Or a principal of a state contractor or prospective state contractor? Or a principal of a state contractor or prospective state contractor? Or a principal of a state contractor or prospective state contractor? Or a principal of a state contractor or prospective state contractor? Or a principal of a state contractor or prospective state contractor?
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Ded	Date Received Aggregate Contributions Auction OMoney Order 3/29/23
ast Name	First MI
ROWE	PATRICIA
esidential Street Address 42 HARWICH RD	City State Zip Code FAIRFIELD CT 06825
incipal Occupation	Name of Employer
PROJECT MANAGER	KALLMAN WORLWIDE
contributor a lobbyist, spouse, dependent child of a lobbyist? Yes If contribution is it does contributor or valued at more that	n excess of \$400 to a candidate for a chief executive officer of a municipality, r business he/she is associated with have a contract with said municipality in \$5,000? Amount of Contribution \$5,000?
ent reported in Section L1?	r a principal of a state contractor or prospective state contractor? dicate which branch or branches nment the contract is with: Executive Legislative
Method of Contribution: Cash OPersonal Check OCredit/Debit Card OPayroll Dedu	Date Received Aggregate Contributions 1/1/23
ast Name	First MI
VIMBERLY	CHARLOTTE
isidential Street Address 114 BRIDGEPORT AVE UNIT 202	City State Zip Code CT 06460
incipal Occupation	Name of Employer MONROW
contributor a lobbyist, spouse, dependent child of a lobbyist? Yes No lf contribution is in does contributor or valued at more than	excess of \$400 to a candidate for a chief executive officer of a municipality, business he/she is associated with have a contract with said municipality a \$5,000? Amount of Contribution \$1,000
ent reported in Section L1? Tyes, list Event # Of government gov	a principal of a state contractor or prospective state contractor? icate which branch or branches ment the contract is with: Executive Legislative
ethod of Contribution: Cash Personal Check OCredit/Debit Card Payroll Deduction:	Date Received Aggregate Contributions 1/2/23
	SUBTOTAL Section B — This Page \$1,600
	TOTAL of additional Section B Pages
	TIONS FROM INDIVIDUALS (Sections A + B) r total on Line 13, Column A of Summary Page Totals) \$64,775

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NAME OF COMMITTEE (Provide		lame a	s Registered with Filing Repository)	IT 8		TYPE OF REPORT		
JOHN GOMES FOR MAY	OR					APRIL 10 FILLIN	NG	
A. Total Contribution (See instructions for definite			all Contributors-Recei		nis Period ONLY OTAL SECTION A	\$	***	
	W		B. Itemized Co	ontrib	utions from Indiv	iduals		
Last Name VARGAS			117	0.0	rst MARIO			MI
Residential Street Address				City	VIANIO		State	Zip Code
240 GARFIELD AVE				1 1	DGEPORT		CT	06606
Principal Occupation			· .	Ι	Name of Employer	<u> </u>		_I
BUSINESS OWNER					MONSITO TRAN	SPORT LLC		
s contributor a lobbyist, spouse, or dependent child of a lobbyist?	8 Yes No	do	contribution is in excess of \$400 es contributor or business he/she lued at more than \$5,000?) to a car e is assoc	ididate for a chief executive cated with have a contract OYes ONo	e officer of a municipalit with said municipality	y, Am	ount of Contribu
Is this contribution associated with a event reported in Section L1? If yes, list Event #	ⁿ 8	Yes No	Is contributor a principal of a If yes, indicate which bra of government the contra	ınch or b	oranches _	e contractor? Yes OLegislative		
Method of Contribution: Cash Personal Check Ocre	dit/Debit (Card	Payroli Deduction OMone	y Order	Date Received 3/20/23	Aggregate Contributions		
ast Name				Fire		· · · · · · · · · · · · · · · · · · ·		МІ
ARAUJO			 		WERTON			
esidential Street Address 77 CEDAR ST				City PAS	SAIC		State	Zip Code 07055
incipal Occupation				17101	Name of Employer		110	07033
MANAGER					IPANEMA RESTA	URANT		
contributor a lobbyist, spouse, dependent child of a lobbyist?	Yes No	doe	ontribution is in excess of \$400 s contributor or business he/she ued at more than \$5,000?	to a cand is associ	lidate for a chief executive ated with have a contract Ves O No	officer of a municipality with said municipality		ount of Contribut
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st Name URGOS				First				MI
sidential Street Address					LIZABETH			lette .
51 KOSSUTH ST			ĺ	City BRID	GEPORT		State	Zip Code 06608
ncipal Occupation				7	Name of Employer			1 00000
HARMACY TECH				ļ	MAIN ST PHARM	ACY		
contributor a lobbyist, spouse, dependent child of a lobbyist?	Yes No	does	entribution is in excess of \$400 to contributor or business he/she ed at more than \$5,000?	o a cand is associa	idate for a chief executive ated with have a contract v	officer of a municipality, with said municipality	, Amo	unt of Contributi
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thod of Contribution: Cash	it/Debit Ca	ırd C	Payroll Deduction OMoney		Date Received /	Aggregate Contributions		
			SUBT	OTAL	Section B — This F	Page \$2,900.00		
			TOTAL	of add	litional Section B Pa	iges		
TOTA	L OF A	LL C	CONTRIBUTIONS FROM (Enter total on Line 1:		TDUALS (Sections A			

Section B ADDITIONAL PAGE 81 of 82

	TAL FAGE	01 02	21 04	
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repositor JOHN GOMES FOR MAYOR	ry)	TYPE OF REPORT		
	APRIL 10 FILLING			
A. Total Contributions from Small Contributors-Rec (See instructions for definition of Small Contributor)	ceived this Period ONLY SUBTOTAL SECTION A	\$		
B. Itemized	Contributions from Indivi	duals		
VEGA	First LILLIAM			MI
Residential Street Address	City	<u> </u>		
53 FUNSTON AVE	BRIDGEPORT		State CT	Zip Code 06606
rincipal Occupation	Name of Employer			00000
BANKER	CITY BANK			
contributor a lobbyist, spouse, r dependent child of a lobbyist? Yes No If contribution is in excess of \$4 does contributor or business he/s valued at more than \$5,000?	100 to a candidate for a chief executive she is associated with have a contract Yes ONo	e officer of a municipality with said municipality	1	nt of Contributi
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st Name	First			MI
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sidential Street Address 000 MAPLEWOOD AVE	City		State 2	ip Code
ncipal Occupation	BRIDGEPORT		CT	06605
EAD TAILOR	Name of Employer	-		· · ·
	ROWSERT FASHI			
contributor a lobbyist, spouse, dependent child of a lobbyist? Yes If contribution is in excess of \$40 does contributor or business he/sh valued at more than \$5,000?	to a candidate for a chief executive ne is associated with have a contract were a Yes No	officer of a municipality, ith said municipality	Amount \$1,00	t of Contributio
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dential Street Address	MARIA			_
LOURMEL ST	BRIDGEPORT		_	p Code
cipal Occupation	<u> </u>	<u> </u>	CT 0	06606
ETIRED	Name of Employer RETIRED			
ontributor a lobbyist, spouse, Yes If contribution is in excess of \$400	to a candidate for a chief executive of	fficer of a municipality.	Amount	of Contribution
ependent child of a lobbyist? No does contributor or business he/she valued at more than \$5,000?	is associated with have a contract wi	th said municipality		or Contribution
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of government the contract of of Contribution:		Legislative gregate Contributions		
ash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	1 1718	Brekare Commonitions		
SUBT	TOTAL Section B — This Pa	ge \$2,250		
TOTAL	of additional Section B Pag	es		
TOTAL OF ALL CONTRIBUTIONS FROM	INDIVIDUALS (Sections A + 13, Column A of Summary Page Total	B) \$64,775		