#### **SEEC FORM 20**

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

BRIDGEPORT, CONN.
LAND RECORDS
RECORD FILM

2023 NH 10 PH 3: 15

Page 1 of 17

ATTEST:

ATT

1. NAME OF COMMITTEE	Seriesia			VIII III III III II	TOWN CI	FOX	no il	Sortenini	
JOHN GOMES FOR MAYOR				_		-I Kn			
2. TREASURER NAME			100	- 2		2000	Name of	- PH 130	A STATE OF THE STA
First	The state of the s	мі		Last					Suffix
MARIA				FIGU	EROA				
3. TREASURER ADDRESS Street Address	medally in the	1.7 324	TO AL		A CHARLES			110	THE RESIDENCE
281 RIDGEFIELD			City BR	DDIDOEDODT.					Zip Code 06610
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUG	HT (Complete	only i	f Candida	te Committee)		A STORY OF THE	6. 1	DISTRICT NUMBE
(mm/dd/yyyy) 11/07/2023	MAYOR							(If ap	plicable)
7. CANDIDATE NAME (Complete only if	Candidate or Explorator			1 1 2 4					
JOHN	i	MI		Last GOM	ES				Suffix
8. TYPE OF REPORT (Check One Box)	16/						-		
O January 10 filing	7th day preced	ling primary	,	O7th	day preceding referendum	Oli	nitial Con	tributi	ion or Disbursemen
April 10 filing	O30 days follow	ing primary	,	<b>O</b> 45	days following referendum	- (1	PACs ONLY, Amendmer	)	
July 10 filing	O7th day preced	ling election		<b>O</b> De	ficit		ype of Rep		
October 10 filing	Ol 2th day prece (State Central Con		n	<b>O</b> Ter	rmination	_			
O24 Hour Independent Expenditure OPrimary OElection	O45 days follow not held in Nov	ing election							
9. PERIOD COVERED	SVENE NEWSFILM	The three					of the state of th		
	Beginning Date	e		-	Ending Date				
_	04/01/2023			thru	06/30/2023				
10. CERTIFICATION	A 200 MARCH 1988	Sparity or		A Carbon			No. of Street,		80774
I hereby certify and state, under pe	enalties of false st	atement, th	at al	l of the	information set forth on	this Itom	ized Co-	nneic	n Finance
Disclosure Statement for the per	iod covered is tr	ue, accura	te ai	nd com	plete.	uns item	uzeu Can	ubang	n rinance
Mauri For TREASURER OR DEPUTY TREASURER	R (SIGNATURE)	PI	10 RINT	PÀ Q NAME (	FIGURYO 9			DA	7/10/23 TE(mm/dd/yyyy)
A CONTRACTOR OF THE SECOND		12 2 July 20		195E)	te te force production		19.50	34.0	
A person who is f	found to have know	wingly and	willj	fully vic	lated any provisions of t	he campo	aign finai	nce si	atutes

faces a civil penalty or imprisonment or both.

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)	TYPE OF REPORT					
JOHN GOMES FOR MAYOR	JULY 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	\$112,629.9					
13. Contributions Received from Individuals (Sections A and B)	\$75,440	240,519.11				
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)	\$0.00	\$35,700				
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	\$75,440	\$276,219.11				
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	188,069.9	\$276,219.11				
19. Expenses Paid by Committee (Section P)	\$71,458.67	\$159,607.88				
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	\$116,611.23	\$116,611.23				
21. In-Kind Donations not Considered Contributions Received (Section L4)	\$200	\$850				
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)	\$0.00	\$83				
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)	\$3,500					
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	\$0.00					

## Section B ADDITIONAL PAGE 1 of 69

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT					
JOHN GOMES FOR MAYOR				JULY 10 FILING				
A. Total Contributions from S (See instructions for definition of Small	mall Contributors-Recei		his Period ONLY TOTAL SECTION A	\$				
10								
	B. Itemized Co	ontrib	outions from Indiv	iduals	WYE TO	100	DEED FOR SERVICE	
Last Name			irst				MI	
ALVES		_  ,	JOSE				D	
Residential Street Address		City			State	Zip (	Code	
30 ROUND HILL RD		TRU	UMBULL		СТ	06	611	
Principal Occupation			Name of Employer		<u> </u>			
MANAGER			ALVES BUILDING	G				
Is contributor a lobbyist, spouse, or 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 ca	andidate for a chief executive sciated with have a contract  OYes  No	re officer of a municipality with said municipality	y, Amo		Contributio	
	Yes Is contributor a principal of a  No  If yes, indicate which bra  of government the contra	nch or	branches	No		,		
Method of Contribution:			Date Received	Aggregate Contributions	-			
OCash OPersonal Check OCredit/Debit Co	ard OPayroll Deduction OMoney	y Order	6/29/23					
Last Name		Fi	irst				MI	
ARAUJO		E	EWERTON					
Residential Street Address		City			State	Zip C	ode	
77 CEDAR ST		PAS	SAIC		NJ	070	055	
Principal Occupation			Name of Employer					
MANAGER			IMPANAMA					
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?	to a car	ndidate for a chief executive ciated with have a contract  O Yes  No	officer of a municipality with said municipality	, Amou		Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #		nch or	branches	e contractor? Yes No		000		
Method of Contribution:			Date Received	Aggregate Contributions	┥			
OCash OPersonal Check OCredit/Debit Ca	rd Payroll Deduction Money	Order	6/26/23		1			
Last Name		Fir	rst	<del></del>	<u> </u>		MI	
GREEN		F	RANK			ĺ		
Residential Street Address		City			State	Zip Co	ode	
1271 NORTH AVE	1	BRIC	DGEPORT		СТ	066	04	
Principal Occupation			Name of Employer					
BARBACK			EVOLUTION SPC	RT BAR				
in dependent citing of a topopists.	If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?	to a can	didate for a chief executive ciated with have a contract of Yes No	officer of a municipality with said municipality	, Amou		Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 060923A		ich or b	ntractor or prospective state	<b>⊙</b> No		,		
Method of Contribution:				Aggregate Contributions	┪			
Cash Personal Check OCredit/Debit Car	rd OPayroll Deduction OMoney	Order	6/9/23					
	SUBT	OTA	L Section B — This l	Page \$2,100.00				
	TOTAL	of ad	ditional Section B Pa	ages				
TOTAL OF AL	L CONTRIBUTIONS FROM	INDI	VIDUALS (Sections A	+ B)				
	(Enter total on Line 1.	3, Colu	mn A of Summary Page T	otals) \$75,440				

SEEC FORM 20 Revised January 2015

# Section B ADDITIONAL PAGE 2 of 69

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			PERSONAL PROPERTY OF	TYPE OF REPORT			
JOHN GOMES FOR MAYOR				JULY 10 FILING			
A. Total Contributions from Sm (See instructions for definition of Small Co	all Contributors-Receiv		his Period ONLY OTAL SECTION A	\$			
	B. Itemized Con	ntrib	outions from Indivi	duals	1 4 2	Gen-	37.70
Last Name			irst				МІ
SEDA		1	ABELINO				
Residential Street Address		City		<u> </u>	State	Zip C	Code
169 TRUAM ST		BRI	DGEPORT		CT	06	606
Principal Occupation			Name of Employer		<del></del>		
BUSINESS OWNER			LN HARDWOOD	FLOOR			
or dependent child of a lobbyist?	f contribution is in excess of \$400 to oes contributor or business he/she alued at more than \$5,000?	to a car is asso	ndidate for a chief executive ciated with have a contract  OYes  No	e officer of a municipality with said municipality	y, Amo		Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #		ich or l	branches	e contractor? Yes  OLegislative			
Method of Contribution:			Date Received	Aggregate Contributions	-		
OCash Personal Check OCredit/Debit Card	OPayroll Deduction OMoney	Order	6/9/23				
Last Name RAMOS		Fii					MI
Residential Street Address			MAIKOL			]	
50 GREEN HOUSE RD	1	City BRII	DGEPORT		State CT	Zip Ci	
Principal Occupation			Name of Employer		01	1 000	
LABOR			BURNS CONSTR	IUCTION			
or dependent child of a lobbyist?	contribution is in excess of \$400 to ses contributor or business he/she is lued at more than \$5,000?	o a can s assoc	ididate for a chief executive ciated with have a contract  Yes  No	officer of a municipality with said municipality	Amoi		Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Is contributor a principal of a s  If yes, indicate which bran of government the contract	ich or l	branches _	e contractor? Yes No	7		
Method of Contribution:			Date Received	Aggregate Contributions	┥		
OCash OPersonal Check OCredit/Debit Card	OPayroll Deduction OMoney (	Order	6/9/23				
Last Name RAMALHO		Fin		· · · · · · · · · · · · · · · · · · ·			Ml
Residential Street Address	<del></del>		RANCISCO				
126 PRIMROSE AVE		ity BRID	DGEPORT		State	2ip Co 066	
Principal Occupation			Name of Employer				
LABORER			BUNS CONST				
a debendent chird of a loopyist?	contribution is in excess of \$400 to es contributor or business he/she is lued at more than \$5,000?	a can	didate for a chief executive intended with have a contract Ves No	officer of a municipality with said municipality	\$100		Contribution
s this contribution associated with an event reported in Section L1?  If yes, list Event # Q60923A	Is contributor a principal of a sta If yes, indicate which branc of government the contract	ch or b	ranches	_ <b>()</b> No	1 *,		
Method of Contribution:  Cash Personal Check Credit/Debit Card				Aggregate Contributions	1		
	SUBTO	OTAI	L Section B — This I	Page \$300			
	TOTAL	of ad	ditional Section B Pa	ages			
TOTAL OF ALL	CONTRIBUTIONS FROM	INDI	VIDUALS (Sections A	+ B)			
	(Enter total on Line 13	, Colu	mn A of Summary Page T	otals) \$75,440			

## Section B ADDITIONAL PAGE 3 of 69

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
JOHN GOMES FOR MAYOR			JULY 10 FILING			
A. Total Contributions from Small Contributors-Rece (See instructions for definition of Small Contributor)		Period ONLY AL SECTION A	s			
10						
B. Itemized C	ontribution	ons from Indivi	duals			
Last Name DASILVA	First				МІ	
		MACI				
Residential Street Address 155 WOODMONT AVE	BRIDGI	EPORT		State CT	Zip Code 06606	
Principal Occupation CONSTRUCTION		me of Employer  R REMODELING	G LLC			
Is contribution a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$40 does contributor or business he/st valued at more than \$5,000?	00 to a candida he is associate	te for a chief executive d with have a contract	e 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 #  Yes Is contributor a principal of of government the contributor of government the contributor.	ranch or brane	tor or prospective stat	e contractor? Yes No	\$10	U	
Method of Contribution;	Dat	te Received	Aggregate Contributions	┪		
OPersonal Check	ey Order 6	/9/23				
Last Name BARROS	First JOA	^	······		MI	
Residential Street Address		<del></del>				
591 WILLIAM ST	BRIDGE	EPORT		State CT	2ip Code 06607	
Principal Occupation	Nar	me of Employer				
BUSINESS OWNER	SI	EYMOUR PAST	RIES CAKE			
Is 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 is associated	te for a chief executive with have a contract Yes No	officer of a municipality with said municipality	\$ Amou	nt of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Section L1?  If yes, list Event #  Section L1?  If yes, indicate which be of government the contributor a principal of a section L1?	anch or brand	ches	e contractor? Yes No		•	
Method of Contribution:		e Received	Aggregate Contributions	1		
Cash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMone	y Order 6	/9/23				
Last Name DE LA CRUZ	First	NANDO	·		MI	
Residential Street Address		- INAINDO		a		
9 ABRIC DRIVE	TRUMB	ULL		State CT	Zip Code 06606	
Principal Occupation	Nan	ne of Employer				
ABOGADO	S1	TUDIO SAMBRA	ANO ASS			
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 is associated	e for a chief executive with have a contract v Yes No	officer of a municipality, with said municipality	\$100	nt of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # Q60923A  Section L1?  If yes, indicate which bra of government the contra	anch or branc	or or prospective state hes  Executive	_ No	]	,	
Method of Contribution:	Date		Aggregate Contributions	1		
Ocash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order 6/	9/23				
SUB	TOTAL Se	ection B — This l	Page \$300			
TOTAL	L of addition	onal Section B Pa	ages			
TOTAL OF ALL CONTRIBUTIONS FROM	M INDIVID	UALS (Sections A	+ B) \$75,440			
(Enter total on Line	13, Column A	of Summary Page T	orals) 4. G, 44G			

### Section B ADDITIONAL PAGE 4 of 69

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
JOHN GOMES FOR MAYOR			JULY 10 FILING	JULY 10 FILING			
A. Total Contributions from Small Contributors-Rec (See instructions for definition of Small Contributor)		is Period ONLY OTAL SECTION A	S				
B. Itemized (	Contrib	utions from Indivi	iduals	O SAN	Was I		
Last Name DE LA CRUZ	1 -	ROSARIO				MI	
Residential Street Address 9 ABRIC DRIVE	City	JMBULL		State CT	Zip C	Code 611	
Principal Occupation CLEANER	•	Name of Employer SMG		<u></u>			
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?	100 to a car she is asso	ndidate for a chief executive ciated with have a contract	ve officer of a municipality			Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 060923A  Section L1?  Yes Is contributor a principal of If yes, indicate which I of government the con	branch or	ntractor or prospective state	te contractor? Yes  OLegislative		J \$100 		
Method of Contribution:  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMo	ney Order	Date Received 6/9/23	Aggregate Contributions				
Last Name CORONA	Fi	PAMELA				МІ	
Residential Street Address 240 GARFIELD AVE	City BRII	DGEPORT		State CT	Zip Ci		
Principal Occupation HOME HEALTH AID		Name of Employer TOTALITY HOME	CARE				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/s valued at more than \$5,000?	00 to a can she is assoc	ndidate for a chief executive ciated with have a contract Yes No	e officer of a municipality with said municipality	y, Amo		Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 062923A  Is contributor a principal of If yes, indicate which to of government the contributor of government the contributor approach in the contributor approach is contributor.	branch or	branches	te contractor? Yes		,,		
Method of Contribution:  Cash Personal Check Ocredit/Debit Card Payroll Deduction One	ney Order	Date Received 6/9/23	Aggregate Contributions				
Last Name RÍOS	Fir	MARIA				МІ	
Residential Street Address 369 BUNNELL ST	City BRII	DGEPORT		State CT	Zip Co		
Principal Occupation CHEF		Name of Employer BLOCK ROCK YA	ACHT CLUB				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  No  If contribution is in excess of \$44 does contributor or business he/s valued at more than \$5,000?	00 to a can she is assoc	didate for a chief executive ciated with have a contract Yes No	e officer of a municipality with said municipality	y, Amo \$10		Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 060223A  Is contributor a principal of If yes, indicate which b of government the contributor of government the government of government the contributor of government the government of g	ranch or t	oranches	contractor? Yes				
Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction OMor	ney Order	Date Received 6/2/23	Aggregate Contributions	7			
SUI	втота	L Section B — This	Page \$300				
	PROPERTY AND ADDRESS OF	lditional Section B P					
TOTAL OF ALL CONTRIBUTIONS FRO (Enter total on Lin		IVIDUALS (Sections A umn A of Summary Page I					

### Section B ADDITIONAL PAGE 5 of 69

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
JOHN GOMES FOR MAYOR			JULY 10 FILING			
A. Total Contributions from Small Contributors-Rece (See instructions for definition of Small Contributor)		his Period ONLY OTAL SECTION A	\$			
B. Itemized (	ontrib	outions from Indiv	duale	2/2003	TANK!	- Charles
Last Name		irst	iduais			мі
CAECHO		MARIA				MI
Residential Street Address	City	· · · · · ·		State	Zip C	ode
325 MADISON AVE	BRI	DGEPORT		СТ	066	606
Principal Occupation		Name of Employer	···		Щ	
RETIRED		RETIRED				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes   If contribution is in excess of \$4 does contributor or business he/s valued at more than \$5,000?	ist? O No does contributor or business he/she is associated with have a contract with said municipality			y, Amo		Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 060923A  Yes Is contributor a principal of If yes, indicate which be of government the contributor of government the contributor apprincipal of It yes, indicate which be of government the contributor apprincipal of It yes, list Event # 060923A	ranch or	branches	● No	7		
Method of Contribution:	Hact 15 WI	Date Received	OLegislative	-		
Ocash OPersonal Check OCredit/Debit Card OPayroll Deduction OMor	ney Order		Aggregate Contributions			
Last Name	Fi	rst				MI
MOTA	- 1.	JUAN			ľ	P
Residential Street Address	City			State	Zip Ci	nde
572 CAPITOL AVE	1 '	DGEPORT		СТ	066	
Principal Occupation		Name of Employer				
INSTALLER		CALIFORNIA CLO	OSET			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Ves	00 to a car he is asso	ndidate for a chief executive ciated with have a contract  Yes  No	ract with said municipality			
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 060923A  Yes No If yes, indicate which be of government the contributor of government the contributor aprincipal of the section of the secti	ranch or	branches	te contractor?  Yes No Legislative	<b>-</b> '		
Method of Contribution:	itact 15 WI	Date Received	Aggregate Contributions	-		
Cash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMon	ey Order	6/9/23	1.56.0820 COMMONIS			
Last Name	Fi	rst	<u> </u>		<del></del> -	MI
PARSON	E	<b>EVE</b>				Ivii
Residential Street Address	City			State	Zip Co	ode
506 DEWEY ST	BRII	DGEPORT		СТ	066	05
Principal Occupation		Name of Employer				
RETIRED		RETIRED				
is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of does contributor or business he/sh valued at more than \$5,000?	00 to a can he is assoc	ndidate for a chief executive ciated with have a contract Yes No	e officer of a municipality with said municipality	, Amou		Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # Q60923A  Section L1?  If yes, indicate which by of government the contributor a principal of the section L1?	ranch or t	oranches	_ No			
Method of Contribution:		Date Received	Aggregate Contributions	-		
Cash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	ey Order	6/9/23	, <b>55 5</b>			
SUB	ВТОТА	L Section B — This	Page \$250	-1		·
TOTA	L of ac	iditional Section B P	ages			
TOTAL OF ALL CONTRIBUTIONS FRO	M IND	IVIDUALS (Sections A	+ B) 075 440			
(Enter total on Line	e 13, Colu	ımn A of Summary Page 1	Totals) \$15,440			

Λf	69
238	00

ME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
JOHN GOMES FOR MAYOR			JULY 10 FILING			
A. Total Contributions from Small Contributors-Receivable (See Instructions for definition of Small Contributor)		nis Period ONLY OTAL SECTION A	s			
B. Itemized C	ontrib	utions from Indivi	duals		7 3	100 7000
Last Name BERRY		LUCINDA				MI
Residential Street Address	City			State	Ζip C	inde.
67 LENOX AVE	1	DGEPORT		CT		605
Principal Occupation RN		Name of Employer VETERAN'S ADA	MINISTRATION			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$40 does contributor or business he/st valued at more than \$5,000?	00 to a car he is asso	ndidate for a chief executive ciated with have a contract  Oyes  No	e officer of a municipalit with said municipality	y. Amo \$10		Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # Q60923A  Yes Is contributor a principal of If yes, indicate which brof government the contributor of government the contributor.	ranch or 1	ntractor or prospective stat branches	e contractor? Yes  OLegislative		U	
Method of Contribution		Date Received	Aggregate Contributions	7		
OCash	<u> </u>					
Last Name COELHO	Fit	DANIEL				MI
Residential Street Address	City			State	Zip C	ode
325 MADISON AVE	BRI	DGEPORT		СТ	066	306
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/sh valued at more than \$5,000?	0 to a can ne is assoc	ididate for a chief executive ciated with have a contract Yes No	e officer of a municipality with said municipality	y, Amo		Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # Q60923A  Section L1?  If yes, indicate which by of government the contributor a principal of the section L1?	ranch or	branches	e contractor? Yes			
Method of Contribution:		Date Received	Aggregate Contributions	┨		
Cash Personal Check Credit/Debit Card Payroll Deduction Mone	ey Order	6/9/23				
Last Name	Fir	rst			$\neg$	MI
RAMOS	١	MARCUS				
Residential Street Address	City			State	Zip Co	ode
3070 OLD TOWN RD	BRID	OGEPORT		СТ	066	306
Principal Occupation		Name of Employer				
ELECTRICIAN		GOLDEN ELECT	RIC			
Is 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 can e is assoc	didate for a chief executive cated with have a contract Yes No	officer of a municipality with said municipality	/. Amoi		Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # Q60923A  Section L1?  If yes, list Event # Q60923A	anch or b	oranches	contractor? Yes No		5	
Method of Contribution:		Date Received	Aggregate Contributions	-		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order	6/9/23				
SUB	TOTA	L Section B — This	Page \$300			
TOTA	L of ad	Iditional Section B P	ages			
TOTAL OF ALL CONTRIBUTIONS FROM		VIDUALS (Sections A				

SEEC FORM 20 Berted January 2015

## Section B ADDITIONAL PAGE 7 of 69

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT						
JOHN GOMES FOR MAYOR			JULY 10 FILING						
A. Total Contributions from (See instructions for definition of Sma	Sma Il Con	ill Contributors-Receiv		this Period ONLY TOTAL SECTION A	\$			<u> </u>	
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Residential Street Address			City			State	n 2:	p Code	
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Principal Occupation				Name of Employer		1			
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Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	doe	contribution is in excess of \$400 es contributor or business he/she	to a c	ociated with have a contract	ve officer of a municipality	у, ,	Amount	of Contribution	
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event reported in Section L1?	No	If yes, indicate which bra:	nch oı	r branches	No No				
If yes, list Event # 060923A  Method of Contribution:		of government the contrac	ct is w		OLegislative				
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DASILVA			- 1	irst Ou vala				MI	
Residential Street Address				SILVIA					
149 FRANK ST			City BRI	IDGEPORT		State	1.	Code 6604	
Principal Occupation			_	Name of Employer					
MANAGER				BRIDGEPORT H	OSPITAL				
Is 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?	to a ca is asso	ndidate for a chief executive ociated with have a contract Yes No	e officer of a municipality with said municipality		Amount o	of Contribution	
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Method of Contribution:			-	Date Received	Aggregate Contributions	-			
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Last Name	_		F	írst		<del>-</del>		МІ	
DIRCEU			- [,	JULIANI				1	
Residential Street Address			City		· <del></del> -	State	Zip	Code	
169 TRUMAN ST			BRI	DGEPORT		СТ	1.	606	
Principal Occupation				Name of Employer		<u></u>			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If co	ontribution is in excess of \$400 to contributor or business he/she is	o a cai	ndidate for a chief executive ciated with have a contract	officer of a municipality	/, A	mount o	f Contribution	
fo this government is a second second second	valu	ed at more than \$5,000?		Yes No		_ \$	100		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 060923A	Yes No	Is contributor a principal of a si  If yes, indicate which bran of government the contract	ch or	branches	No				
Method of Contribution:		or go rounded the contract	12 411	th: Executive  Date Received	Aggregate Contributions	┨			
Cash OPersonal Check OCredit/Debit C	ard C	Payroll Deduction OMoney	Order	6/9/23					
		SUBT	ОТА	L Section B — This	Page \$300			<u></u>	
			100	dditional Section B P	1500000				
TOTAL OF A	IIC		12000	THE WHO SHE CONTRACTOR AND INCOME.	L. CATE				
TOTALOF	LL C	CONTRIBUTIONS FROM (Enter total on Line 1.	3, Coli	IVIDUALS (Sections A umn A of Summary Page 1	+ B) \$75,440				

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## Section B ADDITIONAL PAGE 8 of 69

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
JOHN GOMES FOR MAYOR			JULY 10 FILIN	JULY 10 FILING			
A. Total Contributions from Small Contributors-Recei (See instructions for definition of Small Contributor)		is Period ONLY OTAL SECTION A	\$				
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	ontrib	utions from Indivi	duals	17 3	9 (4 )		
Last Name HELTON	Fi	NDRADE				МІ	
Residential Street Address 29 SEDGEWICK ST	City BRII	DGEPORT		State	1-7	Code 6606	
Principal Occupation HARWOOD FLOOR		Name of Employer HA HARD FLOOI	R				
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 can	ididate for a chief executive cated with have a contract	e officer of a municipal with said municipality	· [	Amount o	of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 060923A  Yes Is contributor a principal of a fyes, indicate which bra of government the contra	inch or b	ntractor or prospective state	te contractor?	es	,100		
Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money	y Order	Date Received 6/9/23	Aggregate Contributions				
Last Name NEVES	Fin	LAVIO				мі А	
Residential Street Address 724 CAPITAL AVE	City BRIE	OGEPORT		State CT		Code 6606	
Principal Occupation PAINTER	•	Name of Employer THE PAINTER					
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 can	didate for a chief executive iated with have a contract Yes No	e officer of a municipal with said municipality		mount o	f Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 060923A  Section L1?  No  Yes No  Is contributor a principal of a flyes, indicate which bra of government the contra	inch or b	oranches	te contractor? SY  Legislative	es	,100		
Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money	y Order	Date Received 6/9/23	Aggregate Contributions				
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175 JENNINGS AVE	City BRID	GEPORT		State CT	1 '	Code 6610	
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 \$400 does contributor or business he/she valued at more than \$5,000?	to a cand	didate for a chief executive intended with have a contract Yes No	officer of a municipal with said municipality	· 1	mount of	f Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 060223A  Section L1?  No  Yes No  If yes, indicate which brain of government the contract	nch or b	tractor or prospective state	<u>_</u>	:s	200		
Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money	Order		Aggregate Contributions				
SUBT	TOTAI	L Section B — This	Page \$400				
		ditional Section B P					
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line )	I INDI'	VIDUALS (Sections A mn A of Summary Page 1	+ B) \$75,440				

#### Section B ADDITIONAL PAGE 9 of 69

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT				
JOHN GOMES FOR MAYOR		JULY 10 FILING			
A. Total Contributions from Small Contributors-Recei (See instructions for definition of Small Contributor)	ved this Period ONLY SUBTOTAL SECTION A	\$		<u> </u>	
	ontributions from Indivi	duals			
Last Name POCO	First ROSA			MI	
Residential Street Address 367 CHURCH HILL RD	City TRUMBULL			Zip Code 06611	
Principal Occupation RETIRED	Name of Employer RETIRED				
	to a candidate for a chief executive is associated with have a contract  Yes  No		, Amoun	nt of Contribution	
	state contractor or prospective state	e contractor?  OLegislative  Yes No	J \$1,00	.0	
Method of Contribution:  OCash Personal Check Ocredit/Debit Card Payroll Deduction Omone	y Order 6/9/23	Aggregate Contributions			
Last Name SHARP	First ANA			MI M	
Residential Street Address 60 SPRING GLEN DR	City MERIDEN			Zip Code 06450	
Principal Occupation DIRECTOR BUSINESS ADM	Name of Employer FARMINGTON S	TATION			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No University 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	Amoun	t of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # Q60923A  Yes Is contributor a principal of a If yes, indicate which bru of government the contributor apprincipal of a If yes, indicate which bru of government the contributor.		te contractor? Yes No			
Method of Contribution:  OCash	Date Received	Aggregate Contributions	1		
Last Name SOARES	First MARIA			мі R	
Residential Street Address 418 CENTER ST	City BRIDGEPORT			Zip Code 06604	
Principal Occupation RETIRED	Name of Employer 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	Amoun	t of Contribution	
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Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money	Date Received	Aggregate Contributions			
SUB	FOTAL Section B — This	Page \$1,200			
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TOTAL OF ALL CONTRIBUTIONS FROM	M INDIVIDUALS (Sections A 13, Column A of Summary Page				

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	17 al 17 - 11 - 1153	TYPE OF REPORT				
JOHN GOMES FOR MAYOR		JULY 10 FILING				
A. Total Contributions from Small Contributors-Received t (See instructions for definition of Small Contributor)  SUB	his Period ONLY FOTAL SECTION A	\$				
B. Itemized Contri	butions from Indivi	duals		No. Allexia		
l f	First KARELYS			MI		
Residential Street Address  931 MILFORD POINT RD  City MIL	FORD	·	State CT	Zip Code 06461		
Principal Occupation TEACHER	Name of Employer CITY OF MILFOR	RD.				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Order dependent child of a lobbyist?	andidate for a chief executive ociated with have a contract  Yes  No	/. Amou	ent of Contribution			
Is this contribution associated with an event reported in Section L1?  Yes, list Event #  Yes Is contributor a principal of a state of fyes, indicate which branch or of government the contract is well.	ontractor or prospective state	e contractor? Yes  OLegislative	J \$250	,		
Method of Contribution:  OCash Personal Check OCredit/Debit Card Payroll Deduction OMoney Order	Date Received	Aggregate Contributions	1			
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	IDGEPORT		State CT	Zip Code 06607		
Principal Occupation RETIRED	Name of Employer RETIRED		<u></u>			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to a ca does contributor or business he/she is assovalued at more than \$5,000?	candidate for a chief executive officer of a municipality, sociated with have a contract with said municipality  Yes  No  No  No  No  No					
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Method of Contribution:  OCash Personal Check Ocredit/Debit Card Payroll Deduction Money Order	Date Received	Aggregate Contributions	1			
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Residential Street Address City 622 WOOD AVE BRI	IDGEPORT		State CT	Zip Code 06604		
Principal Occupation BUSINESS OWNER	Name of Employer ANA CLEANING			<u> </u>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to a ca does contributor or business he/she is assovalued at more than \$5,000?	ndidate for a chief executive ociated with have a contract of Yes No	officer of a municipality with said municipality	\$100	nt of Contribution		
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Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order	Date Received	Aggregate Contributions				
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TOTAL OF ALL CONTRIBUTIONS FROM IND (Enter total on Line 13, Col						

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## Section B ADDITIONAL PAGE 11 of 69

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT						
JOHN GOMES FOR MAYOR					JUL'	JULY 10 FILING			
A. Total Contributions from (See instructions for definition of Sm	Sma all Con	all Contributors-Receintributor)		his Period ONLY OTAL SECTION A	s	-		_	
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		B. Itemized Co	ntrib	outions from Indiv	iduals			13 30	
Last Name DOSSANTOS			I	irst ANTONIO					МІ
Residential Street Address		<del></del>	City		_		State	Zip (	Code
12 WIGWAM DR			SHE	ELTON			СТ	06	484
Principal Occupation Retired		•		Name of Employer Retired			•	•	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	do	contribution is in excess of \$400 pes contributor or business he/she alued at more than \$5,000?	to a ca	ndidate for a chief executive clated with have a contract	ve officer t with said	of a municipality			f Contributio
	Yes No	Is contributor a principal of a	nch or	ontractor or prospective star	_	No	_  \$1:	50.00	)
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DE BARROS Residential Street Address			ا	IOAO					С
650 GRAND ST			City BRII	DGEPORT			State CT	2ip C	<sup>Code</sup> 604
Principal Occupation RETIRED				Name of Employer RETIRED					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Amount of Contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?						Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # Q60223A		Is contributor a principal of a If yes, indicate which brat of government the contract	nch or i	branches	_	O No	7 ***	,,	
Method of Contribution:  Cash OPersonal Check OCredit/Debit	Card (	Payroll Deduction	Order	Date Received 6/2/23	Aggregate	Contributions			
Last Name SANTOS			Fir	st DINA		· · ·	1		МІ
Residential Street Address 260 EDGEMOOR RD			City BRI	DGEPORT		·	State CT	Zip Ci	
Principal Occupation DENTAL ASS.			-	Name of Employer ALLURE DENTAL	GBO	JP	_	1	
s contributor a lobbyist, spouse, or dependent child of a lobbyist?	doe	ontribution is in excess of \$400 tes contributor or business he/she in ued at more than \$5,000?	o a can is assoc	didate for a chief executive intention in the contract	e officer o	of a municipality			Contribution
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#### Section B ADDITIONAL PAGE 12 of 69

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
JOHN GOMES FOR MAYOR			JULY 10 FILING	ı		El	
A. Total Contributions from Small Contributors-Recei (See instructions for definition of Small Contributor)		is Period ONLY OTAL SECTION A	\$				
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	ontribu	itions from Indivi	iduals				
Last Name COSTA	Fin	ICTOR		1.		MI	
Residential Street Address 166 DEACON ST	City BRID	GEPORT		State	Zip C 066		
Principal Occupation WELDING	·	Name of Employer ENTEC					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No If contribution is in excess of \$400 does contributor or business he/sh valued at more than \$5,000?	0 to a cand e is associ	didate for a chief executive intended with have a contract OYes ONo	e officer of a municipalit with said municipality			Contribution	
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Method of Contribution:  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order	Date Received 6/2/23	Aggregate Contributions				
Last Name MEZZICH	First	NTONIO				МІ	
2 DODD AVE	City BRID	GEPORT		State	Zip Co 066		
Principal Occupation  MAINTENANCE		Name of Employer SMG					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  No  No  No  If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Amount of Cont.						Contribution	
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Method of Contribution:  Cash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney		Date Received 6/2/23	Aggregate Contributions				
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65 URSINI DR	City HAM[	DEN	¥	State	Zip Co 065		
Principal Occupation BURN COST	- 1	Name of Employer FOREMAN					
s 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 candi is associa	idate for a chief executive ited with have a contract of Yes No	officer of a municipality with said municipality			Contribution	
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Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money			Aggregate Contributions				
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	-	itional Section B Pa	ALC: COLUMN TO SERVICE STATE OF THE PERSON SERVICE STATE SERVICE STATE STATE OF THE PERSON SERVICE STATE STATE SERVICE STATE STATE SERVICE STA				
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line i	I INDIV 13, Colum	TDUALS (Sections A in A of Summary Page T	+ B) \$75,440				

# Section B ADDITIONAL PAGE 13 of 69

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
JOHN GOMES FOR MAYOR			JULY 10 FILING				
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		is Period ONLY OTAL SECTION A	\$				
	Control University	utions from Indivi	duals				
Last Name	Fit					МІ	
DAGRACA	Z	ENTONE				1	
Residential Street Address	City			State	Zip (	Code	
112 DIX ST	WES	ST HAVEN		СТ	06	3105	
Principal Occupation		Name of Employer					
DRIVER		CITY LINE					
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?				y, Amo		nt of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 060223A  Yes Is contributor a principal of a If yes, indicate which bra of government the contra	anch or b	oranches	e contractor? Yes No				
Method of Contribution:		Date Received	Aggregate Contributions	$\dashv$			
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Last Name	Fir	st	•			MI	
AGUIRRE	GUIRRE JIMM						
Residential Street Address	City			State	Zip C	Code	
305 MADISON AVE	BRID	OGEPORT	i	СТ	06	604	
Principal Occupation		Name of Employer	• . •				
CHEF		LA FONDA REST	AURANT				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No loss contributor or business he/she valued at more than \$5,000?							
Is this contribution associated with an event reported in Section L1?  If yes, list Event # Q60223A  Yes Is contributor a principal of a If yes, indicate which bra of government the contra	anch or l	branches _	e contractor?  Yes No Legislative	1			
Method of Contribution:		Date Received	Aggregate Contributions	┪			
●Cash	y Order	6/2/23					
Last Name	Fir	st				М	
DOSSANTOS	8	BEATRIZ				С	
Residential Street Address	City			State	Zip C	Code	
290 WESTFIELD AVE	1	OGEPORT		СТ		606	
Principal Occupation		Name of Employer					
COOK		WATERMARK					
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 can e is assoc	didate for a chief executive intended with have a contract  Yes  No	e officer of a municipality with said municipality	/, Amo		f Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # Q60223A  Section L1?  If yes, list Event # Q60223A	inch or b	ntractor or prospective state	e contractor? Yes No		,,		
Method of Contribution:	ICI IS WILL	Date Received	Aggregate Contributions	┥			
● Cash	y Order	6/2/23					
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TOTAL	L of ad	ditional Section B P	ages				
TOTAL OF ALL CONTRIBUTIONS FROM			+ R)			·	
		ımn A of Summary Page					

# Section B ADDITIONAL PAGE 14 of 69

AME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		- SANTER HERALD	TYPE OF REPORT				
JOHN GOMES FOR MAYOR				JULY 10 FILING			
A. Total Contributions from S (See instructions for definition of Small			nis Period ONLY OTAL SECTION A	\$			M-1
	B. Itemized Co	ntrib	utions from Indivi	duals	100000		
Last Name		- 1	irst				MI
SANTOS			FRANSICO				M .
Residential Street Address 1067 WAYNE ST		City	DOEDODT		State	1 1	Code
Principal Occupation		BHII	DGEPORT		СТ	06	606
APPLIANCE REPAIR			P.C.RICHARD				
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?	to a car	ndidate for a chief executive ciated with have a contract	e officer of a municipality with said municipality	y, Amo		f Contribution
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Method of Contribution:	of government the contract	Ct 15 WIL	Date Received	Aggregate Contributions	-		
Cash Personal Check Ocredit/Debit C	ard OPayroll Deduction OMoney	Order		- Aggregate Continuents			
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DOSSANTOS			HERCULANO				
Residential Street Address 3 BENNETT TERR		City	CALLA		State	Zip C	
Principal Occupation		ANS	SONIA		СТ	06	401
RETIRED			Name of Employer RETIRED				
ls 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?	to a can	ndidate for a chief executive ciated with have a contract  Yes  No	ract with said municipality			
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 bra: of government the contract	nch or l	branches	e contractor? Yes No Legislative		,0	
Method of Contribution:			Date Received	Aggregate Contributions	┨		
Cash OPersonal Check OCredit/Debit Ca	ard OPayroll Deduction OMoney	Order	6/3/23				
Last Name		Fir	rst				MI
BARBOSA		P	PEDRO				
Residential Street Address		City	·		State	Zip C	ode
170 DOWN ST		WAT	TERBURY		СТ	067	704
Principal Occupation			Name of Employer				
RETIRED			RETIRED				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?	to a can is assoc	didate for a chief executive stated with have a contract Yes No	officer of a municipality with said municipality	, Amo		Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # Q60223A	Is contributor a principal of a s  If yes, indicate which bran of government the contrac	ich or b	oranches	_ ON₀	7 ***		
Method of Contribution:		110 1111	Date Received	Aggregate Contributions	-		
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# Section B ADDITIONAL PAGE 15 of 69

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT						
JOHN GOMES FOR MAYOR				JULY 10 FILING				
A. Total Contributions from S (See instructions for definition of Small			nis Period ONLY OTAL SECTION A	s				
				-				
	P. Itamizad Co	mtuib	outions from Indiv	Iduala		10000	The last section is	
Last Name	D. Itemizeu Co	_	rst	iduais				
BATISTA		1	AMERICO				МІ	
Residential Street Address		City			State	Zip (	Code	
151 FRANK ST		BRI	DGEPORT	CT 06604			604	
Principal Occupation		-	Name of Employer					
EMT SECURITY			MEADOW RIDG	E LLC				
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	ndidate for a chief executive ciated with have a contract OYes No	ve officer of a municipalit t with said municipality		f Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 060223A	Yes Is contributor a principal of a  If yes, indicate which bra of government the contra	nch or	branches	te contractor? Yes No Legislative		\$100		
Method of Contribution:			Date Received	Aggregate Contributions	┥			
Cash OPersonal Check OCredit/Debit C	Card OPayroll Deduction OMoney	y Order	6/2/23					
Last Name			rst			_	МІ	
RAMOS		١	/laria					
Residential Street Address		City			State	Zip C	ode	
50 GREENHOUSE RD		BRI	DGEPORT		СТ	066	606	
Principal Occupation	<del> </del>	_	Name of Employer		<u> </u>			
Dental assistant			Allure dental grou	ıp				
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?	to a can	to a candidate for a chief executive officer of a municipality, is associated with have a contract with said municipality  Yes  No  No  \$100					
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 060223A	Yes Is contributor a principal of a  If yes, indicate which bra of government the contra	nch or l	branches	te contractor?  O Legislative				
Method of Contribution:			Date Received	Aggregate Contributions	┨			
OCash OPersonal Check OCredit/Debit C	ard Payroll Deduction OMoney	Order	6/2/23					
Last Name		Fir	rşt .	<u>.                                    </u>			MI	
BARBOSA		A	ANTONIA					
Residential Street Address		City			State	Zīp C	ode	
120 RICHFIELD DR			ATFORD		СТ	066		
Principal Occupation			Name of Employer					
RETIRED			RETIRED					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a can	didate for a chief executive stated with have a contract  Yes  No	e officer of a municipality with said municipality	/, Amo		Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 060223A	Yes No Is contributor a principal of a s If yes, indicate which bran of government the contrac	sch or b	oranches _	_ No	7 *	,,,		
Method of Contribution:			Date Received	Aggregate Contributions	$\dashv$			
Cash Personal Check Ocredit/Debit Co	ard OPayroll Deduction OMoney	Order	6/2/23		1			
	SUBT	OTA	L Section B — This	Page \$300				
	TOTAL	of ad	ditional Section B P	ages				
TOTAL OF A	LL CONTRIBUTIONS FROM		CONTRACTOR OF THE PERSON OF TH	+ R)				
	(Enter total on Line )	3, Colu	mn A of Summary Page 1	(Totals) \$75,440				

### Section B ADDITIONAL PAGE 16 of 69

AME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TENANTORRIE	TYPE OF REPORT				
JOHN GOMES FOR MAYOR				JULY 10 FILING			
A. Total Contributions from Sm (See instructions for definition of Small Co			is Period ONLY OTAL SECTION A	\$			
	B. Itemized Co	ntrib	utions from Indiv	iduals	A STATE OF	9	T VI
Last Name SILVA		- 1	nst NOTONIO				мі S
Residential Street Address		City			State	Zip C	Code
10 E 132ND ST		NEV	VYORK		NY	10	037
Principal Occupation ENGINEER			Name of Employer HAMPTON INN				
or dependent child of a lobbyist?	f contribution is in excess of \$400 loes contributor or business he/she valued at more than \$5,000?	to a can	ididate for a chief executive ciated with have a contract OYes No	ve officer of a municipalit t with said municipality			Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 060223A	s Is contributor a principal of a	nch or t	ntractor or prospective state	te contractor? Yes No Legislative		10	
Method of Contribution:	8		Date Received	Aggregate Contributions	-		
OCash OPersonal Check OCredit/Debit Card	Payroll Deduction OMoney	Order	6/2/23				
Last Name RIG		Fin					MI
Residential Street Address			AULINA				
25 LESTER ST		City	ONIA		State	Zip C	
Principal Occupation		VIAO			СТ	064	101
RETIRED			Name of Employer RETIRED	45			
or dependent child of a lobbyist?   No do	contribution is in excess of \$400 oes contributor or business he/she alued at more than \$5,000?	to a can is assoc	didate for a chief executive intensity in the contract Yes No	tract with said municipality			
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 060223A	Is contributor a principal of a  If yes, indicate which bra of government the contract	nch or b	ranches _	te contractor? Yes No Legislative		,,,,,,	
Method of Contribution:			Date Received	Aggregate Contributions	1		
OCash OPersonal Check OCredit/Debit Card	OPayroll Deduction OMoney	Order	6/2/23				
Last Name CRUZ		Firs	ORGE				MI
Residential Street Address		City			State	Zip Co	ode
251 BLOCK ROCK AVE			GEPORT		СТ	066	
Principal Occupation			Name of Employer				<del></del>
RECOVERY SUPPORT SERVICES			DEP. MENTAL HE	EALTH			
or debeugeur cuitd of a topoblet.	contribution is in excess of \$400 per contributor or business he/she blued at more than \$5,000?	o a cand	ated with have a contract	e officer of a municipality with said municipality			Contribution
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of a s  If yes, indicate which bran	tate con	Yes No tractor or prospective state	e contractor? Yes	\$60.	.00	
If yes, list Event # 060223A  Method of Contribution:	of government the contrac		Executive	O Legislative			
Cash Personal Check Ocredit/Debit Card	OPayroll Deduction OMoney	Order	Date Received 6/2/23	Aggregate Contributions	]		
	SUBT	OTAI	Section B — This	Page \$175.00	-		
	TOTAL	of ad	ditional Section B P	ages			
TOTAL OF ALL	CONTRIBUTIONS FROM	INDI	VIDUALS (Sections A	(+B) \$75,440			
	,	-,	r. o, Sammary ruge 1	Vidio			

#### Section B ADDITIONAL PAGE 17 of 69

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT				
JOHN GOMES FOR MAYOR		JULY 10 FILING				
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	ved this Period ONLY SUBTOTAL SECTION A	\$				
B. Itemized Co	ntributions from Indivi	duals				
Last Name DEPINA	First			MI		
	AUGUSTO SR					
Residential Street Address 485 HART ST	BRIDGEPORT		State CT	Zip Code 06606		
Principal Occupation RETIRED	Name of Employer 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?			, Amou	nt of Contribution		
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a lfyes, indicate which bra	s contribution associated with an reported in Section L1?  Yes Is contributor a principal of a state contractor or prospective state contractor?  Yes No					
Method of Contribution:  Cash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Date Received y Order 6/2/23	Aggregate Contributions				
Last Name	First		'	MI		
SANTOS	JOAO					
Residential Street Address	o.,,			Zip Code 06606		
1095 OLD TOWN RD Principal Occupation						
RETIRED	Name of Employer RETIRED					
	No does contributor or business he/she is associated with have a contract with said municipality					
Is this contribution associated with an event reported in Section L1?  If yes, list Event # Q60223A  Section L1?  Is contributor a principal of a lifyes, indicate which bra of government the contra		te contractor?  O Legislative				
Method of Contribution:	Date Received	Aggregate Centributions	7			
OCash						
BERIA	First ANDRES			MI		
780 WILLIAM ST	BRIDGEPORT			Zip Code 06608		
Principal Occupation MANAGER	Name of Employer TIRE TECH 2GO		<u>'</u>			
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 executiv is associated with have a contract Yes No	e officer of a municipality with said municipality	Ameur	nt of Contribution		
	state contractor or prospective stat	e contractor?  O Legislative	_ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\			
Method of Contribution:	Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 6/3/23					
SUBT	FOTAL Section B — This	Page \$350				
TOTAL	of additional Section B I	ages				
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line	A INDIVIDUALS (Sections A 13, Column A of Summary Page		·			
			*			

## Section B ADDITIONAL PAGE 18 of 69

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT				
JOHN GOMES FOR MAYOR			JULY 10 FILING			
A. Total Contributions from Small Contributors-R (See instructions for definition of Small Contributor)		this Period ONLY TOTAL SECTION A	\$			
						· · · · · ·
B. Itemize	d Contri	ibutions from Indivi	duals		E 38	
Last Name	Ì	First				MI
GLEZ		RAFAEL				
Residential Street Address	City			State	Zip C	ode
200 CALHOUN AVE	BF	RIDGEPORT		СТ	066	604
Principal Occupation	· · · · · · · · · · · · · · · · · · ·	Name of Employer				
BUSINESS OWNER		GONZALEZ & GO	ONZALEZ			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of the contribution is in excess of the contribution is in excess of the contribution of the	he/she is as:	candidate for a chief executive sociated with have a contract OYes	e officer of a municipality with said municipality	y, Ame		Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes Is contributor a princip  If yes, indicate whi of government the	ich branch o		e contractor? Yes  OLegislative	_		
Method of Contribution:		Date Received	Aggregate Contributions	┨		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction O	Money Orde	er 6/20/23				
Last Name		First	<u></u>			MI
GOMES	ľ	CHRISTOPHER				****
Residential Street Address	City			State	Zip Co	ode
22 LESTER ST	AN	ISONIA		СТ	064	
Principal Occupation		Name of Employer		10		
MANAGER		BIM CONTRACTO	OR			
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 ass	andidate for a chief executive sociated with have a contract Yes No				
Is this contribution associated with an event reported in Section L1?  If yes, list Event # Yes No	ich branch o	_	e contractor?  O Legislative  Syes No	7		
Method of Contribution:		Date Received	Aggregate Contributions	7		
OCash Personal Check Ocredit/Debit Card Payroll Deduction O	Money Orde	er 6/21/23		i		
Last Name SAURA	1	First MARCOS	········			MI C
Residential Street Address	l Circi				71.0	
132 CORN TASSEL RD	City BR	RIDGEPORT		State CT	Zip Co	
Principal Occupation	· · · · · ·	Name of Employer	<u></u>			
CONSTRUCTION WORKER		BLM CONTRACT	OR			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No Valued at more than \$5,000?	he/she is ass	andidate for a chief executive ociated with have a contract Yes No	e officer of a municipality with said municipality	Amou		Contribution
Is this contribution associated with an event reported in Section L17  If yes, list Event # Is contributor a principal of government the configuration of t	ch branch o		_ No			
Method of Contribution:		Date Received	Aggregate Contributions	٦		
OCash Personal Check OCredit/Debit Card OPayroll Deduction O	Money Orde	r 6/21/12		1		
	SUBTOTA	AL Section B This	Page \$2,500			
то	OTAL of a	additional Section B P	ages			
TOTAL OF ALL CONTRIBUTIONS F	FROM INI	DIVIDUALS (Sections A	(+ B) \$75,440			
NO miles for mental states and market states and	15, CO	mann A vj Gummury Fage 1	Ului3)			

# Section B ADDITIONAL PAGE 19 of 69

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
JOHN GOMES FOR MAYOR			JULY 10 FILING			
A. Total Contributions from Small Contributors-Rece (See Instructions for definition of Small Contributor)		nis Period ONLY OTAL SECTION A	\$			
B, Itemized C	Contrib	outions from Indivi	duals	- 7285	12 February 1973	
Last Name		irst			MI	
GLEZ	ſ	DANIEL				
Residential Street Address	City	<del></del> _		State	Zip Code	
68 BASSICK AVE	BRII	DGEPORT		СТ	06605	
Principal Occupation		Name of Employer				
BUSINESS OWNER		OASIS INV II LLO				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Yes does contributor or business he/s valued at more than \$5,000?	00 to a car the is asso	ndidate for a chief executive ciated with have a contract OYes No	e 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 #  Yes  Is contributor a principal of If yes, indicate which be of government the contributor.	ranch or l	branches	e contractor? Yes OLegislative	<b>-</b> 7 '	500	
Method of Contribution:		Date Received	Aggregate Contributions	╡		
OCash Personal Check OCredit/Debit Card OPayroll Deduction OMon	ney Order	6/20/23				
Last Name	Fir	rst			MI	
PEREIRA	Δ	ANTONIO				
Residential Street Address	City			State	Zip Code	
11 SYCAMORE DR	HUN	NTINGTON		СТ	6484	
Principal Occupation		Name of Employer	· · · · · · · · · · · · · · · · · · ·		<del></del>	
MANAGER		NORTHEND LAU	INDRY			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of does contributor or business he/st valued at more than \$5,000?	00 to a can he is assoc	ndidate for a chief executive ciated with have a contract  Yes  No	act with said municipality			
Is this contribution associated with an event reported in Section L1?  If yes, list Event # Section L1?  If yes, list Event # Section L1?	ranch or l	branches	e contractor?  O Legislative	7	-	
Method of Contribution:		Date Received	Aggregate Contributions	┨		
OCash	ey Order	5/9/23				
Last Name	Fin	rst			MI	
SILVA	s	SELIO				
Residential Street Address	City			State	Zip Code	
214 JACKSON AVE	BRIC	OGEPORT		СТ	06606	
Principal Occupation		Name of Employer			<del></del>	
BUSINESS OWNER		SELIO PAINTING				
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?	0 to a can ne is assoc	didate for a chief executive sisted with have a contract Yes No	officer of a municipality with said municipality	\$700	ent of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # Q60923A  Section L1?  Is contributor a principal of a section by the section of government the contributor as principal of a section by the	ranch or b	ntractor or prospective state oranches	No	7 3700	,	
Method of Contribution:		Date Received	Aggregate Contributions	-		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	ey Order	6/9/23				
SUB	TOTA	L Section B — This	Page \$1,700			
TOTA	L of ad	iditional Section B P.	ages			
TOTAL OF ALL CONTRIBUTIONS FRO	M INDI	VIDUALS (Sections A	,+B)			
(Enter total on Line	e 13, Colu	mn A of Summary Page T	(rotals) \$75,440			

#### Section B ADDITIONAL PAGE 20 of 69

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
JOHN GOMES FOR MAYOR				JULY 10 FILING	İ		
A. Total Contributions from S (See instructions for definition of Small			is Period ONLY OTAL SECTION A	\$			-
112							
	B. Itemized Co	ontrib	utions from Indivi	duals	22	The same	
Last Name			rst				MI
OLIVEIRA OTONE		٨	MARLEIDE				
Residential Street Address 3070 OLD TOWN RD		City BRII	DGEPORT		State	Zip 6	Code 606
Principal Occupation			Name of Employer				
MANAGER			MARLEIDE'S SE	RVICES LLC			
Is contributor a lobbyist, spouse, or 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 car	adidate for a chief executive ciated with have a contract OYes No	act with said municipality			Contribution
	Yes Is contributor a principal of a No If yes, indicate which bra of government the contra	nch or t	oranches	e contractor? Yes  OLegislative		_	
Method of Contribution:			Date Received	Aggregate Contributions	-		
OCash OPersonal Check OCredit/Debit Co	ard OPayroll Deduction OMoney	y Order	6/30/23				
Last Name		Fir	st	· · · · ·			МІ
SILVA		J	OAQUIM				R
Residential Street Address		City			State	Zip C	ode
620 WOOD AVE	BRIDGEPORT			СТ	066	304	
Principal Occupation			Name of Employer				
OBRERO MACHINE			CORWELL 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?	ntribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, contributor or business he/she is associated with have a contract with said municipality at at more than \$5,000?  Amount of Contributor or business he/she is associated with have a contract with said municipality at at more than \$5,000?  \$100					
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 060923A	Is contributor a principal of a  If yes, indicate which bra  of government the contra	nch or b	oranches	e contractor? Yes		,,,	
Method of Contribution:			Date Received	Aggregate Contributions	$\dashv$		
OCash OPersonal Check OCredit/Debit Ca	ard OPayroll Deduction OMoney	Order	6/9/23				
Last Name		Fire	st				MI
FRADEN		A	NTHONY			ľ	
Residential Street Address		City	· · · · · · · · · · · · · · · · · · ·		State	Zip Co	ode
990 MADISON AVE		BRIC	GEPORT		СТ	066	306
Principal Occupation			Name of Employer				_
BUSINESS OWNER			ANTHONY BARB	ER SHOP			
or dependent child of a lobbyist?   No	If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?	to a cand	didate for a chief executive inted with have a contract Yes No	officer of a municipality with said municipality	/. Amo		Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # Q60923A	ls contributor a principal of a s  If yes, indicate which bran of government the contrac	nch or b	ranches	No		•	
Method of Contribution:			Date Received	Aggregate Contributions	1		
OCash OPersonal Check OCredit/Debit Can	rd OPayroll Deduction OMoney	Order	6/9/23				
	SUBT	OTAI	L Section B — This	Page \$700			
	TOTAL	of ad	ditional Section B P	ages		_	
TOTAL OF AI	LL CONTRIBUTIONS FROM	I INDI	VIDUALS (Sections A	+ B) \$75,440		_	
	(Enter total on Line 1	3, Colu	mn A of Summary Page T	otals) \$75,440			

## Section B ADDITIONAL PAGE 21 of 69

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		576	TYPE OF REPORT			
JOHN GOMES FOR MAYOR			JULY 10 FILING			
A. Total Contributions from Small Contributors-Reco	eived this Period SUBTOTAL SE		\$			
	Contributions fr	om Indivi	duals	No. 240	TO BE STORY	ET 1934
Last Name MONTEIRO	First SILVINO				MI	
Residential Street Address				,	A	
549 PEQUONNOCK ST	BRIDGEPOR	RT		State CT	Zip Code 06604	ļ
Principal Occupation RETIRED	Name of En					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$4 does contributor or business he/s valued at more than \$5,000?	00 to a candidate for a the is associated with h	ave a contract	officer of a municipality with said municipality		unt of Con	ıtribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # Q60223A  Yes   Is contributor a principal of If yes, indicate which be of government the contributor as principal of the section L1?	a state contractor or pranch or branches	rospective state	contractor? Yes No	\$10	U	
Method of Contribution:	Date Receiv		Aggregate Contributions	$\dashv$		
OCash Personal Check Ocredit/Debit Card Payroll Deduction OMor						
GOMES	First FILOMEN	Α			МІ	
Residential Street Address 154 SUMMERFIELD AVE	City BRIDGEPOR	T		State	Zip Code 06610	
Principal Occupation	Name of Em					
JANITOR		F BRIDGE	PORT			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contributor or business he/sl valued at more than \$5,000?	00 to a candidate for a che is associated with he	ave a contract v	ntract with said municipality			
Is this contribution associated with an event reported in Section L17  If yes, list Event # Q60223A  Yes No Is contributor a principal of If yes, indicate which be of government the contributor of government the contributor as principal of Is contr	ranch or branches	_	contractor? Yes No	_	Ü	
Method of Contribution:	Date Receive		Aggregate Contributions	┨		
OCash	ey Order   6/2/23		•			
Last Name	First				MÏ	
SILVA	JOAQUIN					
Residential Street Address	City			State	Zip Code	
620 WOOD AVE	BRIDGEPOR	Т		СТ	06604	
Principal Occupation	Name of Em	ployer				
MACHINE OPERATOR	CORNE	ELL CARE				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$40 does contributor or business he/st valued at more than \$5,000?	e is associated with ha	ive a contract w	officer of a municipality vith said municipality		int of Cont	ribution
Is this contribution associated with an event reported in Section L1?	a state contractor or pro		contractor? OYes	\$100	)	
If yes, list Event # Q60223A of government the contribution:	act is with:	Executive	Legislative			
Cash Personal Check Ocredit/Debit Card Payroll Deduction OMone	Date Receive 6/2/23	ed /	Aggregate Contributions			
SUB	TOTAL Section	B — This F	age \$350			
TOTA	L of additional S	ection B Pa	ges			
TOTAL OF ALL CONTRIBUTIONS FRO	M INDIVIDUALS 13, Column A of Sun	(Sections A	+ B) \$75,440			
	and the second second	The state of the s	ORDER OF THE PERSON NAMED IN COLUMN			

## Section B ADDITIONAL PAGE 22 of 69

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	3851 (2)	AND TESME
JOHN GOMES FOR MAYOR	71.50	JULY 10 FILING		
A. Total Contributions from Small Contributors-Receivise instructions for definition of Small Contributor)	ved this Period ONLY SUBTOTAL SECTION A	\$		
	ntributions from Indivi	duals		
Last Name FIDALGO	First MARIA			MI
Residential Street Address 175 JENNINGS AVE	BRIDGEPORT		State CT	Zip Code 06610
Principal Occupation RETIRED	Name of Employer 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		/, Amou	unt of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 060223A  Yes Is contributor a principal of a If yes, indicate which bra of government the contra	state contractor or prospective state	e contractor? Yes No  Clegislative	7	O
Method of Contribution:  OCash Personal Check Ocredit/Debit Card Payroll Deduction Omone	Date Received y Order 6/2/23	Aggregate Contributions		
DEPINA	First ANTONIO			мі Р
Residential Street Address 41 ST MICHAELS AVE	City STRATFORD		State CT	Zip Code 06614
Principal Occupation RETIRED	Name of Employer 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	officer of a municipality with said municipality	Amou	unt of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Secontributor a principal of a fyes, indicate which bra of government the contra		e contractor? Yes No Legislative		•
Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money	Date Received	Aggregate Contributions		
Last Name ESTEVES	First MARIA			MI
Residential Street Address 367 CHURCH HILL RD	City TRUMBULL		State CT	Zip Code 06611
Principal Occupation RETIRED	Name of Employer RETIRED			<u> </u>
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	officer of a municipality, with said municipality	, Amou	ent of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # Q52023A  Section L1?  If yes, list Event # Q52023A	state contractor or prospective state nch or branches	No	1 41,0	00
Method of Contribution:  Cash Personal Check Ocredit/Debit Card Payroll Deduction OMoney	Order 5/20/23	Aggregate Contributions	1	
SUBT	OTAL Section B — This	Page \$1,350	•	
TOTAL	of additional Section B P	ages		
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line)	I INDIVIDUALS (Sections A 13, Column A of Summary Page 1			

## Section B ADDITIONAL PAGE 23 of 69

NAME OF COMMITTEE (Provide Complete Nat	me as Registered with Filing Repository)	200 3766	XII—1775 17913	TYPE OF REPORT			
JOHN GOMES FOR MAYOR			JULY 10 FILING				
A. Total Contributions from S (See instructions for definition of Small			Period ONLY AL SECTION A	\$			
	B. Itemized Co	ontributio	ons from Indivi	duals	\$	5 1 A 6 1	
Last Name		First				MI	
LAFFITTÉ		SAR	RAH			L	
Residential Street Address		City			State	Zip Code	
225 INTERVALE RD		TRUMB	BULL		СТ	06611	
Principal Occupation		Na	me of Employer			<u> </u>	
MANAGER		L	UZARA BAKER	Y			
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, Amou	unt of Contribution	
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 bra of government the contra	anch or branc	ches	e contractor?  OLegislative  Yes No			
Method of Contribution:		Dat	te Received	Aggregate Contributions	┨		
OCash Personal Check OCredit/Debit C	Card OPayroll Deduction OMone	y Order 4	/25/23				
Last Name		First				MI	
LAFFITTE		ERIC	CA				
Residential Street Address		City			State	Zip Code	
125 VOUGHT PLACE		STRATE	FORD		СТ	06614	
Principal Occupation		Nar	me of Employer				
TEACHER		В	OARD OF ED C	ITY OF BRIDGEP	ORT		
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?					Amount of Contribution \$1,000	
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 bra of government the contra	anch or bran	ches	e contractor?  Yes No Legislative			
Method of Contribution:		Date	e Received	Aggregate Contributions	┑		
OCash	Card Payroll Deduction Money	y Order 4	/26/23				
Last Name		First				MI	
MARTINS		ARM	MANDO			A	
Residential Street Address		City		<del></del>	State	Zip Code	
4855 MADISON AVE		TRUMB	BULL	43	СТ	06611	
Principal Occupation		Nar	me of Employer				
DRY WALLER DROP CILING MET	TAL FRAMER	М	IARTINS DRYW	ALL LLC			
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?				/, Amou	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 If yes, indicate which bra of government the contra	inch or branc		_ No			
Method of Contribution:			e Received	Aggregate Contributions	7		
OCash Personal Check OCredit/Debit C	Card OPayroll Deduction OMoney	y Order 4/	/12/23				
	SUB	TOTAL S	ection B — This	Page \$3,000			
	TOTAL	L of additi	ional Section B P	ages			
TOTAL OF A	ALL CONTRIBUTIONS FROM		OUALS (Sections A A of Summary Page 1				
	(_increton on bine	- 5, Commin 2					

## Section B ADDITIONAL PAGE 24 of 69

NAME OF COMMITTEE (Provide Complete Name a	as Registered with Filing Repository)		WORLDOOK	TYPE OF REPORT	BASSAN	
JOHN GOMES FOR MAYOR	F	01 0		JULY 10 FILING		
A. Total Contributions from Small (See instructions for definition of Small Control of Smal		ed this Period SUBTOTAL SEC	A REPORT OF THE PARTY OF THE PA	\$		
						The same allegation
	B. Itemized Co		m Indivi	duals	2000	
Last Name NELSON		First NICOLE				C
Residential Street Address 134 DEWEY ST		City BRIDGEPORT	Γ		State CT	Zip Code 06605
Principal Occupation PROFESSOR		Name of Emp UCONN	=			<u>-</u>
or dependent child of a lobbyist?   No de	f contribution is in excess of \$400 loes contributor or business he/she alued at more than \$5,000?		ve a contract		y, Amo	ount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 060923A		nch or branches	_	e contractor? Yes  OLegislative		
Method of Contribution: OCash OPersonal Check OCredit/Debit Card	Payroll Deduction OMoney	Date Received Order 6/9/23	đ	Aggregate Contributions		
Last Name DAROSA		First CARLOS		·		MI A
Residential Street Address 175 EVELYN ST		City WATERTOWN	I		State	Zip Code 06779
Principal Occupation SET UP	10. 200	Name of Emp	•	EW MACHINE		
or dependent child of a lobbyist?    No de	contribution is in excess of \$400 oes contributor or business he/she alued at more than \$5,000?	to a candidate for a cl is associated with have O Yes	ve a contract	officer of a municipality with said municipality	y, Amo	unt of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 060223A		nch or branches		e contractor?  Yes No Legislative		
Method of Contribution:  OCash OPersonal Check Ocredit/Debit Card	Payroll Deduction Money	Date Received		Aggregate Contributions	7	
Last Name MARTINS	<u> </u>	First MARIA				МІ
Residential Street Address 64 HURD AVE		City BRIDGEPORT	Г		State	Zip Code 06604
Principal Occupation RETIRED		Name of Emp RETIRE	•			
or dependent child of a lobbyist?   No do	contribution is in excess of \$400 oes contributor or business he/she alued at more than \$5,000?	to a candidate for a cl is associated with have Yes	ve a contract	e officer of a municipality with said municipality	y, Amo	unt of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # Q60223A		ich or branches		e contractor? Yes	_	-
Method of Contribution:  Cash Personal Check Credit/Debit Card	_	Date Received		Aggregate Contributions	1	
	SUBT	OTAL Section 1	B — This	Page \$300		
	TOTAL	of additional S	ection B P	ages		
TOTAL OF ALI	L CONTRIBUTIONS FROM (Enter total on Line 1					
	(Einer wat on Line )	o, command oj sum	ury rage I	· · · · · · · · · · · · · · · · · · ·		

#### Section B ADDITIONAL PAGE 25 of 69

NAME OF COMMITTEE (Provide Complete Name as Registered with I	Filing Repository)		TYPE OF REPORT	Verses	
JOHN GOMES FOR MAYOR			JULY 10 FILING		
A. Total Contributions from Small Contribu		this Period ONLY	\$		
B. 1	Itemized Contri	ibutions from Indivi	duals	A TOWN	
Last Name		First			МІ
ARAUJO		MONALISA			
Residential Street Address	City	· · · · · · · · · · · · · · · · · · ·		State	Zip Code
12 MUSTANG DRIVE	SH	HELTON		СТ	06484
Principal Occupation		Name of Employer			
OFFICE CORDINATOR		HHCMG			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is does contributor of valued at more the	or business he/she is as	candidate for a chief executive sociated with have a contract Yes No	e officer of a municipality with said municipality	, Amou	ant of Contribution
event reported in Section L1? No If yes, in	or a principal of a state adicate which branch or contract is		e contractor?  Yes No Legislative		
Method of Contribution:		Date Received	Aggregate Contributions	┨	
Ocash     OPersonal Check     OCredit/Debit Card     OPayroll Ded	luction OMoney Ord	ler 6/02/23			
Last Name		First	·		МІ
ARAUJO		JOAO			С
Residential Street Address	City			State	Zip Code
12 MUSTANG DRIVE	Si	HELTON		СТ	06484
Principal Occupation		Name of Employer			
LABORER		BRITO			
	or business he/she is as	candidate for a chief executive sociated with have a contract Yes No		/, Amou	int of Contribution
event reported in Section L1?	ndicate which branch		● No		
	emment the contract is	with: Executive	Aggregate Contributions	-	
Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Ded	luction OMoney Ord		Aggregate Continuations		
Last Name		First			MI
VARELA		MARIO			
Residential Street Address	City			State	Zip Code
409 BIRMINGHAM ST	В	RIDGEPORT		СТ	06606
Principal Occupation		Name of Employer		L	
LABOR		DAGRACAS MA	NSORY		
	or business he/she is as	candidate for a chief executive sociated with have a contract Yes No		y, Amou	unt of Contribution
event reported in Section L1? O No If yes, in	ndicate which branch		_ ONo		
Method of Contribution:	rnment the contract is	Date Received	Aggregate Contributions	-	
Ocash OPersonal Check OCredit/Debit Card OPayroll Dec	duction OMoney Ord				
	SUBTO	TAL Section B — This	Page \$300		
	TOTAL of	f additional Section B	Pages		
TOTAL OF ALL CONTRIB	UTIONS FROM IT	NDIVIDUALS (Sections	A + B) \$75.440		
(En	nier total on Line 13, (	Column A of Summary Page	Totats)		

#### Section B ADDITIONAL PAGE 26

of <u>69</u>

NAME OF COMMITTEE (Provide Complete N	lame as Registered with Filing Reposito	(ער		TYPE OF REPORT	1128511	STA THINDS
JOHN GOMES FOR MAYOR				JULY 10 FILING		
A. Total Contributions from (See instructions for definition of Small			his Period ONLY TOTAL SECTION A	\$		
	e.a.		31 863/0.99			
	B. Itemized		butions from Indivi	duals		TO A STATE OF
Last Name ALBAN		I	inst VICTOR			MI
Residential Street Address		City			State	Zip Code
348 LENNOX AVE		1 '	IDGEPORT		СТ	06605
Principal Occupation			Name of Employer			<u> </u>
ELECTRICIAN			TRADESMAN EL	ECTRICIAN		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$ does contributor or business he valued at more than \$5,000?	400 to a ca /she is ass	andidate for a chief executive ociated with have a contract	e officer of a municipality with said municipality	y, Amo	ount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #		branch or		No No	_	
Method of Contribution:			Date Received	Aggregate Contributions	┨	
OPersonal Check OCredit/Debit	Card OPayroll Deduction OM	oney Order	6/29/23			
Last Name		I -	irst			MI
DRURY			MICHAEL			
Residential Street Address	-	City	2052007		State	Zip Code
23 CONCORD AVE		BRI	DGEPORT	·-	СТ	06605
Principal Occupation RETIRED			Name of Employer RETIRED			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$4 does contributor or business he valued at more than \$5,000?	400 to a ca /she is asso	ndidate for a chief executive colated with have a contract Yes No	e officer of a municipality with said municipality	/, Amo	unt of Contribution
	Yes Is contributor a principal of If yes, indicate which of government the contributor aprincipal of the second sec	branch or		e contractor?  O Legislative		
Method of Contribution:			Date Received	Aggregate Contributions	ヿ゙	
OCash OPersonal Check OCredit/Debit (	Card Payroll Deduction OMo	ney Order	6/28/23			
Last Name		- 1	irst			MI
ALBAN			MILTON			
Residential Street Address 348 LENOX AVE		City	DGEPORT		State	Zip Code 06605
Principal Occupation	<del></del> .		Name of Employer		01	00003
ELECTRICIAN			TRADESMAN EL	ECTRICIAN		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$4 does contributor or business he/valued at more than \$5,000?	400 to a ca she is asso	ndidate for a chief executive ciated with have a contract  Yes  No	officer of a municipality with said municipality	Amor	unt of Contribution
	Yes No Is contributor a principal o  If yes, indicate which of government the con	branch or		No		
Method of Contribution:	85		Date Received	Aggregate Contributions	-	
Cash Personal Check Credit/Debit C	Card OPayroll Deduction OMo	ney Order	6/29/23	-		
	SU	BTOTA	L Section B — This	Page \$300		
	тот	AL of a	dditional Section B P	ages		-
TOTAL OF A	ALL CONTRIBUTIONS FR	OM IND	IVIDUALS (Sections A	+ B) #75 440		
	(Enter total on Li	ne 13, Col	umn A of Summary Page 1	Totals) \$75,440		

## Section B ADDITIONAL PAGE 27 of 69

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		574.9	
JOHN GOMES FOR MAYOR			JULY 10 FILING			
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		is Period ONLY OTAL SECTION A	\$			
B. Itemized Co	ntrib	utions from Indivi	duals			
Last Name	Fi	rst				MI
ALMONTE	L	_UIS				
Residential Street Address	City			State	1 '	Code
1217 IRRANISTAN AVE	BRII	DGEPORT		СТ	06	6605
Principal Occupation		Name of Employer				
MANAGER		JUNCO RESTAU	RANT			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Spouse No Ves Valued at more than \$5,000?			with said municipality	/, Am		of Contribution
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a If yes, indicate which bra of government the contra	nch or l	branches _	e contractor?  OLegislative  Yes No			
Method of Contribution		Date Received	Aggregate Contributions	7		
OCash	y Order	6/27/23				
Last Name	Fir	rst				МІ
HUEPA	P	ANGEL				
Residential Street Address	City			State	Zip	Code
151 JAMES ST	BRII	DGEPORT		CT	0€	6604
Principal Occupation		Name of Employer				
SALES		AB CANTING				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No life contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					Amount of Contribution \$500	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Section L1?  Is contributor a principal of a flyes, indicate which bra of government the contra	anch or	branches	e contractor?  Yes No Legislative			
Method of Contribution:		Date Received	Aggregate Contributions	┪		
OCash	y Order	6/29/23				
Last Name	Fi	rst				МІ
ALMEIDA	1	MARCO				
Residential Street Address	City			State	Zip	Code
370 CANDLEWOOD LATE RD	BRC	OOKFIELD		СТ	06	6804
Principal Occupation		Name of Employer				
BUSINESS OWNER		ALMEIDA PELEG	RINT LANDSCAP	ING		
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?				, Am		of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Section L1?  If yes, list Ev						
Method of Contribution:		Date Received	Aggregate Contributions	7		
● Cash	y Order	6/9/23				
SUB	ГОТА	L Section B — This	Page \$900			
TOTAL	Lofa	dditional Section B P	ages			
TOTAL OF ALL CONTRIBUTIONS FROM						
(Enter total on Line	13, Coli	umn A of Summary Page	Totals) \$75,440			

## Section B ADDITIONAL PAGE 28 of 69

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository,	)		TYPE OF REPORT		
JOHN GOMES FOR MAYOR			JULY 10 FILING		
A. Total Contributions from Small Contributors-Rece (See instructions for definition of Small Contributor)		is Period ONLY OTAL SECTION A	\$		
B. Itemized C	Contrib	utions from Indivi	duals	1 8 5	
Last Name	Fir	rst			MI
SILVA		SERGIO			R
Residential Street Address	City	71 (57)		State	Zip Code
19 BENSON RD	BET	11		СТ	06801
Principal Occupation PROPERTY MANAGEMENT		Name of Employer  APEX PROPERT	Y SERVICES		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Yes  If contribution is in excess of \$44 does contributor or business he/s valued at more than \$5,000?				y, Amo \$10	unt of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 060923A  Is contributor a principal of If yes, indicate which b of government the contributor of government the contributor as principal of If yes, indicate which be of government the contributor.	ranch or l	ntractor or prospective state	e contractor? Yes  OLegislative		
Method of Contribution:		Date Received	Aggregate Contributions	┨	
©Cash	ney Order	6/9/23	**		
Last Name	Fir	•			MI
HALL	J	IOHNELL			
Residential Street Address	City			State	Zip Code
122 MADISON TERR	BRII	DGEPORT		СТ	06606
Principal Occupation		Name of Employer			
BUSINESS OWNER		JOHNEL BARBE	R SHOP		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of does contributor or business he/s valued at more than \$5,000?				y. Amo	unt of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 060923A  Yes Is contributor a principal of If yes, indicate which be of government the con	branch or	branches	te contractor?  Yes No Legislative		
Method of Contribution:	III act 15 WII	Date Received	Aggregate Contributions	-	
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMor	ney Order	6/9/23	3.0		
Last Name	- 1	rst			MI
DOSSANTOS	1 -	_UIS			V
Residential Street Address	City			State	Zip Code
56 PORTER ST	BRII	DGEPORT		СТ	06606
Principal Occupation		Name of Employer			
СООК		WATERMARK			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Yes does contributor or business he/s valued at more than \$5,000?				y, Amo \$20	ount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # Q60223A  Yes Is contributor a principal of If yes, indicate which be of government the contributor of government the contributor as principal of If yes, indicate which be of government the contributor as principal of If yes, indicate which be of government the contributor as principal of If yes, indicate which be of government the contributor as principal of If yes, indicate which be of government the contributor as principal of If yes, indicate which be of government the contributor as principal of If yes, indicate which be of government the contributor as principal of If yes, indicate which be of government the contributor as principal of If yes, indicate which be of government the contributor as principal of If yes, indicate which be of government the contributor as principal of If yes, indicate which be of government the contributor as principal of If yes, indicate which be of government the contributor as principal of If yes, indicate which be of government the contributor as principal of If yes, indicate which be of government the contributor as principal of If yes, indicate which be of government the contributor as principal of If yes, indicate which be of government the contributor as principal of If yes, indicate which be of government to If yes, indicate which be of government t	ranch or l	branches	e contractor?  O Legislative		
Method of Contribution:		Date Received	Aggregate Contributions	7	
OCash Personal Check OCredit/Debit Card Payroll Deduction OMor	ney Order	6/2/23			
SUI	втота	L Section B — This	Page \$400		
TOTA	AL of a	dditional Section B F	'ages		
TOTAL OF ALL CONTRIBUTIONS FRO		IVIDUALS (Sections A			
(Dine) lotte on Lie		uj Dammary 1 uge			

#### Section B ADDITIONAL PAGE 29

of 69

NAME OF COMMITTEE (Provide Complete Name as	Registered with Filing Repository)		TO STATE OF THE PARTY OF THE PA	TYPE OF REPORT	1200	STATE OF	AS MARKET S	
JOHN GOMES FOR MAYOR	_			JULY 10 FILING	'10 FILING			
A. Total Contributions from Sma (See instructions for definition of Small Contributions)			is Period ONLY OTAL SECTION A	\$		_		
				25.3179-4			-2004 - 200409	
	B. Itemized Con	ntrib	utions from Indivi	duals				
Last Name		Fir		·			МІ	
VAZ		N	MARIA					
Residential Street Address	•	City			State	Zip	Code	
22 MONDRAY ST		SHE	LTON		СТ	00	3484	
Principal Occupation	····		Name of Employer					
REILTOR			COLDELL BANK	ER				
or dependent child of a lobbyist?   No do	contribution is in excess of \$400 tes contributor or business he/she lued at more than \$5,000?	to a can is assoc	ndidate for a chief executive ciated with have a contract Yes No	e officer of a municipality with said municipality		10 unt 6	of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 060223A	Is contributor a principal of a s  If yes, indicate which bran of government the contrac	ich or t	oranches	e contractor? Yes OLegislative				
Method of Contribution:	-		Date Received	Aggregate Contributions	┪			
OCash OPersonal Check OCredit/Debit Card	Payroll Deduction OMoney	Order	6/2/23					
Last Name		Fir	st				MI	
LAPORTE		l N	MARLEINE					
Residential Street Address		City			State	Zip	Code	
457 BROOKS ST		BRI	OGEPORT		СТ	06	608	
Principal Occupation			Name of Employer					
Retired			Retired					
or dependent child of a lobbyist?   No do	contribution is in excess of \$400 tes contributor or business he/she lued at more than \$5,000?					ount o	f Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Is contributor a principal of a s  If yes, indicate which brain of government the contract	nch or l	branches	te contractor?  Yes No Legislative				
Method of Contribution:	1 01 80 100000		Date Received	Aggregate Contributions	┨			
OCash OPersonal Check OCredit/Debit Card	OPayroll Deduction OMoney	Order	6/28/23					
Last Name		Fir	rst				МІ	
RAMIREZ		J	IULISSA					
Residential Street Address		City			State	Zip	Code	
23 TERESA PLACE		BRII	DGEPORT		СТ	06	6606	
Principal Occupation			Name of Employer					
HAIR DRESSER			ALBA HAIR SALO	N				
or dependent child of a lobbyist? No do	contribution is in excess of \$400 es contributor or business he/she lued at more than \$5,000?					.000	Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Is contributor a principal of a s  If yes, indicate which bran of government the contrac	nch or t	branches _	e contractor?  O Legislative		•		
Method of Contribution:			Date Received	Aggregate Contributions	$\dashv$			
OCash  Personal Check  OCredit/Debit Card	OPayroll Deduction OMoney	Order	6/26/23					
	SUBT	ATO	L Section B — This	Page \$1,700				
	TOTAL	of ac	dditional Section B I	'ages			<del></del>	
TOTAL OF ALL	CONTRIBUTIONS FROM (Enter total on Line 1		IVIDUALS (Sections A umn A of Summary Page			_		
	the same of the sa	THE R. P. LEWIS CO., LANSING		The second second				

# Section B ADDITIONAL PAGE 30 of 69

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT				
JOHN GOMES FOR MAYOR			JULY 10 FILING			
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		is Period ONLY OTAL SECTION A	\$		_	
R Itamized Co	ntrib	utions from Indivi	duals		27/19	352.054
Last Name		ations it out indivi	quais		10000	Lia
ARIAS	1	BLENDY				С
Residential Street Address	City			State	Zip C	Code
1000 MAPLEWOOD AVE APT F	BRII	DGEPORT		CT	06	605
Principal Occupation		Name of Employer				
MEDICAL ASSISTANT		NYVC & CO				
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	ndidate for a chief executive ciated with have a contract Yes	e officer of a municipality with said municipality			Contribution
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a lfyes, indicate which brain the section L1?	nch or t	ntractor or prospective stat	e contractor? Yes	۰,۱۵	000	
If yes, list Event # of government the contract	ct is wit		O Legislative	╛		
Method of Contribution:		Date Received	Aggregate Contributions			
OCash Personal Check Ocredit/Debit Card Payroll Deduction OMoney	y Order	6/29/23				
Last Name GUERRERO	Fir S	st SILVIA				МІ
Residential Street Address	City			State	Zip C	Code
819 IRANISTAN AVE	BRID	OGEPORT		СТ	066	604
Principal Occupation	L	Name of Employer				
MANAGER		ALBA HAIR SALO	ON			
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 can	didate for a chief executive stated with have a contract  Yes  No	e officer of a municipality with said municipality	, Amo		Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contribution a principal of a lifyes, indicate which brain of government the contract.	nch or l	branches	O No	7 *',	500	
If yes, list Event # of government the contract Method of Contribution:	ict is wit	Date Received	Legislative Aggregate Contributions	-		
Cash Personal Check Credit/Debit Card Payroll Deduction Money	Order	6/26/23	Aggregate Contributions			
Last Name	Fir	st				MI
VELOZ	L	.UZ				
	City			State	Zip C	ode
37 KENT AVE	BRID	DGEPORT		CT	066	610
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 to does contributor or business he/she valued at more than \$5,000?	to a can is assoc	didate for a chief executive intended with have a contract  Yes  No	officer of a municipality with said municipality			Contribution
Is this contribution associated with an event reported in Section L1?  Yes No If yes, indicate which branches are the section L1?	nch or b	ntractor or prospective state	_ No	\$10	U	
If yes, list event # U60223A of government the contract  Method of Contribution:	ct is with	Date Received	Legislative Aggregate Contributions	4		
Cash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	6/2/23	Aggregate Controutions			
SUBT	TOTA	L Section B — This	Page \$2,100			
TOTAL	of ad	ditional Section B P	ages			
TOTAL OF ALL CONTRIBUTIONS FROM		VIDUALS (Sections A				
(Line) tout on Line 1	- 5, COIN	r oj ummury rage i	viuis)			

# Section B ADDITIONAL PAGE 31 of 69

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	Y. 12.7 - 12.0 m	(A)
JOHN GOMES FOR MAYOR		JULY 10 FILING		
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	ved this Period ONLY SUBTOTAL SECTION A	\$		
B. Itemized Co	ntributions from Indivi	duals	The Figure	September 1
Last Name	First		-	МІ
LESPERANCE	JEAN			J
Residential Street Address	City			ip Code
224 SHELTON ST	BRIDGEPORT		CT C	06608
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?			Amount	t of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a if yes, indicate which brain of government the contract.		CLegislative Yes		
Method of Contribution:	Date Received	Aggregate Contributions	1	
OCash Personal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 6/29/23			
Last Name	First			MI
VELOZ	GINA			
Residential Street Address	City		State Zi	p Code
37 KENT AVE	BRIDGEPORT		СТ С	06610
Principal Occupation	Name of Employer	<del></del>		
BABYSITTER	GINA VELOZ			
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?			Amount \$1,000	of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Security Is contributor a principal of a lifyes, indicate which bra of government the contra		e contractor?  Yes No Legislative		
Method of Contribution:	Date Received	Aggregate Contributions	1	
OCash	Order 6/26/23			
Last Name	First			MI
Residential Street Address	City		State Zi	p Code
Principal Occupation	Name of Employer	I		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of Contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			Amount	of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Section L1?  If yes, list Event #  Section L1?  If yes, list Event #		C Legislative		
Method of Contribution:	Date Received	Aggregate Contributions	1	
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order			
SUB1	TOTAL Section B — This	Page \$1,100		· · · · · ·
TOTAL	L of additional Section B P	ages		
TOTAL OF ALL CONTRIBUTIONS FROM	A INDIVIDUALS (Sections A			
(Enter tout on Line	io, commo a oj summury rage l	viatoj		

#### Section B ADDITIONAL PAGE 32 of 69

NAME OF COMMITTEE (Provide Complete Na	ME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
JOHN GOMES FOR MAYOR	JOHN GOMES FOR MAYOR		July 10 FILING				
A. Total Contributions from S (See Instructions for definition of Small	Small Contributors-Recell Contributor)		his Period ONLY TOTAL SECTION A	s		_	
	B. Itemized C	ontrib	outions from Indiv	iduals	O House		
Last Name		F	irst				MI
AGUIAR			LUCIANO				1
Residential Street Address		City			State	Zip	Code
49 Siemon Street	<u> </u>	BRI	IDGEPORT		СТ	06	605
Principal Occupation			Name of Employer		-		_
homemaker			homemaker				
Is contributor a lobbyist, spouse, or 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?	0 to a ca	ndidate for a chief executive ciated with have a contract OYes ONo	e officer of a municipality	y, Am		f Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 060923A	Yes Is contributor a principal of a If yes, indicate which brof government the contributors.	anch or	branches	e contractor?  OLegislative			
Method of Contribution:			Date Received	Aggregate Contributions	-		
OCash OPersonal Check OCredit/Debit C	Card OPayroll Deduction OMone	ey Order	2023-06-09				
Last Name	·····	Fir	rst				МІ
ANDREWS			COWLIS				
Residential Street Address		City			State	Zip C	Code
46 Jennifer Drive		BRII	DGEPORT		СТ	06	610
Principal Occupation	· · · · · · · · · · · · · · · · · · ·		Name of Employer				
Project Management			State of Connection	cut			
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?	) to a can	ndidate for a chief executive ciated with have a contract  Yes  No	officer of a municipality with said municipality			Contribution
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 broof government the contri	anch or l	branches	e contractor? Yes No	1	00.00	
Method of Contribution:			Date Received	Aggregate Contributions	-		
OCash OPersonal Check OCredit/Debit Ca	ard Payroll Deduction OMone	y Order	2023-04-05				
Last Name		Fin	st			_	MI
Ayala		M	Maria				••••
Residential Street Address		City	<del></del>		State	Zip C	nde
407 Funston Avenue		BRIC	DGEPORT		CT	066	
Principal Occupation			Name of Employer			1 000	
Secretary			City of Bridgeport				
acheugent citing of a topolyteti	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a cand	didate for a chief executive	officer of a municipality with said municipality			Contribution
s this contribution associated with an Y		nch or b	stractor or prospective state	No	_  \$15 	U	
Method of Contribution:	- So to minerit the collisi	or 19 MIR		Legislative Aggregate Contributions	-		
Cash OPersonal Check OCredit/Debit Can	ard OPayroll Deduction OMoney	Order	2023-05-18	\$300			
	SUBT	ГОТАІ	L Section B — This I	Page \$450			
	TOTAL	of ad	ditional Section B Pa	iges			
TOTAL OF AL	LL CONTRIBUTIONS FROM	1 INDI	China Salata Charles Colored	+ B)			
	(2 June 1	. J, Colui	75 Uj Gummury Page I	viuis)			

#### Section B ADDITIONAL PAGE 33 of 69

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	Movement and the second	TYPE OF REPORT	10 11 2	27 X 3.0 - 300
JOHN GOMES FOR MAYOR		July 10 FILING		il v
A. Total Contributions from Small Contributors-Received (See instructions for definition of Small Contributor)  SU	this Period ONLY BTOTAL SECTION A	\$		· · ·
	-			
	ributions from Indivi	duals		
Ayala	Annette			МІ
	RIDGEPORT		State CT	Zip Code 06608
Principal Occupation Retired	Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No September 1 If contribution is in excess of \$400 to a does contributor or business he/she is a valued at more than \$5,000?	candidate for a chief executive ssociated with have a contract	officer of a municipality with said municipality		ant of Contribution
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a state I/yes, indicate which branch of government the contract is	contractor or prospective state	contractor? Yes No	31,0	00.00
Method of Contribution:  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Ord	Date Received der 2023-06-27	Aggregate Contributions	1	
Last Name Barbosa	First Andrew			MI
	aterbury		State CT	Zip Code 06705
Principal Occupation TECHNICAL TRAINING	Name of Employer COMCAST			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of dependent child of a lobbyist?  No lif contribution is in excess of \$400 to a does contributor or business he/she is as valued at more than \$5,000?	candidate for a chief executive sociated with have a contract v  Yes  No	officer of a municipality with said municipality	Amou	nt of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # Is contributor a principal of a state	or branches	_ No	350	
Method of Contribution:  Cash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Ord		Aggregate Contributions \$150		
Last Name Barreto	First Maria			MI
Residential Street Address 7 James Street Mi Principal Occupation	ilford		State CT	Zip Code 06460
Manager	Name of Employer Barretos Cleaning	LLC		
is contributor a lobbyist, spouse, or dependent child of a lobbyist? Ves Use of Contribution is in excess of \$400 to a does contributor or business he/she is as valued at more than \$5,000?	candidate for a chief executive sociated with have a contract was Yes No	officer of a municipality, ith said municipality	Amour \$130	nt of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Section L1?  Yes No  Yes No  If yes, indicate which branch of government the contract is very section.	or branches	_ No	1 000	
Method of Contribution:  Cash Personal Check Credit/Debit Card Payroll Deduction Money Order	Date Received	Aggregate Contributions		
SUBTOT	AL Section B — This F	Page \$1,170		
	additional Section B Pa	COLUMN TO SERVICE STATE OF THE PERSON STATE OF		
TOTAL OF ALL CONTRIBUTIONS FROM IN (Enter total on Line 13, C	DIVIDUALS (Sections A column A of Summary Page To	+ B) \$75,440		

SEEC FORM 20 Bertod Josepy 2015

### Section B ADDITIONAL PAGE 34 of 69

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
JOHN GOMES FOR MAYOR			July 10 FILING			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$			
			,,,,,,			
B. Itemized C	ontrib	utions from Indivi	duals	,		FREE SECTION OF THE PERSON OF
Last Name	Fi	irşt				MI
Bird	1	Tyreke				
ntial Street Address Cit				State	Zip	Code
107 Court D	BRII	DGEPORT		СТ	00	6610
Principal Occupation	<del></del>	Name of Employer		Ь		
Consultant		MT Consultants,	LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes No  If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes  No  \$100						
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 broof government the contributor apprincipal of a If yes, indicate which broof government the contributor.	anch or I	branches				
Method of Contribution:		Date Received	Aggregate Contributions	┑		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order	2023-05-09				
Last Name	Fir	rst				MI
Brito	[ E	Evanilda				
Residential Street Address	City			State	Zip	Code
33 Edna Ave	BRID	DGEPORT		СТ	1 '	6610
Principal Occupation	1	Name of Employer				
Unemployed		Unemployed				
ontributor a lobbyist, spouse, ependent child of a lobbyist?  Yes   If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes   No   No   \$130						
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Section L1?  If yes, list Event #	anch or l	branches				
Method of Contribution:		Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order	2023-06-26	\$480			
Last Name	Fir	st				MI
Cameron	A	nna				
Residential Street Address	City			State	Zip (	Code
5440 Netherland Avenue D15	Bron	ıx		NY	10	0471
Principal Occupation		Name of Employer	<del> </del>			
Registered Nurse		Visiting Nurse of \	Vestchester			
s contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes No  If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes No  \$130						f Contribution
is contribution associated with an at reported in Section L1?  No  No  No  No  No  No  No  No  No  N					4.00	
Method of Contribution:		Date Received	Aggregate Contributions	$\dashv$		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	2023-06-23	\$190			
SUB'	ГОТА	L Section B — This	Page \$350			
TOTAL of additional Section B Pages						
TOTAL OF ALL CONTRIBUTIONS FROM	M INDI	VIDUALS (Sections A	,+B)			
(Enter total on Line	13, Colu	mn A of Summary Page 1	(Fotals) \$75,440			

## Section B ADDITIONAL PAGE 35 of 69

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
JOHN GOMES FOR MAYOR				July 10 FILING			
A. Total Contributions from Sm (See instructions for definition of Small Co			is Period ONLY OTAL SECTION A	\$			
	B. Itemized Con	ntrib	utions from Indivi	duals		N. Bell	
Last Name		Fi	rst				MI
Cardoso		5	Sabrina				
Residential Street Address		City		•	State	Zi	p Code
637 Huntington Rd		BRI	DGEPORT		СТ	0	06610
Principal Occupation	•		Name of Employer				
Social Work			Ymca Alpha				
or 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?	is asso	ciated with have a contract OYes No	with said municipality	_  \$!		t of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	ls contributor a principal of a s  If yes, indicate which bran of government the contrac	ich or i	branches	e contractor? Yes No Legislative			
Method of Contribution:	J		Date Received	Aggregate Contributions	-		
OCash OPersonal Check OCredit/Debit Care	rd OPayroll Deduction OMoney	Order					
Last Name		Fi	rst				MI
Castillo		L	_uis				
Residential Street Address		City		-	State		p Code
190 Deacon Street		BRII	DGEPORT		СТ	0	06607
Principal Occupation			Name of Employer	• •			
Warehouse			Manager				
or dependent child of a lobbyist? ONO	If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?				111	nount	of Contribution
Is this contribution associated with an event reported in Section L1?  No. If yes, list Event #		nch or	branches	te contractor?  Yes No Legislative			
Method of Contribution:	or government the contain	24 10 W	Date Received	Aggregate Contributions	$\dashv$		
OCash OPersonal Check OCredit/Debit Care	d OPayroll Deduction OMoney	Order	2023-06-27		1		
Last Name		Fi	rst				МІ
Cruz		l	_uis				
Residential Street Address		City			State	Zi	ip Code
855 Peter RD		Sou	thbury		СТ	0	06488
Principal Occupation			Name of Employer				
Quality Engineering Manager			Memry				
or 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?					nount	of Contribution
Is this contribution associated with an event reported in Section L1?  Is contributor a principal of a state contractor or prospective state contractor?  If yes, list Event # 060223A  Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Executive O Legislative							
Method of Contribution:			Date Received	Aggregate Contributions	٦		
OCash OPersonal Check OCredit/Debit Care	d OPayroll Deduction OMoney	Order	2023-06-02				
	SUBT	ГОТА	L Section B — This	Page \$1,150			
	TOTAL	of a	dditional Section B F	'ages			
TOTAL OF AL	L CONTRIBUTIONS FROM		IVIDUALS (Sections A				
	(	,		المنتقابات			

## Section B ADDITIONAL PAGE 36 of 69

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	3 m 3 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m	TYPE OF REPORT		2000	
JOHN GOMES FOR MAYOR		July 10 FILING			
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	ved this Period ONLY SUBTOTAL SECTION A	\$			
B. Itemized Co	ntributions from Indivi	duals			
Last Name	First			MI	
Curillo	Diana			10	
Residential Street Address	City		State 2	Zip Code	
106 Roosevelt St 2fl	BRIDGEPORT		CT	06608	
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?			Amoun	nt of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 060923A  Yes Is contributor a principal of a If yes, indicate which bra of government the contra		e contractor? Yes No Legislative			
Method of Contribution:	Date Received	Aggregate Contributions	1		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order 2023-06-05				
Last Name	First			MI	
Dagraca	Pedro			_	
Residential Street Address	City			Zip Code	
248 Federal Street	BRIDGEPORT		СТ	06606	
Principal Occupation	Name of Employer				
Endoscopy technician	YNHH- Bridgepor	t Hospital			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No loss contributor or business he/she valued at more than \$5,000?			Amoun \$200	t of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # Q602223A  Section L1?  If yes, list Event # Q602223A		te contractor?  Yes No Legislative			
Method of Contribution:	Date Received	Aggregate Contributions	1		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 2023-06-02				
Last Name	First			MI	
Davis	Jonathan			ľ	
Residential Street Address	City		State Z	Zip Code	
48 Williamsburg Road	BRIDGEPORT			6606	
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?			Amoun \$1000	at of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Section L1?  If yes, list Event #  Section L1?  If yes, list Event #		e contractor?  O Legislative			
Method of Contribution:	Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 2023-06-26				
SUBT	ΓΟΤΑL Section B — This	Page \$1,450			
TOTAL	L of additional Section B I	ages			
TOTAL OF ALL CONTRIBUTIONS FROM	M INDIVIDUALS (Sections A	A+B) 675 440			
(Enter total on Line	13, Column A of Summary Page	Totals) \$\Psi 10,440			

## Section B ADDITIONAL PAGE 37 of 69

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
JOHN GOMES FOR MAYOR			July 10 FILING			
A. Total Contributions from Small Contributors-Rece (See instructions for definition of Small Contributor)		this Period ONLY	s			
	244					
D Itamirad C	ontui	ibutions from Indivi		drive out	collect.	Filter Wes
Last Name	OHLFI	First	duais			
De la cruz	ı	Adyerin				MI
Residential Street Address	City	- 10,0111		State	Zip (	Code
77 6th Street		RIDGEPORT		CT	1	607
Principal Occupation		Name of Employer			100	
Teacher		Creative kids cen	ter			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Yes does contributor or business he/sl valued at more than \$5,000?	00 to a c	sociated with have a contract	e officer of a municipality with said municipality			Contribution
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of If yes, indicate which by	ranch o		No.	\$13	Ю	
If yes, list Event # of government the contribution	ract is v		OLegislative	_		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMon		Date Received er 2023-06-24	Aggregate Contributions	i		
Last Name			\$210			
Delany		First Maggie				MI
Residential Street Address	lon	waggi <del>o</del>			لج	
44 nursery street	City No	rwalk		State CT	Zip C 068	ode 854
Principal Occupation	•	Name of Employer				
Esthetician		Lzur Skincare				
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?	0 to a case	andidate for a chief executive sociated with have a contract Yes No	officer of a municipality with said municipality	/, Amo		Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # Q60923A  Section L1?  If yes, list Event # Q60923A	ranch o		_ No			
Method of Contribution:	I ACL IS W	Date Received	Legislative Aggregate Contributions	4		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	ey Orde	т 2023-06-09				
Last Name	I	First				MI
DePina		Antonio				
Residential Street Address	City	<del></del>		State	Zip Co	ode
17 Pine Needle Drive Unit D	Stra	atford		СТ	066	
Principal Occupation		Name of Employer				
Parole Supervisor		State of CT, Dept	of Correction			
is 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 ca	andidate for a chief executive ociated with have a contract Yes No	officer of a municipality with said municipality	1		Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # Section L1?  If yes, list Event # Section L1?	anch or	contractor or prospective state	_ <b>(</b> )No	\$250	J	
Method of Contribution:	act 15 W.	Date Received	Aggregate Contributions	-{		
Cash Personal Check Credit/Debit Card Payroll Deduction OMone	y Order	2023-06-03	\$500			
SUB	TOTA	AL Section B — This	Page \$480			
		dditional Section B P				
	Will and Street	Service of the San				
TOTAL OF ALL CONTRIBUTIONS FROM	13, Co.	DIVIDUALS (Sections A lumn A of Summary Page T	+ B) \$75,440			

## Section B ADDITIONAL PAGE 38 of 69

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
JOHN GOMES FOR MAYOR				July 10 FILING			
A. Total Contributions from Small Contributors-R (See instructions for definition of Small Contributor)			s Period ONLY TAL SECTION A	\$			
					20.0		
B. Itemize	ed Cont	ribu	tions from Indivi	duals	Sept.		
Last Name		Firs	t				MI
DePina		Jo	ose				
Residential Street Address	Ci	ty	<del></del>	···	State	Zij	p Code
485 Hart Street	[ E	BRID	GEPORT		СТ	6	606
Principal Occupation			Name of Employer				
Electromechanical technician			Unicorr inc.				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No does contributor or business valued at more than \$5,000?	s he/she is					mount	of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes No If yes, indicate which of government the	ich brancl	h or b		e contractor? Yes  OLegislative			
Method of Contribution:			Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction C	Money O	rder	2023-06-25	\$220			
Last Name		Firs	t				MI
Depina		Jo	ose				
Residential Street Address	Ci	ty			State	Zig	p Code
4 Green Street	1	Γrum	bull		СТ	0	16611
Principal Occupation			Name of Employer	· · ·			
Family Care Visiting Nurse Physical Therapist							
Is contributor a lobbyist, spouse, or 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					mount 5110	of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Section L1?  Is contributor a princip of the section No lf yes, indicate who of government the	hich branc	h or b		te contractor? Yes No Legislative			
Method of Contribution:			Date Received	Aggregate Contributions	┑		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction C	Money O	rder	2023-06-15	\$450			
Last Name		Fire	st				MI
Desruisseaux		P	ierre				
Residential Street Address	Ci	ity			State	Zij	p Code
15 eastwood rd		BRIC	GEPORT		CT	·   0	06606
Principal Occupation			Name of Employer				
Owner			Metric bar and gr	ill			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Source Valued at more than \$5,000.	s he/she is					.mount	of Contribution
Is this contribution associated with an event reported in Section L1?  Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Ores  O							
Method of Contribution:			Date Received	Aggregate Contributions	٦		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction O	Money C	)rder	2023-06-09				
	SUBTO	ATC	L Section B — This	Page \$540			
T	OTAL	of ad	ditional Section B 1	Pages			
TOTAL OF ALL CONTRIBUTIONS			VIDUALS (Sections a				
(Enter total o	<b>LINE 13</b>	, com	A OJ SWITMURY LUGE	1 United			

#### Section B ADDITIONAL PAGE 39

of 69

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	HERE!		TYPE OF REPORT		Sympac residents	
JOHN GOMES FOR MAYOR			July 10 FILING			
A. Total Contributions from Small Contributors-Recei (See instructions for definition of Small Contributor)		is Period ONLY OTAL SECTION A	\$			
	ontrib	utions from Indivi	duals			
Last Name	Fin				МІ	
Driss		ena				
Residential Street Address 2992 Madison Avenue	City	OGEPORT		State	Zip Code	
Principal Occupation	DNIL				06606	
Manager		Name of Employer Clean pro restora	tion			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of \$400 does contributor or business he/she		iated with have a contract			ount of Contribution	
valued at more than \$5,000?  Is this contribution associated with an event reported in Section L1?  If yes, list Event #    Valued at more than \$5,000?  Is contributor a principal of a   If yes, indicate which brateful of government the contration of government the contration.	anch or b	ranches	e contractor? Yes No	\$10	100	
Method of Contribution:	act 15 W14.	Date Received	Aggregate Contributions	-		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order		Taga spare Commonstration			
Last Name	Firs	st			мі	
Dias	R	enato				
Residential Street Address	City			State	Zip Code	
49 Lorraine Terrace	BRID	GEPORT		СТ	06604	
Principal Occupation		Name of Employer				
Senior model maker, diamond setter		Tiffany & co				
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 cano e is associ	didate for a chief executive intended with have a contract Yes No	e officer of a municipality with said municipality	/, Amo	ount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 060923A  Section L1?  If yes, list Event # 060923A	anch or b	ranches	e contractor?  O Legislative	7		
Method of Contribution:		Date Received	Aggregate Contributions	1		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	2023-06-09				
Last Name	Firs	t	<u> </u>		MI	
Earls	A	ndrew				
Residential Street Address	City	·		State	Zip Code	
29 Cliffdale Road	Gree	nwich		СТ	06831	
Principal Occupation		Name of Employer				
Finance		Morgan Stanley				
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 cand e is associ	didate for a chief executive intended with have a contract Yes No	e officer of a municipality with said municipality	, Ame	unt of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Section L1?  If yes, list Event #  Section L1?  If yes, list Event #	anch or b	ranches	No			
Method of Contribution:		Date Received	Aggregate Contributions	┨		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	2023-05-07				
SUB	TOTAL	Section B — This	Page \$1,700			
TOTAL	L of ad	ditional Section B P	ages			
TOTAL OF ALL CONTRIBUTIONS FROM	M INDI	VIDUALS (Sections A	+B) 675 440			
(Enter total on Line	13, Colui	mn A of Summary Page 1	(otals)			

## Section B ADDITIONAL PAGE 40 of 69

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
JOHN GOMES FOR MAYOR			July 10 FILING			
A. Total Contributions from Small Contributors-Recei (See instructions for definition of Small Contributor)		his Period ONLY OTAL SECTION A	\$			
B. Itemized Co	ontrib	outions from Indivi	duals	11 31	10000	
Last Name	Service of Principles	irst			MI	
Errichetti	7	Thomas				
Residential Street Address	City			State	Zip Code	
85 Acton Road	BRI	DGEPORT		СТ	06606	
Principal Occupation		Name of Employer				
Accountant		Kuchma Corpora	tion			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of Contribution is in excess of \$4000 does contributor or business he/sh valued at more than \$5,000?	0 to a car ie is asso	ndidate for a chief executive ciated with have a contract Yes	e officer of a municipality with said municipality	y, Amo	ount of Contributio	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes  Is contributor a principal of a lf yes, indicate which broof government the contributor as principal of a lf yes, indicate which broof government the contributor as principal of a lf yes, indicate which broof government the contributor as principal of a lf yes, indicate which broof government the contributor as principal of a lf yes, indicate which broof government the contributor as principal of a lf yes, indicate which broof government the contributor as principal of a lf yes, indicate which broof government the contributor as principal of a lf yes, indicate which broof government the contributor as principal of a lf yes, indicate which broof government the contributor as principal of a lf yes, indicate which broof government the contributor as principal of a lf yes, indicate which broof government the contributor as principal of a lf yes, indicate which broof government the contributor as principal of a lf yes, indicate which broof government the contributor as principal of a lf yes, indicate which broof government the contributor as principal of a lf yes, indicate which broof government the contributor as principal of a lf yes, indicate which broof government the contributor as principal of a lf yes, indicate which are a lf yes a l	anch or l	branches	e contractor? Yes No Legislative			
Method of Contribution:		Date Received	Aggregate Contributions	$\dashv$		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	ey Order					
Last Name	Fir	rst			МІ	
Estrada	V	Villiam				
Residential Street Address	City			State	Zip Code	
1384 North Avenue	BRII	DGEPORT		СТ	06604	
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?				, Amo	ount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a If yes, indicate which bru of government the contributor.	anch or l	branches	e contractor?  O Legislative	<b>–</b>		
Method of Contribution:		Date Received	Aggregate Contributions	┨		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order	2023-05-04	\$130			
Last Name	Fir	rst	<u> </u>		IMI	
Estrada	0	Catalina				
Residential Street Address	City			State	Zip Code	
630 Naugatuck Avenue	Milfo	ord		CT	06461	
Principal Occupation		Name of Employer				
Assistant		NPS				
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 can e is assoc	indidate for a chief executive ciated with have a contract Yes No	officer of a municipality with said municipality	, Amo	ount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # Section L1?  If yes, list Event # Section L1?	anch or b	branches	_ N₀			
Method of Contribution:		Date Received	Aggregate Contributions	-		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	2023-06-23	\$240			
SUB"	ТОТА	L Section B — This	Page \$200.00			
TOTAL	L of ad	Iditional Section B P	ages			
TOTAL OF ALL CONTRIBUTIONS FROM	M INDI	IVIDUALS (Sections A	+B)			
		ımn A of Summary Page 1				

## Section B ADDITIONAL PAGE 41 of 69

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
JOHN GOMES FOR MAYOR			July 10 FILING				
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		otal section a	\$				
B. Itemized Co		outions from Indivi	duals	15.00	1		
Last Name	Fi	irst				MI	
Feliz		Guido 					
Residential Street Address	City			State		Code	
275 Garfield Avenue	BRII	DGEPORT		СТ	06	6606	
Principal Occupation		Name of Employer					
Baber		Evolution Babersl	hop				
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 No	e officer of a municipality with said municipality	y, Ame		of Contribution	
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 bra of government the contra	nch or	branches	e contractor?  OLegislative  Yes No				
Method of Contribution:		Date Received	Aggregate Contributions	┑			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order	2023-06-26	\$390				
Last Name	Fi	rst	<u></u>			МІ	
Fernandes	/	Almira					
Residential Street Address	City			State	Zip	Code	
15 Horse Stable Circle	She	lton		СТ	06	6484	
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?					Amount of Contribution \$200		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Secontribution associated with an event reported in Section L1?  If yes, list Event #  Secontribution a principal of a If yes, indicate which bree of government the control of the secontribution associated with an event reported in Section L1?	anch or	branches	te contractor?  Yes  No  Legislative				
Method of Contribution:		Date Received	Aggregate Contributions	7			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order	2023-06-08	\$300	-			
Last Name	Fi	irst				MI	
Fidalgo		Baltazar					
Residential Street Address	City	<del></del>		State	Zip	Code	
435 Vincellette Street	BRI	DGEPORT		СТ	上		
Principal Occupation		Name of Employer					
Polisher		Breitling USA					
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?				y, Am.		f Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 060223A  Is contributor a principal of a If yes, indicate which bra of government the contra	ınch or	branches	e contractor?  O Legislative				
Method of Contribution:		Date Received	Aggregate Contributions	٦			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order	2023-06-23	\$430				
SUB	TOTA	L Section B — This	Page \$530			-	
		dditional Section B F				·	
	RESERVED IN	on the war will see he will be to be a seen					
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line		IVIDUALS (Sections A lumn A of Summary Page					

## Section B ADDITIONAL PAGE 42 of 69

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
JOHN GOMES FOR MAYOR				July 10 FILING			
A. Total Contributions from S (See instructions for definition of Small			nis Period ONLY OTAL SECTION A	\$			
	R Itemized Co	nteib	outions from Indivi	duole	100 m	Section Stephenson	
Last Name	D. Ittilized Co		irst	duais		Тмі	
Mgushi		E	Bepin				
Residential Street Address	<del></del>	City			State	Zip Code	
P.O. Box 1056		Fair	field		CT	06825	
Principal Occupation			Name of Employer			1 00023	
President			Complete Commo	ercial Builders			
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?		ndidate for a chief executiv	e officer of a municipality	y, Amo	ount of Contribut	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 060923A		nch or l	ntractor or prospective stat	e contractor? Yes No	_	,0	
Method of Contribution:			Date Received	Aggregate Contributions	$\dashv$		
OCash OPersonal Check OCredit/Debit C	ard OPayroll Deduction OMoney	Order	2023-06-07				
Last Name	· · · · · · · · · · · · · · · · · · ·	Fin	rst	•		MI	
Gutman		8	Brandon				
Residential Street Address		City			State	Zip Code	
76 Lords Hwy		Wes	ston		СТ	06883	
Principal Occupation			Name of Employer		<u> </u>	<u> </u>	
Homemaker			Homemaker				
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 can	ndidate for a chief executive ciated with have a contract Yes No	e officer of a municipality with said municipality		ount of Contribut	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 052023A	Is contributor a principal of a  If yes, indicate which bra of government the contra	nch or	branches	te contractor? Yes No	<b>-</b> '	300	
Method of Contribution:	or Boyerman and continu	01 13 111	Date Received	Aggregate Contributions	┪		
OCash OPersonal Check OCredit/Debit Ca	ard Payroll Deduction OMoney	Order	2023-05-17				
Last Name		Fit	rst			I MI	
Vieira		E	Brandon				
Residential Street Address		City	<del></del>		State	Zip Code	
589 Lincoln Avenue			DGEPORT		СТ	06606	
Principal Occupation			Name of Employer		L		
student			Student				
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?	to a caπ is assoc	ndidate for a chief executive ciated with have a contract Yes No	e officer of a municipality with said municipality	, Amo	ount of Contributi	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Is contributor a principal of a s  If yes, indicate which bran of government the contrac	ich or t	branches	_ ON₀			
Method of Contribution:		-	Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Ce	ard OPayroll Deduction OMoney	Order	2023-06-27	\$240			
	SUBT	OTA	L Section B — This	Page \$1,230			
	TOTAL	of ac	lditional Section B P	ages			
TOTAL OF A	LL CONTRIBUTIONS FROM						
	(Enter total on Line )	3, Coli	umn A of Summary Page	Totals)			

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### Section B ADDITIONAL PAGE 43 of 69

NAME OF COMMITTEE (Provide Complete Name as Registered with Fit	ling Repository)			TYPE OF REPORT		98	Santa Very	
JOHN GOMES FOR MAYOR				July 10 FILING				
A. Total Contributions from Small Contribut (See instructions for definition of Small Contributor)			is Period ONLY OTAL SECTION A	\$				
B. Id	emized Con	tribu	itions from Indivi	duals	1000	Pison.	7 A C	
Last Name		Fin	st				MI	
Vieira		0	arlos					
Residential Street Address		City			State	Zip C	ode	
110 cherry st		Brock	kton		MA	02	301	
Principal Occupation			Name of Employer					
Manager			Vieira Cleaning					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No does contributor or valued at more than	business he/she is	o a cano s assoc	didate for a chief executive intended with have a contract OYes No	e officer of a municipality with said municipality	y, Amo		Contribution	
event reported in Section L1? No If yes, indi	a principal of a st icate which bran- ment the contract	ch or b		e contractor? Yes  OLegislative				
Method of Contribution:			Date Received	Aggregate Contributions	7			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduc	ction OMoney	Order	2023-06-17	\$700				
Last Name		Firs	t	<u></u>			Ml	
Rodriguez		c	hantel					
Residential Street Address	C	City			State	Zip C	ode	
1 Ridgewood St		Bristo	ol		СТ	060	010	
Principal Occupation			Name of Employer			т		
Case manager			Apex Community	Care				
or dependent child of a lobbyist?  No does contributor or ly valued at more than	business he/she is	a cand	lidate for a chief executive ated with have a contract Yes No	e officer of a municipality with said municipality		ount of	Contribution	
event reported in Section L1?   No If yes, indi	a principal of a st icate which bran- ment the contract	ch or b		e contractor? Yes  O Legislative				
Method of Contribution:			Date Received	Aggregate Contributions	٦			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduc	tion OMoney (	Order	2023-06-27					
Last Name		Firs					MI	
Silva		0	laudia					
Residential Street Address	- 1	ity			State	Zip C	ode	
37 North Glenway Avenue		Rand	lolph —		MA	023	368	
Principal Occupation			Name of Employer					
RN			Brockton Signatur	re Hospital				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Volume 4 to No Valued at more than	ousiness he/she is	a cand associ	lidate for a chief executive ated with have a contract Yes No	e officer of a municipality with said municipality	, Amo		Contribution	
event reported in Section L17  No If yes, indic	principal of a sta cate which brance ment the contract	ch or b	_	e contractor? Yes No	7	_		
Method of Contribution:			Date Received	Aggregate Contributions	┪			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduc	tion OMoney (	Order	2023-06-22					
	SUBTO	DTAI	Section B — This	Page \$1370				
	TOTAL	of ad	ditional Section B P	ages		_		
TOTAL OF ALL CONTRIBUT (Enter			VIDUALS (Sections A					
	Control of the Contro		, , , , , , , , , , , , , , , , , , , ,					

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# Section B ADDITIONAL PAGE 44 of 69

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT					
JOHN GOMES FOR MAYOR			10.33	July 10 FILING				
A. Total Contributions from Smal (See instructions for definition of Small Contri			is Period ONLY OTAL SECTION A	\$				
	B. Itemized Cor	ıtribu	itions from Individ	duals		ne financia		
Last Name		Fire	st .			MI		
Valentin		0	risty					
Residential Street Address		City			State	Zip Code		
115 Holly Street		BRID	OGEPORT		СТ	06607		
Principal Occupation	<del> </del>		Name of Employer					
Certified pharmacy technician			MSP Pharmacy					
or dependent child of a lobbyist?   No doe	contribution is in excess of \$400 to contributor or business he/she ued at more than \$5,000?	to a can is assoc	didate for a chief executive intended with have a contract OYes No	e officer of a municipality with said municipality	/, Amo \$10	unt of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 0520223A	Is contributor a principal of a s  If yes, indicate which bran of government the contract	ich or b	ranches	e contractor? Yes OLegislative				
Method of Contribution:			Date Received	Aggregate Contributions	1			
Ocash OPersonal Check OCredit/Debit Card	Payroll Deduction OMoney	Order	2023-05-20					
Last Name		Fin				MI		
Tecchio Milan			aniela					
Residential Street Address		City			State	Zip Code		
49 Siemon Street		BRID	DGEPORT		СТ	06605		
Principal Occupation	<u> </u>		Name of Employer					
homemaker			homemaker					
or dependent child of a lobbyist?   No doe	contribution is in excess of \$400 es contributor or business he/she ued at more than \$5,000?	to a can is assoc	didate for a chief executive stated with have a contract Yes No	with said municipality	\$10	Amount of Contribution \$1000		
Is this contribution associated with an event 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 l	branches	te contractor?  O Legislative				
Method of Contribution:			Date Received	Aggregate Contributions	7			
OCash OPersonal Check OCredit/Debit Card	Payroll Deduction	Order	2023-06-21					
Last Name		Fiz				МІ		
Greenfiels			David	<u></u> .		_		
Residential Street Address		City			State	Zip Code		
430 Brinsmayd Avenue		Stra	tford		СТ	06614		
Principal Occupation			Name of Employer					
unemployed			unemployed					
or dependent child of a lobbyist?   No do	contribution is in excess of \$400 es contributor or business he/she lued at more than \$5,000?	to a car is asso	ndidate for a chief executive ciated with have a contract Yes No	e officer of a municipalit with said municipality	y, Ame	ount of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a state contractor or prospective state contractor?  If yes, list Event #  Is contributor a principal of a state contractor or prospective state contractor?  If yes, list Event #  Is contributor a principal of a state contractor or prospective state contractor?  If yes, list Event #  Is contributor a principal of a state contractor or prospective state contractor?  Of government the contract is with:  Executive Legislative								
Method of Contribution:			Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card	OPayroll Deduction OMoney	y Order	2023-06-13					
	SUB'	ГОТА	L Section B — This	Page \$2,050		_		
	TOTA	L of a	dditional Section B	Pages				
TOTAL OF ALL	CONTRIBUTIONS FROM		IVIDUALS (Sections lumn A of Summary Page			-		
		The second		ACCRECATION AND ADDRESS OF THE PARTY OF THE				

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$\mathbf{of}$	69
VI.	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repositor	(ער		TYPE OF REPORT	MEST (SE	FEW	TOWN COLUMN
JOHN GOMES FOR MAYOR			July 10 FILING	522315		
A. Total Contributions from Small Contributors-Received (See Instructions for definition of Small Contributor)		this Period ONLY TOTAL SECTION A	s			
	Contri	butions from Indiv	iduals		West.	3 1 S S S S S S S S S S S S S S S S S S
Last Name Fidalgo		First	188			MI
		Denis			_	ľ
Residential Street Address	City			State	Zip C	Code
175 Jennings Avenue	BR	IDGEPORT		СТ	06	610
Principal Occupation		Name of Employer				
Sales Consultant		Napoli Motors				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes   If contribution is in excess of \$4 does contributor or business he/s valued at more than \$5,000?	she is asso	ociated with have a contract  Oyes  No	t with said municipality	y, Amo		f Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Section L1?  If yes, indicate which be of government the contributor of government the contributor aprincipal of the section L1?	branch or		No No			
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMor	ney Order	r 2023-04-25	\$120			
Last Name	F	irst				MI
Veloz		Digna				
Residential Street Address	City		· · · · · · · · · · · · · · · · · · ·	State	Zip C	ode
176 Yaremich Drive A	BRI	IDGEPORT		СТ	066	
Principal Occupation		Name of Employer		L		
Supervisor		Totality Home He	alth Care Agency			
is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	00 to a car he is asso	ndidate for a chief executive	e officer of a municipality	/. Amo		Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of If yes, indicate which be of government the contributor of government the contributor as principal of If yes, indicate which be of government the contributor as principal of If yes, indicate which be of government the contributor as principal of If yes, indicate which be of government the contributor as principal of If yes, indicate which be of government the contributor as principal of If yes, indicate which be of government the contributor as principal of If yes, indicate which be of government the contributor as principal of If yes, indicate which be of government the contributor as principal of If yes, indicate which be of government the contributor as principal of If yes, indicate which be of government the contributor as principal of If yes, indicate which be of government the contributor as principal of If yes, indicate which be of government the contributor as principal of If yes, indicate which be of government the contributor as principal of If yes, indicate which be of government the contributor as principal of If yes, indicate which be of government the contributor as principal of If yes, indicate which is the indicate whin	oranch or	_	e contractor? Yes		•	
Method of Contribution:	· · · · · ·	Date Received	Aggregate Contributions	-		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMon	ey Order	2023-06-24	\$245			
Last Name	Fi	irst			$\overline{}$	МІ
Rosa	F	Edmilson				
Residential Street Address	City			State	Zip Co	ode
154 Summerfield Avenue 1	BRI	DGEPORT		СТ	066	
Principal Occupation		Name of Employer				
Shipper		Superior Platinf				
s contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Yes does contributor or business he/sh valued at more than \$5,000?	00 to a car he is asso	ndidate for a chief executive	officer of a municipality with said municipality			Contribution
s this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes  No  Yes  Is contributor a principal of a figure, indicate which by of government the contributor a principal of a figure which by of government the contributor a principal of a figure which by of government the contributor a principal of a figure which by of government the contributor a principal of a figure which by the figure which be a figure	ranch or l	entractor or prospective state	contractor? Yes No	\$130	j	
Method of Contribution:	act is with	Date Received	Aggregate Contributions	-		
Cash Personal Check Credit/Debit Card Payroll Deduction OMone	ey Order	2023-06-24	\$210			
SUB	тота	L Section B — This	Page \$300			
TOTA	L of ac	dditional Section B P	ages			
TOTAL OF ALL CONTRIBUTIONS FRO	M IND	IVIDUALS (Sections A	+ B)			
(Enter total on Line	e 13, Colu	umn A of Summary Page T	otals) \$75,440			

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	- Instrument Artistus	TYPE OF REPORT	a file similar	BALLON START
JOHN GOMES FOR MAYOR	July 10 FILING			
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	ved this Period ONLY SUBTOTAL SECTION A	\$		
B. Itemized Co	ntributions from Indivi	duals	74.115	
Last Name	First			MI
Silva	Edson			
Residential Street Address	City		State	Zip Code
2006 North Ave	BRIDGEPORT		СТ	06604
Principal Occupation  Dispatcher	Name of Employer Nuvance Health			
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?			, Amou	ant of Contribution
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a If yes, indicate which bra of government the contra	state contractor or prospective stanch or branches ct is with:	● No		
Method of Contribution	Date Received	Aggregate Contributions	┪	
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order 2023-04-09	\$350		
Last Name	First	1.		MI
Fidalgo	Egidio			
Residential Street Address	City		State	Zip Code
585 Colorado avenue	BRIDGEPORT		CT	06605
Principal Occupation	Name of Employer	•		
Retired	Retired			
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	, Amou	ent of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Section L1?  Is contributor a principal of a flyes, indicate which bra of government the contra		te contractor?  Yes No Legislative		
Method of Contribution:	Date Received	Aggregate Contributions	7	
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 2023-06-28	\$230		
Last Name	First			МІ
Gomes	Eteciana			
Residential Street Address	City			Zip Code
17 Gorham Place	Trumbull		СТ	6611
Principal Occupation	Name of Employer			
Nurse	LHC Group			
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?			\$200 \$200	int of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # Q60223A  Section L1?  If yes, list Event # Q60223A		te contractor?  OLegislative		
Method of Contribution:	Date Received	Aggregate Contributions	7	
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 2023-06-02	\$700		
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		Barrier Street		

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### Section B ADDITIONAL PAGE 47 of 69

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	53		
JOHN GOMES FOR MAYOR	July 10 FILING	July 10 FILING			
A. Total Contributions from Small Contributors-Recei (See instructions for definition of Small Contributor)	ved this Period ONLY SUBTOTAL SECTION A	esser :			
B. Itemized Co	ontributions from Ind	lividuals			
Last Name	First			МІ	
Gomes	Evandro				
Residential Street Address	City		State	Zip Code	
158 Bartlet st 2	Brockton		MA	02301	
Principal Occupation	Name of Employer				
Driver	Sysco				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No loss contribution is in excess of \$400 does contributor or business he/sh valued at more than \$5,000?		ract with said municipality	ly, Amo	ount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 060223A  Yes Is contributor a principal of a lf yes, indicate which brushes of government the control of government the government the control of government the government that government the government the government the government that government the government the government the government the government that government the government the government that government the government the government that go		state contractor? Yes			
Method of Contribution:	Date Received	Aggregate Contributions	┥		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone					
Last Name	First			MI	
Flavio	Neves				
Residential Street Address	City		State	Zip Code	
724 Capitol Ave	BRIDGEPORT		СТ	06606	
Principal Occupation	Name of Employer				
Painter	Falvio Paiter				
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?		ract with said municipality	y, Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Section L1?  Is contributor a principal of a lf yes, indicate which broof government the contributor apprincipal of a lf yes, indicate which broof government the contributor.		state contractor?  Yes No			
Method of Contribution:	Date Received	Aggregate Contributions	┨		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order 2023-06-24				
Last Name	First			MI	
Von der Ahe	Greg				
Residential Street Address	City		State	Zip Code	
11 Mary Jane Lane	Westport		СТ	06880	
Principal Occupation	Name of Employer			<u></u>	
Tech Product Development	VDA Ventures	LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes   If contribution is in excess of \$4000 does contributor or business he/she valued at more than \$5,000?	to a candidate for a chief exec e is associated with have a cont	ract with said municipality	y, Amo	ount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Security Section L1?  If yes, list Event #		state contractor? Yes	,		
Method of Contribution:	Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order 2023-05-10				
SUB	TOTAL Section B — T	his Page \$2050			
TOTA	L of additional Section	B Pages			
TOTAL OF ALL CONTRIBUTIONS FRO	M INDIVIDUALS (Section 13, Column A of Summary Po				
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### Section B ADDITIONAL PAGE 48 of 69

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Reposit	tory)	71-1 AV 211-119	TYPE OF REPORT	10000	世 国际经济社 (6)	
JOHN GOMES FOR MAYOR			July 10 FILING			
A. Total Contributions from Small Contributors-Re (See instructions for definition of Small Contributor)		nis Period ONLY OTAL SECTION A	\$			
					_	
B. Itemized	l Contrib	utions from Indivi	duals			
Last Name Schoenfeld	I-	irst Jade			MI	
Residential Street Address	City			State	Zip Code	
58 Brentwood Drive	Gla	stonbury		СТ	06033	
Principal Occupation Student		Name of Employer Student				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of does contributor or business h valued at more than \$5,000?				y, Amo	ount of Contribution	
	h branch or	ontractor or prospective state	e contractor? Yes No Legislative		,00	
Method of Contribution:		Date Received	Aggregate Contributions	┪		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction O	Money Order	2023-05-15				
Last Name	I	irst			MI	
QUINTERO	\	JENNIFER				
Residential Street Address	City	DOEBORT		State	Zip Code	
190 Deacon St	BHI	DGEPORT		СТ	06607	
Principal Occupation  Manager		Name of Employer CSR				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of does contributor or business h valued at more than \$5,000?				y, Amo	ount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # Yes No If yes, indicate which of government the contribution associated with an event reported in Section L1?	ch branch or		te contractor?  Yes No Legislative			
Method of Contribution:		Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction ON	Money Order	2023-06-27			_	
Lest Name Leite		irst Ilidio			MI	
Residential Street Address	City	illulo		State	Zin Code	
79 Coleman St	100	DGEPORT		CT	06604	
Principal Occupation		Name of Employer				
Watch polisher		Breitling usa				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  If contribution is in excess of does contributor or business h valued at more than \$5,000?				y, Amo \$13	ount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes No If yes, indicate which of government the configuration of government the configuration of government the configuration.	h branch or		e contractor?  O Legislative			
Method of Contribution:		Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction ON	Money Order	2023-06-24	\$320			
S	SUBTOTA	AL Section B — This	Page \$2,130			
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TOTAL OF ALL CONTRIBUTIONS F		DIVIDUALS (Sections A				
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## Section B ADDITIONAL PAGE 49 of 69

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	TYPE OF REPORT			
JOHN GOMES FOR MAYOR	July 10 FILING	July 10 FILING			
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	red this Period C SUBTOTAL SECT		_	•	
B. Itemized Co	ntributions fron	a Individuals	/ Jan		
Last Name	First			MI	
Hali	Johnel				
Residential Street Address	City		State	Zip Code	
122 Madison Terrace	BRIDGEPORT		СТ	06606	
Principal Occupation	Name of Emplo	pyer			
Barber	Johnel Ha	all			
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?		ef executive officer of a municipality a contract with said municipality No	, Amou \$300	nt of Contribution	
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 bra of government the contra	nch or branches 👤	pective state contractor?  Yes  No  Executive OLegislative			
Method of Contribution:	Date Received	Aggregate Contributions	-		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	1				
Last Name	First			MI	
Xavier	Jose				
Residential Street Address	City		State	Zip Code	
547 Colorado Avenue	BRIDGEPORT		СТ	06605	
Principal Occupation	Name of Emplo	yer			
Custodian	City of Br	idgeport			
or dependent child of a lobbyist?   No does contributor or business he/she valued at more than \$5,000?		ef executive officer of a municipality a contract with said municipality No	, Amou	nt of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Section L1?  If yes, list Event #  Section L1?  If yes, list Event #	nch or branches	pective state contractor?  Yes  No  Executive \( \) Legislative			
Method of Contribution:	Date Received	Aggregate Contributions	┪		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 2023-06-	23 \$230			
Last Name	First	- · · · · · · · · · · · · · · · · · · ·		MI	
Miranda	Josh				
Residential Street Address	City		State	Zip Code	
537 Wood Ave	BRIDGEPORT		СТ	06604	
Principal Occupation	Name of Emplo	oyer			
Producer	VZ Produ	ction			
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?			y, Amou	nt of Contribution	
Is this contribution associated with an event reported in Section L1?  Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches					
### ### ### ### #### #################					
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 2023-06-	24 \$230			
SUB	TOTAL Section B	— This Page \$550			
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TOTAL OF ALL CONTRIBUTIONS FROM	A INDIVIDUALS (i				
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### Section B ADDITIONAL PAGE 50 of 69

NAME OF COMMITTEE (Provide Complete Nat	me as Registered with Filing Repository)		The state of the s	TYPE OF REPORT	April Const	50 - AND OF SOLD
JOHN GOMES FOR MAYOR			July 10 FILING			
A. Total Contributions from S (See instructions for definition of Small			is Period ONLY OTAL SECTION A	\$		
	B. Itemized Co	and the same of	utions from Indivi	duals	1949.19	
Last Name Villacis		Fir K	st (athy			MI
Residential Street Address 64 Hawkins Street	,	City Derb	)V		State	Zip Code 06418
Principal Occupation		<u> </u>	Name of Employer			
Insurance			New Insight Eyec	are		
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, Amo	ount of Contribution
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 braid of government the contract	nch or t	oranches	e contractor? Yes OLegislative		
Method of Contribution:			Date Received	Aggregate Contributions	7	
OCash OPersonal Check OCredit/Debit C	Card OPayroll Deduction OMoney	Order	2023-06-21	\$190	<u> </u>	
Last Name		Fir				МІ
Lazaro			awrence			
Residential Street Address 300 Congress Street		City	OGEPORT		State CT	Zip Code 06604
Principal Occupation			Name of Employer		01	00004
Law Enforcement			City of Bridgeport	t .		
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?				/, Amo	unt of Contribution
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 bra of government the contra	nch or l	branches	te contractor?  Yes No Legislative	7 '	
Method of Contribution:			Date Received	Aggregate Contributions	- 61	
OCash OPersonal Check OCredit/Debit C	Card OPayroll Deduction OMoney	Order	2023-06-27	\$1000		
Last Name Santos Perez		Fir	idia			MI
Residential Street Address		City			State	Zip Code
260 Edgemoor rd E		BRIL	DGEPORT		СТ	06606
Principal Occupation Homemaker			Name of Employer Homemaker			
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?				/. Amo	ount of Contribution
	Yes Is contributor a principal of a if yes, indicate which brain of government the contract	nch or b	oranches _	e contractor?  O Legislative		
Method of Contribution:			Date Received	Aggregate Contributions	7	
OCash OPersonal Check OCredit/Debit C	ard OPayroll Deduction OMoney	Order	2023-06-23			
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## Section B ADDITIONAL PAGE 51 of 69

NAME OF COMMITTEE (Provide Complete Name as Re	egistered with Filing Repository)	3.5(2)00		TYPE OF REPORT			
JOHN GOMES FOR MAYOR				July 10 FILING			
A. Total Contributions from Small (See instructions for definition of Small Contrib			is Period ONLY OTAL SECTION A	\$			
	B. Itemized Con	ntrib	utions from Indivi	duals		H	TOTAL ST
Last Name		Fin	rst				MI
Schoenfeld		L	.idia				
Residential Street Address		City		···· -	State	Zip (	Code
16 Livingstone Road		Bloo	mfield		СТ	06	002
Principal Occupation			Name of Employer				
Part time/ Treasurer			мтс				
or dependent child of a lobbyist?   O  No  does o	ntribution is in excess of \$400 t contributor or business he/she and at more than \$5,000?	to a can is assoc	ndidate for a chief executive ciated with have a contract OYes No	e officer of a municipality with said municipality	/, Amo		f Contribution
Is this contribution associated with an event reported in Section L1?  Yes No No If yes, list Event #	Is contributor a principal of a s  If yes, indicate which bran of government the contract	ich or t	oranches	e contractor? Yes  OLegislative			
Method of Contribution:		. 10 1711	Date Received	Aggregate Contributions	-		
OCash OPersonal Check OCredit/Debit Card O	Payroll Deduction OMoney	Order	2023-05-26	7-8gg-sate Control of the Control of			
Last Name		Fig	st				МІ
Fidalgo		L	udovina				
Residential Street Address	(	City			State	Zip C	ode
587 Colorado avenue 2nf fl		BRIE	DGEPORT		CT	066	605
Principal Occupation		-	Name of Employer				
Dental assistant			Dr. Vayner family o	dentistry			
or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Amount of the contribution of the contribution of the contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contribution or business he/she is associated with have a contract with said municipality valued at more than \$5,000?					Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Is contributor a principal of a s  If yes, indicate which bran of government the contract	ich or b	oranches	_ No			
Method of Contribution:	or government the contract	1 15 WIL	Date Received	Legislative Aggregate Contributions	4		
Cash OPersonal Check OCredit/Debit Card O	Payroll Deduction OMoney	Order	2023-06-23	\$250			
Last Name	,	Fire		<del></del>	1.		MI
Castillo			uis				IVIL
Residential Street Address		City			State	Zip C	ode
190 Deacon Street	j	BRID	OGEPORT		CT	1	607
Principal Occupation			Name of Employer			Щ.	
Warehouse							
or dependent child of a lobbyist?   No does co	tribution is in excess of \$400 to contributor or business he/she is d at more than \$5,000?	o a cano s assoc	didate for a chief executive iated with have a contract Yes No	officer of a municipality with said municipality			Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  State on tribution associated with an event reported in Section L1?  If yes, list Event #  State on tributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Executive Legislative							
Method of Contribution:			Date Received	Aggregate Contributions	1		
Cash Personal Check Credit/Debit Card Cl	Payroll Deduction OMoney (	Order	2023-06-27				
	SUBT	OTAI	L Section B — This	Page \$2,120			
	TOTAL	of ad	ditional Section B P	ages			
TOTAL OF ALL CO	ONTRIBUTIONS FROM (Enter total on Line 13		VIDUALS (Sections A				
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### Section B ADDITIONAL PAGE 52 of 69

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
JOHN GOMES FOR MAYOR			July 10 FILING				
A. Total Contributions from Sma (See instructions for definition of Small Control			is Period ONLY OTAL SECTION A	\$			
	B. Itemized Con	ntrib	utions from Indivi	duals	Q QX	1199	
Last Name		100000	rst				MI
CRUZ		L	.UIS				].
Residential Street Address		City			State		Code
855 Peter RD		Sout	thbury		СТ	00	6488
Principal Occupation			Name of Employer				
Quality Engineering Manager			Memry				
or dependent child of a lobbyist?   No do	contribution is in excess of \$400 es contributor or business he/she lued at more than \$5,000?					nount (	of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 060223A	Is contributor a principal of a surface of government the contract	nch or l	branches	e contractor? Yes OLegislative			
Method of Contribution:			Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card	OPayroll Deduction OMoney	Order	2023-06-02				
Last Name		Fit	rst	•			Mi
Reyes		L	.uis				1
Residential Street Address		City			State	Zip	Code
2400 North Avenue		BRII	DGEPORT		СТ	06	6604
Principal Occupation			Name of Employer				
LR Capitals Partners			Consulting				
or dependent child of a lobbyist?   No do	contribution is in excess of \$400 es contributor or business he/she lued at more than \$5,000?					nount o	of Contribution
Is this contribution associated with an event 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	te contractor?  Yes  No  Legislative			
Method of Contribution:			Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card	Payroll Deduction OMoney	Order	2023-04-26	\$130			
Last Name		Fi	rst		•		MI
Silva		١ ١	Manuel				
Residential Street Address		City			State	Zip	Code
1650 Park Avenue		BRII	DGEPORT		СТ	0	6604
Principal Occupation			Name of Employer				
homemaker			homemaker				
or dependent child of a lobbyist?   No do	contribution is in excess of \$400 es contributor or business he/she lued at more than \$5,000?					nount o	of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # Q60223A	Is contributor a principal of a siff yes, indicate which brain of government the contract	nch or l	branches	te contractor?  OLegislative			
Method of Contribution:			Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card	OPayroll Deduction OMoney	Order	2023-06-02		$\perp$		
	SUBT	ГОТА	L Section B — This	Page \$340			
	TOTAL	of a	dditional Section B I	Pages			
TOTAL OF ALL	CONTRIBUTIONS FROM (Enter total on Line		IVIDUALS (Sections A			_	
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## Section B ADDITIONAL PAGE 53 of 69

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
JOHN GOMES FOR MAYOR				July 10 FILING			
A. Total Contributions from Sma (See instructions for definition of Small Con			is Period ONLY OTAL SECTION A	\$			
	B. Itemized Con	trib	utions from Individ	luals			
Last Name	Marco - Handal	Fir					MI
Fidalgo		- N	/laria				
Residential Street Address		City			State		p Code
585 Colorado avenue 1st floor		BRI	OGEPORT		СТ	0	)6605
Principal Occupation			Name of Employer	<u>-</u>			
Retired			Retired				
or dependent child of a lobbyist?   No d	f contribution is in excess of \$400 t loes contributor or business he/she alued at more than \$5,000?	is assoc	ciated with have a contract OYes No	with said municipality	-	mount 130	of Contribution
Is this contribution associated with an event reported in Section L1?	If yes, indicate which bran	ch or l	branches	e contractor? Yes No Legislative			
If yes, list Event #	of government the contrac	t 15 Wit	Date Received	Aggregate Contributions	┨		
Method of Contribution  Cash OPersonal Check OCredit/Debit Card	Payroll Deduction OMoney	Order	2023-06-28	\$220			
Last Name	Of thy total Detaction On total of	Fi	rst				М
Figueroa		- 1	 ∕Iaria				
Residential Street Address		City	<del></del>		State	Zi	ip Code
495 Hill Street		•	nden		СТ	c	06514
Principal Occupation			Name of Employer				
Universal Faith Outreach Church			Pastor				
or dependent child of a lobbyist?   No d	f contribution is in excess of \$400 toos contributor or business he/she alued at more than \$5,000?	to a car is asso	ndidate for a chief executive ciated with have a contract  Yes  No	e officer of a municipality with said municipality		mount	of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # Q60923A		nch or	branches	O Legislative			
Method of Contribution:			Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card	1 Payroll Deduction OMoney	Order	2023-06-09				
Last Name		- 1	rst				MI
Ramos			Maria ————————		I a		
Residential Street Address		City	DOEDORT		State		ip Code
50 Greenhouse Road 33D		DUI	DGEPORT		01		
Principal Occupation			Name of Employer Allure dental grou	ın			
Dental Assistant							4 . 1 . 1
or 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?					.mount	t of Contribution
Method of Contribution:			Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Care	d OPayroll Deduction OMoney	Order	2023-06-23	\$1000			
	SUBT	TOT!	AL Section B — This	Page \$1,280			
	TOTAL	of a	dditional Section B	Pages		· _	
TOTAL OF AL	L CONTRIBUTIONS FROM (Enter total on Line		DIVIDUALS (Sections lumn A of Summary Page				

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
JOHN GOMES FOR MAYOR			July 10 FILING			
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		nis Period ONLY OTAL SECTION A	\$			
B. Itemized Co	ntrib	utions from Indivi	duals	Wear.		
Last Name	Fi	irst				МІ
Valentin	ı	Marta				
Residential Street Address	City			State	Zip	Code
117 Holly Street	BRI	DGEPORT		СТ	00	6607
Principal Occupation		Name of Employer				
Packer		Aurora			_	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of 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 contract of the	e officer of a municipality with said municipality		100mt (	of Contribution
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 bra of government the contra	inch or	branches	e contractor?  OLegislative  Yes No			
Method of Contribution:		Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order	2023-06-27				
Last Name	Fi	irst		•		MI
Fidalgo	1	Melissa				
Residential Street Address	City			State	Zip	Code
132 Yaremich Drive	BRI	DGEPORT		СТ	06	6606
Principal Occupation	٠.	Name of Employer				
Wells Fargo advisors		Wells Fargo				
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  Yes  No	e officer of a municipality with said municipality	1	ount o	of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # Section L1?  If yes, list Event # Section L1?	anch or	branches	te contractor?  Yes No Legislative			
Method of Contribution:		Date Received	Aggregate Contributions	┑		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order	2023-06-07				
Last Name	F	irst				MI
Nadeau		Meagan				
Residential Street Address	City			State	Zip	Code
2138 Main St	Cov	ventry		СТ	0	6238
Principal Occupation	•	Name of Employer		<del></del>		-
Homemaker		Homemaker				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/sho valued at more than \$5,000?					nount (	of Contribution
Is this contribution associated with an event reported in Section L1?  Is contributor a principal of a state contractor or prospective state contractor?  If yes, list Event # 052023A  Is contributor a principal of a state contractor or prospective state contractor?  If yes, list Event # 052023A  Solvenment the contract is with:  Executive O Legislative						
Method of Contribution:  Date Received Aggregate Co				$\neg$		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order	2023-06-20				
SUB	TOTA	AL Section B This	Page \$2,100			
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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
JOHN GOMES FOR MAYOR			July 10 FILING			
A. Total Contributions from Small Contributors-Re (See instructions for definition of Small Contributor)		is Period ONLY OTAL SECTION A	\$			
B. Itemize	d Contrib	utions from Individ	duals	Tanala		
Last Name	Fi	rst			MI	
Garcia	N	/liguel				
Residential Street Address	City		· ·	State	Zīp Code	
11 Swanson Drive	Milfo	ord		СТ	6461	
Principal Occupation		Name of Employer				
Store manager		Bob's Discount Fu	ırniture			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Ves Valued at more than \$5,000?	he/she is associ	ndidate for a chief executive ciated with have a contract Yes No	with said municipality	/. Amo:	unt of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes Is contributor a princip.  If yes, indicate which of government the	ich branch or l		e contractor? Yes OLegislative			
Method of Contribution:		Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction O	Money Order	2023-06-28				
Last Name	Fir	rst			MI	
Khair	N	/lohammed				
Residential Street Address	City			State	Zip Code	
535 Maplewood Ave	BRII	DGEPORT		CT	06605	
Principal Occupation	•	Name of Employer			_	
Managing Member		Khair Enterprises	, LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	he/she is associated			/. Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 062023A  Section L1?  If yes, list Event # 062023A	ich branch or	ontractor or prospective state branches th:	te contractor?  Yes  No  Legislative			
Method of Contribution:		Date Received	Aggregate Contributions	ヿ゙		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction	Money Order	2023-05-19	1			
Last Name	Fi	rst			MI	
Umar	1	Vimra				
Residential Street Address	City			State	Zip Code	
475 spring street A	Nau	gatuck		CT	06770	
Principal Occupation		Name of Employer				
Homemaker		Homemaker				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No life contribution is in excess or does contributor or business valued at more than \$5,000?	he/she is asso			y, Amo \$10	ount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # Q62023A  Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:  Executive O Legislative						
Method of Contribution:		Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction O	Money Order	2023-06-17				
	SUBTOTA	L Section B — This	Page \$3000			
To	OTAL of a	dditional Section B 1	Pages			
TOTAL OF ALL CONTRIBUTIONS (Enter total of		IVIDUALS (Sections A				
Personal Control of the Control of t	,	J Danimary 1 age				

## Section B ADDITIONAL PAGE 56 of 69

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Reposito	ry)		TYPE OF REPORT		non extra time
JOHN GOMES FOR MAYOR		July 10 FILING			
A. Total Contributions from Small Contributors-Rec (See instructions for definition of Small Contributor)		his Period ONLY OTAL SECTION A	\$		
	41. (0.44)	outions from Indivi	duals		
Last Name	- 1	irst		_	MI
Santos		Orlandina			
Residential Street Address	City	DGEPORT		State	Zip Code
260 Edgemoor Road Principal Occupation	PRI				06606
Dental assistant		Name of Employer Allure dental			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$ does contributor or business he valued at more than \$5,000?				y, Amo	unt of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 060923A  Yes Is contributor a principal of the section L1?  Yes No If yes, indicate which of government the co	branch or		e contractor? Yes  OLegislative		
Method of Contribution:		Date Received	Aggregate Contributions	┑	
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OM	oney Order				
Last Name	Fi	irst			MI
Petra		Maria			
Residential Street Address	City			State	Zip Code
369 Bunnell Street	BRI	DGEPORT		СТ	06607
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 \$ does contributor or business he valued at more than \$5,000?				/, Amou	unt of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Secontributor a principal If yes, indicate which of government the co	branch or		e contractor?  Yes No Legislative	7	
Method of Contribution:		Date Received	Aggregate Contributions	7	
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OM	oney Order	2023-06-07			
Last Name	Fi	irst			MI
Khair		Rahim			
Residential Street Address 535 Maplewood Ave	City BRI	DGEPORT		State CT	Zip Code
Principal Occupation		Name of Employer			<u></u>
Khair Enterprises, LLC		Member			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contribution is in excess of \$ does contributor or business he valued at more than \$5,000?	400 to a ca	ndidate for a chief executive ciated with have a contract Yes No	e officer of a municipality with said municipality	y, Amoi	unt of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #   Section L1?   Is contributor a principal of the principal	branch or		e contractor?  O Legislative		
Method of Contribution:		Date Received	Aggregate Contributions	7	
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OM	oney Order	2023-05-21			
SU	J <b>BTOT</b> A	L Section B — This	Page \$1,800		
TO	TAL of a	dditional Section B F	ages		
TOTAL OF ALL CONTRIBUTIONS FR		DIVIDUALS (Sections A			
	THE SHALLES		CV Ed		

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### Section B ADDITIONAL PAGE 57 of 69

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	- 2	Carried Manager	TYPE OF REPORT			
JOHN GOMES FOR MAYOR			July 10 FILING			
A. Total Contributions from Small Contributors-Receivise instructions for definition of Small Contributor)		this Period ONLY TOTAL SECTION A	\$			
B. Itemized Co	ntri	butions from Indivi	duals	Marin .		
Last Name	1	First				MI
Garcia		Rebeca				
Residential Street Address	City			State	Zi	p Code
791 Garfield Avenue	BR	RIDGEPORT		СТ	0	6606
Principal Occupation		Name of Employer	··· <u>-</u>			
Retired		Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Ves does contributor or business he/she valued at more than \$5,000?					Amount of Contribution \$100	
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a lf yes, indicate which bra	anch o	r branches	e contractor? Yes No Clegislative			
If yes, list Event # 060923A of government the contra	ici is w			-		
Method of Contribution:  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Orde	Date Received 2023-06-09	Aggregate Contributions			
Last Name	li	First	<u> </u>			мі
Weimer		Richard				
Residential Street Address	City			State	Zip	p Code
5 Jamestown rd	Tru	ımbull		CT	0	6611
Principal Occupation	1	Name of Employer				<del></del> ·
Retired		Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No life contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					mount	of Contribution
event reported in Section L1?	anch o		O No			
If yes, list Event # of government the control  Method of Contribution:	act is v	Date Received	Legislative Aggregate Contributions	$\dashv$		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Orde		\$700			
Last Name	1	First				MI
Oliveira		Rozilma				
Residential Street Address	City			State	Zij	p Code
724 Capitol Avenue 1 floor	BR	RIDGEPORT		СТ	0	6606
Principal Occupation		Name of Employer		1		<del></del> -
Bartender		O'Manel				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of Contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					mount	of Contribution
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 bra  of government the contra	anch o	or branches	_ ONo			
If yes, list Event # of government the control	act is w	Date Received	Legislative Aggregate Contributions	$\dashv$		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Orde		Aggregate Continuations			
SUB	тот	AL Section B — This	Page \$1,200			<del></del>
TOTA	L of	additional Section B I	Pages			<del></del> .
TOTAL OF ALL CONTRIBUTIONS FRO		DIVIDUALS (Sections A				
(2) Total On Line						

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## Section B ADDITIONAL PAGE 58 of 69

NAME OF COMMITTEE (Provide Complete Na	me as i	Registered with Filing Repository)	B. B. B.		TYPE OF REPORT	143	100	
JOHN GOMES FOR MAYOR					July 10 FILING			
A. Total Contributions from S (See instructions for definition of Small				his Period ONLY TOTAL SECTION A	\$			
		B. Itemized Co	ntrib	outions from Indivi	duals		er The	WE HAVE
Last Name			- 1	irst				MI
Qureshi Residential Street Address				Sameer				<u> </u>
26 Rolling Wood Dr			City Tru	mbull		State	1 1	Code 3611
Principal Occupation		<del></del> •		Name of Employer				
Construction				Sams Painting LL	-C			
ls contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	doe valı	ontribution is in excess of \$400 s contributor or business he/she ued at more than \$5,000?	is asso	ociated with have a contract Oyes ONo	with said municipality	f Contribution		
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	nch or	branches	te contractor? Yes OLegislative			
Method of Contribution:				Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit C	Card (	Payroll Deduction OMoney	y Order	2023-06-09		1		
Last Name		<u></u>	Fi	irst				МІ
Rahman			1	Shamus				
Residential Street Address	••	·	City			State	Zip (	Code
12 Laurel Court			BRI	DGEPORT		СТ	06	605
Principal Occupation				Name of Employer		1		
Manager				Shop Rite				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	does	ontribution is in excess of \$400 s contributor or business he/she and at more than \$5,000?	to a ca is asso	ndidate for a chief executive ciated with have a contract  Yes  No	e officer of a municipality with said municipality		ount of	f Contribution
/2/1	Yes No	Is contributor a principal of a  If yes, indicate which bra of government the contra	nch or	branches	te contractor?  Yes No Legislative			
Method of Contribution:		· · · · · · · · · · · · · · · · · · ·		Date Received	Aggregate Contributions	┥		
OCash OPersonal Check OCredit/Debit C	ard (	Payroll Deduction	Order	2023-05-19				
Last Name			Fi	irst				MI
Valentine			[ {	Stephen				i
Residential Street Address	*		City			State	Zip C	Code
1115 Golden Crest Drive			Dur	ham		NC	27	704
Principal Occupation				Name of Employer		·		-
Educator				NCCU				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	does	ontribution is in excess of \$400 s contributor or business he/she ed at more than \$5,000?	to a car is asso	ndidate for a chief executive ciated with have a contract Yes No	e officer of a municipality with said municipality	/, Am		Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Yes No	Is contributor a principal of a s If yes, indicate which bran of government the contract	nch or	branches	e contractor? Yes No Legislative			
Method of Contribution:		122		Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit C	ard C	Payroll Deduction OMoney	Order	2023-06-07	\$300			
		SUBT	ОТА	L Section B — This	Page \$1,450			
		TOTAL	of a	dditional Section B P	ages			
TOTAL OF A	LL (	CONTRIBUTIONS FROM (Enter total on Line 1	I IND	IVIDUALS (Sections A	A + B) Totals) \$75,440			
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## Section B ADDITIONAL PAGE 59 of 69

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Reposito	ary)	We will be the state of the sta	TYPE OF REPORT	SE ANTE	TO LONG	10 - 10 Part -	
JOHN GOMES FOR MAYOR			July 10 FILING				
A. Total Contributions from Small Contributors-Rec (See instructions for definition of Small Contributor)		his Period ONLY	s				
	Contril	outions from Indiv	iduals	THE STATE OF	E DE		
Last Name Moreira Correa	1.	rirst	-10			Mi	
Residential Street Address		Tatyanne				<u> </u>	
102-42 183rd Place 2nd Floor	City	lis		State NY	1 1	Code <b>423</b>	
Principal Occupation		Name of Employer		1101		423	
Retired		Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes No  If contribution is in excess of S does contributor or business here valued at more than \$5,000?	400 to a ca /she is asso	ndidate for a chief executive interest with have a contract Yes	ve officer of a municipality	f Contributio			
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 060923A  Yes   Is contributor a principal of fyes, indicate which of government the contributor of government the contributo	branch or	ontractor or prospective sta branches	te contractor? Yes		DO		
Method of Contribution:	intact is wi	Date Received	Aggregate Contributions	-			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMo	oney Order	2023-06-02					
Last Name	Fi	rst				MI	
Xavier	1	Tina					
Residential Street Address 59 Ballaro Drive	City			State	Zip C		
Principal Occupation	She			СТ	648	84	
Education		Name of Employer Shelton BOE					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of 4does contribution is in excess of \$4 does contributior or business he/s valued at more than \$5,000?	00 to a can she is assoc	adidate for a chief executive ciated with have a contract  Yes  No	e officer of a municipality with said municipality		Amount of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # Q60223A  Is contributor a principal of If yes, indicate which to of government the contributor of government the contributor approximation of government the government of government of government of government of government of government of	branch or i	branches _	e contractor? Yes No		,0		
Method of Contribution:		Date Received	Aggregate Contributions	7			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMor	ney Order	2023-06-02	\$150				
Walker	Fin	ori				MI	
Residential Street Address	City			State	Zip Co	nde	
446 Birmingham Street	BRID	OGEPORT		CT	066		
Principal Occupation		Name of Employer					
Finance		Norwalk Public Sc	hools				
s contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$40 does contributor or business he/sl valued at more than \$5,000?	00 to a can he is assoc	didate for a chief executive intended with have a contract of Yes No	officer of a municipality with said municipality	5 Amo		Contribution	
s this contribution associated with an event reported in Section L1?  If yes, list Event #  Section L1?  If yes, list Event #	ranch or b	ranches _	<b>⊘</b> No	7 ***			
Method of Contribution:  Cash Personal Check © Credit/Debit Card Payroll Deduction OMone			Aggregate Contributions \$120				
SUB	STOTAL	L Section B — This l	Page \$240				
TOTA	L of ad	ditional Section B Pa	iges				
TOTAL OF ALL CONTRIBUTIONS FRO	M INDI	VIDUALS (Sections A	+ B)				
(Enter total on Line	e 13, Colui	mn A of Summary Page T	otals) \$75,440				

## Section B ADDITIONAL PAGE 60 of 69

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
JOHN GOMES FOR MAYOR			July 10 FILING			
A. Total Contributions from Small Contributors-Re (See instructions for definition of Small Contributor)		this Period ONLY	\$			· · · · · · · · · · · · · · · · · · ·
			•			-
R Itemized	Contr	ibutions from Indivi	duole	Wind St	- 61	
Last Name	Conti	First	luuais			МІ
Jahangier		Umar				MI
Residential Street Address	City	<u> </u>		State	Zin (	Code
475 Spring Street	Na	augatuck		СТ		770
Principal Occupation		Name of Employer				
Manager		UBN LLC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of does contributor or business he valued at more than \$5,000?	\$400 to a he/she is as	candidate for a chief executive isociated with have a contract OYes ONo	e officer of a municipalit with said municipality	`	ount of	f Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 052023A  Yes Is contributor a principal If yes, indicate which of government the contributor of government the contributor approach is contributor approach in the contributor approach is contributor.	h branch c		e contractor? Yes  OLegislative			
Method of Contribution:		Date Received	Aggregate Contributions	$\dashv$		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction ON	Money Ord					
Last Name	ı	First				мі
Saldana		Yuri				
Residential Street Address	City			State	Zip C	Code
472 Garfield Avenue	BF	RIDGEPORT		СТ	06	606
Principal Occupation		Name of Employer			•	
Packaging Handler		Fedex				
Is 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 c le/she is ass	candidate for a chief executive sociated with have a contract Yes No	executive officer of a municipality, contract with said municipality  No  No  No  No  No			
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Section L1?  Is contributor a principal If yes, indicate which of government the contributor approximately and the contributor approximately approx	h branch c	_	e contractor?  Yes  No  Legislative			
Method of Contribution:		Date Received	Aggregate Contributions	$\dashv$		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OM	Ioney Orde	er 2023-04-27	\$150			
Last Name		First				MI
Sheikh		Zeenat				
Residential Street Address	City			State	Zip C	ode
44 nursery street	No	rwalk		СТ	'	
Principal Occupation		Name of Employer				
Esthetician		Lzur Skincare				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of 5 does contributor or business he valued at more than \$5,000?	\$400 to a c e/she is ass	andidate for a chief executive sociated with have a contract Yes No	officer of a municipality with said municipality	/, Amo		Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # Q609223A  Section L1?  If yes, list Event # Q609223A	h branch o		(iii)No			
Method of Contribution:		Date Received	Aggregate Contributions	$\dashv$		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OM	Ioney Orde	er 2023-06-09				
SU	UBTOT.	AL Section B — This	Page \$1,140			
тот	TAL of	additional Section B P	ages			<u> </u>
TOTAL OF ALL CONTRIBUTIONS FE	The second second	A STATE OF THE PERSON ASSESSMENT AND ASSESSMENT AND ASSESSMENT ASS	+ B)			
(Enter total on L	Line 13, Co	olumn A of Summary Page 1	Totals) \$75,440			

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## Section B ADDITIONAL PAGE 61 of 69

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
JOHN GOMES FOR MAYOR			July 10 FILING			
A. Total Contributions from Small Contributors (See instructions for definition of Small Contributor)		this Period ONLY BTOTAL SECTION A	\$			
B. Itemi	zed Contr	ibutions from Indiv	iduals	Spiriting.	SOUTH THE SECOND	
Last Name		First			IMI	
Flores		Angel				
Residential Street Address	City			State	Zip Code	
848 North Avenue	BI	RIDGEPORT		СТ	06606	
Principal Occupation	·	Name of Employer	-		<u>.                                    </u>	
Homemaker		Homemaker				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contributor or busine valued at more than \$5,00	ess he/she is as	candidate for a chief executive sociated with have a contract of the contract	ve officer of a municipalit t with said municipality	y, Amo	unt of Contributio	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 060923A  Yes Is contributor a princ If yes, indicate we of government the section	which branch o		te contractor? Yes  OLegislative	_	U	
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction	Money Ord	ler 2023-06-09		ĺ		
Last Name		First			MI	
Savongdy		Alenah				
Residential Street Address	City		<u> </u>	State	Zip Code	
8 Point Beach Drive	1 '	lford		CT	06460	
Principal Occupation		Name of Employer			-	
Student		Student				
does contributor or business valued at more than \$5,000	ss he/she is ass	candidate for a chief executive sociated with have a contract Yes No	e officer of a municipality with said municipality	/, Amou	int of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # Q52023A  Section L1?  Is contributor a principle of the principle of government the government the principle of government the governm	vhich branch o		e contractor?  O Legislative		50	
Method of Contribution:		Date Received	Aggregate Contributions	-		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction	Money Orde	er 2023-05-20				
Last Name		First	<u> </u>		MI	
Schoenfeld		Alan				
Residential Street Address	City			State	Zip Code	
16 Livingstone Road	Blo	omfield		СТ	06002	
Principal Occupation		Name of Employer				
MTC		President - whole	saler			
s contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes   If contribution is in excess does contributor or busines valued at more than \$5,000	ss he/she is ass	andidate for a chief executive ociated with have a contract  Yes  No	officer of a municipality with said municipality	, Amou	nt of Contribution	
is this contribution associated with an event reported in Section L1?  If yes, list Event # 060923A  Section L1?  If yes, indicate who of government the	hich branch o	contractor or prospective state r branches rith:	_ <b>(</b> )No	] #100		
Method of Contribution:		Date Received	Aggregate Contributions	-		
Cash OPersonal Check OCredit/Debit Card OPayroll Deduction	Money Orde	т 2023-06-22				
	SUBTOTA	AL Section B — This	Page \$2,200		· · · · · · · · · · · · · · · · · · ·	
T	OTAL of a	additional Section B P	ages			
TOTAL OF ALL CONTRIBUTIONS			Paritial III			
(Enter total o	on Line 13, Co	DIVIDUALS (Sections A blumn A of Summary Page 7	**************************************			

### Section B ADDITIONAL PAGE 62 of 69

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			CHAPA NATA	TYPE OF REPORT				
JOHN GOMES FOR MAYOR				July 10 FILING				
A. Total Contributions from S (See instructions for definition of Small	Small Contributors-Recei		his Period ONLY TOTAL SECTION A	\$				
CHIE								
Charles the State of the	B. Itemized Co	ontril	outions from Indiv	iduals	18 17.6	対象を	31 F3 (SH	
Last Name		F	irst		000	SECTION SECTION	MI	
Silva			Agnelo					
Residential Street Address		City			State	Zip C	Code	
2006 North Avenue		BRI	IDGEPORT		СТ		604	
Principal Occupation	<del>_</del>		Name of Employer					
Retired			Retired					
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?	to a ca	indidate for a chief executive ciated with have a contract  Yes  No	e officer of a municipalit with said municipality	Contribution			
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 060223A	Yes Is contributor a principal of a  No  If yes, indicate which bra  of government the contra	ınch or	branches	No No			00	
Method of Contribution:			Date Received	Aggregate Contributions	$\dashv$			
OCash OPersonal Check OCredit/Debit C	Card OPayroll Deduction OMone	y Order	2023-06-02	\$400				
Last Name		Fi	irst				МІ	
Piazza		- 1	Abel				MI	
Residential Street Address	<del></del>	City		<del></del>	State	Zip Ci	a da	
1500 Barnum Avenue		1 '	DGEPORT		CT	066		
Principal Occupation			Name of Employer	····				
Sales			Fixgo Auto Sales	and Service				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?						Amount of Contribution		
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 bra  of government the contra	nch or	branches	e contractor?  O Legislative				
Method of Contribution:			Date Received	Aggregate Contributions	┥			
OCash OPersonal Check OCredit/Debit Co	ard Payroll Deduction Money	Order	2023-06-16					
Last Name		Fir	rst				MI	
Smith		8	Sabrina			- 1		
Residential Street Address		City	<del></del>		State	Zip Co	ode	
48 Williamsburg Rd		Brid	geport		СТ	066	06	
Principal Occupation			Name of Employer	<del></del>				
Office Manager			Monitor My Health	)				
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?	to a can	didate for a chief executive ciated with have a contract Ves No	officer of a municipality with said municipality	, Amo		Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Is contributor a principal of a s  If yes, indicate which bran of government the contrac	ich or t	oranches _	_ No	7 (10)			
Method of Contribution:				Aggregate Contributions	1			
OCash OPersonal Check OCredit/Debit Ca	ard OPayroll Deduction OMoney	Order	2023-06-29					
	SUBT	OTA.	L Section B — This 1	Page \$2,100				
	TOTAL	of ad	ditional Section B P	ages				
TOTAL OF A	LL CONTRIBUTIONS FROM	INDI	VIDUALS (Sections A	+ B)				
	(Enter total on Line 1	3, Colu	mn A of Summary Page T	otals) \$75,440				

SEEC FORM 20 Revised January 2015

## Section B ADDITIONAL PAGE 63 of 69

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
JOHN GOMES FOR MAYOR			July 10 FILING			
A. Total Contributions from Small Contributors-Rec (See instructions for definition of Small Contributor)		this Period ONLY TOTAL SECTION A	s			
				t		
B. Itemized	Contri	butions from Indivi	duals	10/200		
Last Name		First	a dais	100	IMI	
Corona		Pamela				
Residential Street Address 240 Garfield Avenue	City	RIDGEPORT		State	Zip Code 06606	
Principal Occupation		Name of Employer				
CNA		Totally Home Car	е			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes  If contribution is in excess of \$ does contributor or business he valued at more than \$5,000?	\$400 to a c c/she is ass	candidate for a chief executive sociated with have a contract OYes No	e officer of a municipalit with said municipality	y, Amo	ount of Contribution	
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of types, indicate which of government the co	ı branch o		e contractor? Yes  OLegislative			
Method of Contribution:		Date Received	Aggregate Contributions	$\dashv$		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OM	loney Orde	ľ	\$285			
Last Name	<u> </u>	First			MI	
Cerron		Keyla				
Residential Street Address	City			State	Zip Code	
751 Kossuth St	BR	IDGEPORT		СТ	06608	
Principal Occupation		Name of Employer				
Banker		Bank of America				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Vocation is in excess of S-does contributor or business he valued at more than \$5,000?	400 to a ca she is ass	andidate for a chief executive ociated with have a contract Yes No	officer of a municipality with said municipality	/, Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Section L1?  Is contributor a principal of the section L1?  If yes, list Event #	i branch o		e contractor?  Yes No Legislative			
Method of Contribution:		Date Received	Aggregate Contributions	┥		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OM	oney Orde	2023-06-30				
Last Name	I	First			MÍ	
Fernandes	- 1	Dangelo			ŀ	
Residential Street Address	City			State	Zip Code	
1282 North Avenue	BR	IDGEPORT		СТ	06604	
Principal Occupation		Name of Employer	· · · · ·		<u> </u>	
Homemaker		Homemaker				
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 ca /she is asse	andidate for a chief executive ociated with have a contract Yes No	officer of a municipality with said municipality		unt of Contribution	
Is this contribution associated with an event reported in Section L1?  Yes No If yes, indicate which	branch or	contractor or prospective state	No	\$25	J	
Method of Contribution:	ntract is w	ith: Executive	<del></del>	4		
Cash Personal Check Credit/Debit Card Payroll Deduction Mo	oney Order		Aggregate Contributions			
SU	BTOTA	AL Section B — This	Page \$1,385	-		
ТОТ	'AL of a	additional Section B P	ages			
TOTAL OF ALL CONTRIBUTIONS FR	1	THE RESERVE AND THE PROPERTY AND	± R)			
(Enter total on Li	ine 13, Co.	lumn A of Summary Page 1	otals) \$75,440			

## Section B ADDITIONAL PAGE 64 of 69

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
JOHN GOMES FOR MAYOR			July 10 FILING			
A. Total Contributions from Small Contributors-Recei (See instructions for definition of Small Contributor)		his Period ONLY TOTAL SECTION A	\$			·
2611						
B. Itemized Co	ontrib	outions from Indivi	duals		30.15	The State
Last Name		irst		200000000000000000000000000000000000000	H	MI
Titus	[-	Tracey				
Residential Street Address	City			State	Zip C	Code
333 State Street 7022	BRI	DGEPORT		СТ	06	604
Principal Occupation		Name of Employer				
Banking Services Operations Assc IV		M&T				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Ves Valued at more than \$5,000?	0 to a ca ne is asso	ndidate for a chief executive clated with have a contract	ract with said municipality			Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes Is contributor a principal of a fyyes, indicate which bra of government the contributor approximately a figure of government the contributor approximately and the figure of government the contributor approximately	anch or	ontractor or prospective stat	_ No	_ \$30		
	act is wi		OLegislative	-		
Method of Contribution:  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	ey Order	Date Received 2023-06-30	Aggregate Contributions			
Last Name	Fi	_I			_	MI
Smith	- 1	Charles				1411
Residential Street Address	City			State	Zip C	ode
48 Williamsburg Rd	BRII	DGEPORT		СТ	066	606
Principal Occupation		Name of Employer				
Manager		CDS Enterprises				
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?	o to a car e is assoc	ndidate for a chief executive ciated with have a contract  Yes  No	ct with said municipality			
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Section L1?  If yes, list Event #  Section L1?  If yes, list Event #	anch or	branches	e contractor?  O Legislative	1		
Method of Contribution:		Date Received	Aggregate Contributions	┨		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order	2023-06-30				
Last Name	Fir	rst				MI
Morales garcia	_ \ \	/ictor manuel				
Residential Street Address	City			State	Zip Co	ode
1332 North Avenue	BRII	DGEPORT		СТ	066	604
Principal Occupation		Name of Employer			<u> </u>	
Teller		Family financial ce	enter			
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 can	ididate for a chief executive ciated with have a contract Yes No	officer of a municipality with said municipality	Amou	int of	Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Section L1?  If yes, indicate which bra of government the contra	ınch or t	oranches	_ No	1 450		
Method of Contribution:		Date Received	Aggregate Contributions	-		
Cash Personal Check	y Order	2023-06-30				
SUBT	тота	L Section B — This	Page \$1,050			
TOTAL	L of ad	lditional Section B P	ages			
TOTAL OF ALL CONTRIBUTIONS FROM	100-100	ANALYSIS OF STREET STREET, STR	+ B)			
(Enter total on Line	13, Colu	ımn A of Summary Page T	Totals) \$75,440			

SEEC FORM 20 Revised January 2015

## Section B ADDITIONAL PAGE 65 of 69

NAME OF COMMITTEE (Provide Complete Name	e as Registered with Filing Repository)	Tealius		TYPE OF REPORT	ATE SET	A TUE	G
JOHN GOMES FOR MAYOR				July 10 FILING			
A. Total Contributions from Sn (See instructions for definition of Small C	nall Contributors-Recei		his Period ONLY	s	-		
	B. Itemized Co	ontrib	outions from Indiv	iduals	P. Carlo	1919Lc	Avin 5, 190
Last Name			irst	raduls	\$5342.5A		ТМІ
Ramirez			Israel				""
Residential Street Address		City			State	2 in	Code
126 A oak ave		She	elton		СТ	1 -	3484
Principal Occupation		4	Name of Employer		1		
Sales			Ricks Locicero a	gency			
or debendent cuite of a toobylati.	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a car	ndidate for a chief executiv	ve officer of a municipality	f Contributio		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	es   Is contributor a principal of a	nch or	ontractor or prospective sta branches	state contractor? Yes			
Method of Contribution:	8		Date Received	O Legislative Aggregate Contributions	_		
OCash OPersonal Check OCredit/Debit Care	d OPayroll Deduction OMoney	y Order		Aggregate Continuonionis			
Last Name IWaszkiewicz		- 100	isi Hannah				Mi
Residential Street Address		City	Territori				
15 Sunset Circle			odbridge		State	Zip C	<sup>30de</sup>
Principal Occupation			Name of Employer				
Student			Student				
or debautour cities of a toophists.	f contribution is in excess of \$400 loes contributor or business he/she alued at more than \$5,000?	to a can	ididate for a chief executive intention with have a contract  O Yes  No	e officer of a municipality with said municipality			Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #		nch or l	ntractor or prospective state	e contractor? Yes	7	000	
Method of Contribution:			Date Received	Aggregate Contributions	-		
OCash OPersonal Check OCredit/Debit Card	Payroll Deduction OMoney	Order	2023-06-30				
Last Name		Fin	st				MI
Chavarria		N	1arco			[	••••
Residential Street Address	(	City			State	Zip Co	ode
45 SEYMOUR ST		BRID	GEPORT		CT	066	
Principal Occupation			Name of Employer			1 000	
Landscape			Lexington Lawn S	ervices			
a asherracing curing of a 10000 Aigit.	contribution is in excess of \$400 to be contributor or business he/she is alued at more than \$5,000?	o a cano	lidate for a chief executive	officer of a municipality			Contribution
s this contribution associated with an event reported in Section L1?  If yes, list Event #	Is contributor a principal of a st  If yes, indicate which bran of government the contract	ch or b	tractor or prospective state	_ No	_  \$10 	00	
Method of Contribution:  Cash Personal Check Credit/Debit Card				Aggregate Contributions	-		
	SUBT	OTAL	Section B — This I	Page \$2,600			
	TOTAL	of add	ditional Section B Pa	iges			
TOTAL OF ALL	CONTRIBUTIONS FROM	INDIV		+ B)			
	12mer total Vit Line 13	, com	an A of Summary Page T	Dials)			

### Section B ADDITIONAL PAGE 66 of 69

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		ATTACHER PROPERTY.	TYPE OF REPORT					
JOHN GOMES FOR MAYOR				July 10 FILING				
A. Total Contributions from Sma (See instructions for definition of Small Cont			is Period ONLY OTAL SECTION A	s				
	B. Itemized Co		utions from Indivi	iduals				
Last Name Lantigua			rst Maria				МІ	
Residential Street Address								
919 Stratford Avenue		City Stra	tford		State	Zip Co		
Principal Occupation			Name of Employer					
homemaker			homemaker					
or dependent child of a lobbyist?   No doe	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 ciated with have a contract Yes No	re officer of a municipalit with said municipality	y, Amo		Contribution	
Is this contribution associated with an event 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 l	branches	te contractor? Yes  OLegislative			J	
Method of Contribution:	<u> </u>		Date Received	Aggregate Contributions	┨			
OCash OPersonal Check OCredit/Debit Card	OPayroll Deduction OMoney	Order	2023-06-30					
Last Name		Fir	st	•		ī	MI	
Guerra		₽	liosiris					
Residential Street Address		City			State	Zip Co	de	
240 Garfield Ave 1 floor		BRIE	DGEPORT		СТ	0660	06	
Principal Occupation			Name of Employer	·				
Owner			Eliosiris guerra de	e Jesús				
or dependent child of a lobbyist?   No does	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 tated with have a contract Yes No	e officer of a municipality with said municipality	/, Amor	-	of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Is contributor a principal of a If yes, indicate which bra of government the contract	nch or l	branches	te contractor?  Yes  No  Legislative				
Method of Contribution			Date Received	Aggregate Contributions	7			
OCash OPersonal Check OCredit/Debit Card	Payroll Deduction Money	Order	2023-06-30					
Last Name		Fir	st			1	MI	
Burgos		A	lisha			ŀ		
Residential Street Address		City		<del></del> -	State	Zip Cod	de	
751 Kossuth Street		BRID	DGEPORT		СТ	0660	08	
Principal Occupation			Name of Employer					
Cashier/baker			The Cheesecake	Factory				
or dependent child of a lobbyist? 🔘 No does	ontribution is in excess of \$400 s contributor or business he/she and at more than \$5,000?	to a can	didate for a chief executive inted with have a contract  Yes  No	e officer of a municipality with said municipality	/. Amou		Contribution	
Is this contribution associated with an event reported in Section L1?  No No No	Is contributor a principal of a s  If yes, indicate which bran of government the contrac	ich or b	ranches	e contractor?  O Legislative	7			
Method of Contribution:			Date Received	Aggregate Contributions	1			
OCash OPersonal Check OCredit/Debit Card	Payroll Deduction OMoney	Order	2023-06-28					
	SUBT	OTA	L Section B — This	Page \$2,500				
	TOTAL	of ad	ditional Section B P	ages				
TOTAL OF ALL	CONTRIBUTIONS FROM	INDI	VIDUALS (Sections A	+ B) \$75,440				
	(Emer total on Line 1	J, COIN	mn A oj Summary Page	i orats)				

## Section B ADDITIONAL PAGE 67 of 69

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repositor	ory)	公司 医神经管 生物的	TYPE OF REPORT	1150 811	<b>新作品</b> ,21-005		
JOHN GOMES FOR MAYOR			July 10 FILING	July 10 FILING			
A. Total Contributions from Small Contributors-Rec (See instructions for definition of Small Contributor)		his Period ONLY OTAL SECTION A	s				
			- -				
	Contrib	outions from Indiv	iduals				
Last Name Vieira	I	irst Sandra			МІ		
Residential Street Address 11110 cherry St	City Bro	ckton		State	Zip Code 02301		
Principal Occupation  Manager		Name of Employer Vieira cleaning			<u> </u>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of footnibution is in excess of states of the states o	\$400 to a car e/she is asso	ndidate for a chief executive ciated with have a contract of the contract of t	ve officer of a municipality		unt of Contribution		
	branch or	intractor or prospective sta branches	te contractor? Yes		i O		
Method of Contribution:  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMethod of Contribution:	oney Order	Date Received 2023-06-30	Aggregate Contributions				
Last Name Nyame	Fir	Douglas			MI		
Residential Street Address 110 Myrtle Street	City Shel	lton		State CT	Zip Code 06484		
Principal Occupation Homemaker		Name of Employer Homemaker					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$\frac{5}{2}\$ does contributor or business he/ valued at more than \$5,000?	400 to a can /she is assoc	didate for a chief executive intended with have a contract Yes No	e 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 #  Section L1?  If yes, list Event #  Section L1?  If yes, indicate which of government the contributor aprincipal of government the government the contributor aprincipal of government the govern	branch or I	branches _	e contractor? Yes No		J		
Method of Contribution:  OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMo	oney Order	Date Received 2023-06-30	Aggregate Contributions				
Olivo	Fin	zahira			MI		
Pesidential Street Address 911 Central Ave	City BRID	GEPORT		State CT	Zip Code 06607		
Principal Occupation Assembly		Name of Employer Lex Product					
s contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes lf contribution is in excess of \$4 does contributor or business he/s valued at more than \$5,000?	100 to a cand she is assoc	didate for a chief executive intended with have a contract of Yes No	officer of a municipality with said municipality	\$100	ent of Contribution		
is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of If yes, indicate which be of government the contributor as principal of If yes, indicate which be of government the contributor as principal of If yes, indicate which be of government the contributor as principal of If yes, indicate which be of government the contributor as principal of If yes, indicate which be of government the contributor as principal of If yes, indicate which be of government the contributor as principal of If yes, indicate which be of government the contributor as principal of If yes, indicate which be of government the contributor as principal of If yes, indicate which be of government the contributor as principal of If yes, indicate which be of government the contributor as principal of If yes, indicate which be of government the contributor as principal of If yes, indicate which be of government the contributor as principal of If yes, indicate which be of government the contributor as principal of If yes, indicate which be of government the contributor as principal of If yes, indicate which be of government the contributor as principal of If yes, indicate which be of government the contributor as principal of If yes, indicate which be of If yes, indicate which be of government the contributor as principal of If yes, indicate which be If yes, indicate which be of If yes, indicate which be of If yes	branch or b	tractor or prospective state	No	- \$10C	10		
Method of Contribution:  Cash Personal Check Credit/Debit Card Payrol! Deduction More		Date Received 2023-06-30	Aggregate Contributions				
SUI	BTOTAI	L Section B — This	Page \$1,800				
	A 100 P. S.	ditional Section B P	N.A.(1719)				
TOTAL OF ALL CONTRIBUTIONS FRO (Enter total on Lin	ne 13, Colui	VIDUALS (Sections A mn A of Summary Page T	+ B) \$75,440				

### Section B ADDITIONAL PAGE 68 of 69

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Rej	pository)		TYPE OF REPORT	A.特別的B	THE PERSON NAMED IN
JOHN GOMES FOR MAYOR			July 10 FILING		
A. Total Contributions from Small Contributors- (See instructions for definition of Small Contributor)		this Period ONLY STOTAL SECTION A	\$		
	zed Contri	ibutions from Indivi	iduals	STORY OF	AN AN PAR
Last Name Charles		First			MI
Residential Street Address		Jacques			
53 Funston Avenue	City	!		!	Zip Code
Principal Occupation		idgeport		СТ	06606
Homemaker		Name of Employer			
		Homemaker			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess does contributor or busines valued at more than \$5,000	ess he/she is ass	candidate for a chief executive sociated with have a contract OYes ONo	e officer of a municipality with said municipality	nt of Contributio	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Section L1?  Is contributor a princi  If yes, indicate with an event reported in Section L1?	vhich branch or	contractor or prospective stater branches	No No	U	
Method of Contribution:	ie contract is w	Date Received		_	
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction	Money Orde		Aggregate Contributions		
Last Name	1	First			MI
Cerron		Isabel			
Residential Street Address	City			State Z	Zip Code
751 Kossuth Street	She	elton		СТ	06608
Principal Occupation		Name of Employer			
The Cheesecake Factory		The Cheesecake	Factory		
does contributor or business valued at more than \$5,000	ss he/she is asso	andidate for a chief executive ociated with have a contract of Yes No	officer of a municipality with said municipality	Amount \$500	t of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # Section L1?  If yes, list Event # of government the	hich branch or		e contractor? Yes No	3500	
Method of Contribution:		Date Received	Aggregate Contributions	-	
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction	Money Order		-1009		
Last Name		irst			ТМІ
Sanchez	1,	Annabel			MI
Residential Street Address	City		<del></del>	C	1.0-4.
500 Ezra Street	•	IDGEPORT			ip Code 06606
Principal Occupation		Name of Employer		<u> </u>	
Fiancial clearance rep		Yale New Haven H	Joolth		
	-66400 to a se				
or dependent child of a lobbyist? No does contributor or business valued at more than \$5,000?	s he/she is asso	ndidate for a chief executive sciated with have a contract with Yes No	officer of a municipality, vith said municipality	Amount \$1000	of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes No  Is contributor a princip If yes, indicate whi of government the	iich branch or l		<b>⊚</b> No	1	
Method of Contribution:	COMMENT IS WIL	1	Legislative Aggregate Contributions	4	
Cash OPersonal Check OCredit/Debit Card OPayroll Deduction	Money Order		riging Court tour mits		
	SUBTOTA	L Section B — This P	Page \$1,800	<u>.                                    </u>	
T	OTAL of a	dditional Section B Pa	iges		
TOTAL OF ALL CONTRIBUTIONS	FROM IND	IVIDUALS (Sections A umn A of Summary Page To	+ B) \$75,440		
(Eliter total of	Line 13, Coll	imn A of Summary Page 10	itals) (10,110		

## Section B ADDITIONAL PAGE 69 of 69

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing	TYPE OF REPORT	TYPE OF REPORT					
JOHN GOMES FOR MAYOR	July 10 FILING	July 10 FILING					
A. Total Contributions from Small Contributo (See instructions for definition of Small Contributor)	1 *						
	mized Cont	ributions from Ind	lividuals		9.72		
Last Name		First			МІ		
lwaszkiewicz		Benjamin					
Residential Street Address	Cit	•	State	Zip Code			
15 Sunset Circle		Voodbridge		СТ	06525		
Principal Occupation		Name of Employer					
Student		Student					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excode does contributor or but valued at more than \$5	siness he/she is a	a candidate for a chief execusors associated with have a cont	utive officer of a municipal ract with said municipality		ount of Contribution		
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a prevent reported in Section L1?  No If yes, indicate	<del></del>	e contractor or prospective or branches	state contractor? QYe	_ No			
Method of Contribution:	in the contract is	Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deductio	on CMoney Or		\$1000				
Last Name		First	Ψ1000				
Rios		Maria			MI		
Residential Street Address	City			Tö	<u> </u>		
369 Bunnell Street	1 '	Shelton		State	Zip Code 06607		
Principal Occupation		Name of Employer		1	1 3300		
Chefs		Black Rock Yat	es Club				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Valued at more than \$5,	iness he/she is as	ssociated with have a contr	xecutive officer of a municipality, Amount of Contribution ontract with said municipality				
event reported in Section L1?  No   If yes, indicate	rincipal of a state e which branch at the contract is						
Method of Contribution:		Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction	Money Ord	ler 2023-06-28		ŀ			
ast Name		First			MI		
Residential Street Address	City	<u> </u>		State CT	Zip Code		
Principal Occupation		Name of Employer					
s contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Yes  does contributor or busing valued at more than \$5,0		Amount of Contribution					
s this contribution associated with an event reported in Section L1?  Yes No If yes, indicate	ssociated with an Yes Is contributor a principal of a state contractor or prospective state contractor?						
Method of Contribution:		Date Received	Aggregate Contributions	-			
Cash OPersonal Check OCredit/Debit Card OPayroll Deduction	OMoney Ord	er					
	SUBTOT	'AL Section B — Th	is Page \$600				
	TOTAL of	additional Section B	Pages				
TOTAL OF ALL CONTRIBUTION (Enter total)	NS FROM IN al on Line 13, C	DIVIDUALS (Sections column A of Summary Pag	(A + B) (e Totals) \$75,440				
	the second second second	The second second second second	No. of Concession, Name of Street, or other Persons, Name of Street, or ot				

### II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COM	MITTEE	(Provide Complete Name as Registered with Filing Repository		TYPE OF REPORT	Waste San				
JOHN GOMES FOR MAYOR				JULY 10 FILING					
		L1. Ever	nt Information						
Event # Date of Event 052023	Letter A	Description WHISKEY AND CIGAR FUNDRAISEF	₹		Was this a fi	indraising event			
Location: Street Ad 94 RIVER RO			City SHELTON		State	Zip Code 06484			
Subpart 1: (All Committees) Was this event hosted at a personal residence?			OYes (If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.)  No						
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?			Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)  No						
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?			OYes (If yes, enter Total Reco	\$					
Were there purch sign associated v	nases of a vith this f		mittees other than Exploratory OYes (If yes, go to Section Lagor on a Sign and comp	3 Purchases of Adverti	ising Space in a	a Program Book			
Subpart 3: (Town Committees ONLY)  Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?		OYes (If yes, enter Total Reco	eipts here.)	\$					
Event # Date of Event 060223	Letter A	Description FUNDRAISER DINNER AT ACEB	at Street Commence Services	A STATE OF THE STA	Was this a fu	ndraising event			
Location: Street Add	iress		City		State	Zip Code			
235 LINEN AVE		BRIDGEPORT	BRIDGEPORT		06604				
	osted at a	personal residence?	Yes (If yes, go to Section L5 Associated with a Hou purchases made by host	se Party and complete	required infor	Contributions mation for any			
Did this fundraise of up to \$200 or i	er include items dor	e goods or services donated by a business entity nated by an individual of up to \$100?	Yes (If yes, go to Section Land complete required in No	4 In-Kind Donations n information.)	ot Considered	Contributions			
		sale, auction, or other sale of donated items dividual of up to \$100?	Yes (If yes, enter Total Reco	eipts here.)	\$				
Subpart 2: (Part Were there purch sign associated w	ases of a	ttees, Municipal Candidates and Political Communication of the description of the descrip		Purchases of Advertis	sing Space in a	Program Book			
	tee sell fo	ittees ONLY)  ood or beverage at a fair or similar mass tate with this fundraiser?	OYes (If yes, enter Total Rece	ipts here.)	\$				
SUBTOTAL	L Section	L1-Subpart 1 (All Committees) Total Receipts fr	om Sale of Donated Items —	This Page					
		SUBTOTAL Secti	ion L1—Subpart 3 (Town Committ ipts from Food Purchases — I	lees ONLY)					
			TOTAL of additional Section	L1 Pages					
	100		IPTS FROM SMALL PUR						

# Section L1. ADDITIONAL PAGE 2 of 2

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)  TYPE OF REPORT									
JOHN GOMES FOR	RMAYOR		JULY 10 FILING						
	L1. Even	t Information	TOTAL DES						
Event # Date of Event Letter	Description			Was this a fin	ndraising event?				
Date of Event Letter 060923 A	GALA FUNDRAISER			Yes	O No				
Location: Street Address		City	<del></del>	State	Zip Code				
1909 MAIN STREE		BRIDGEPORT		СТ	06604				
Subpart 1: (All Commit	-	_							
Was this event hosted at	a personal residence?	<ul> <li>Yes (If yes, go to Section L5 In-Kind Donations not Considered Contributions         Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.)     </li> <li>No</li> </ul>							
	le goods or services donated by a business entity nated by an individual of up to \$100?		Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)  No						
Was this fundraiser a tag	sale, auction, or other sale of donated items	OYes (If yes, enter Total Reco	eipts here.)						
with purchases from an in	ndividual of up to \$100?	No		\$					
	nittees, Municipal Candidates and Political Comi			···					
Were there purchases of sign associated with this	advertising space in a program book or on a fundraiser?	O Yes (If yes, go to Section L3 or on a Sign and comp  No	3 Purchases of Advertis olete required informat		Program Book				
Subpart 3: (Town Comi	nittees ONLY)	_							
	food or beverage at a fair or similar mass	OYes (If yes, enter Total Rec	eipts here.)	<u>s</u>					
gathering held within the	state with this fundraiser?	<b>⊙</b> No	- 1						
			37						
Event #	Description			100/	ultip Albanda a				
Date of Event Letter	<b>-</b>			Was this a fun O Yes	draising event?  No				
Location: Street Address		City		State	Zip Code				
Subpart 1: (All Committ	rees)								
Was this event hosted at	a personal residence?		In-Kind Donations no se Party and complete (s) for food, beverage ar	required infor					
	le goods or services donated by a business entity nated by an individual of up to \$100?	O Yes (If yes, go to Section L and complete required i		ot Considered (	Contributions				
	sale, auction, or other sale of donated items	O Yes (If yes, enter Total Reco	eipts here.)						
with purchases from an in	ndividual of up to \$100?	O No	—-[	\$					
Subpart 2: (Party Comm Were there purchases of a sign associated with this	ittees, Municipal Candidates and Political Comm advertising space in a program book or on a fundraiser?	nittees other than Exploratory O Yes (If yes, go to Section L3	Committees) Purchases of Advertis lete required informat		Program Book				
Subpart 3: (Town Comn					····				
	ood or beverage at a fair or similar mass	OYes (If yes, enter Total Rece	eipts here.)	\$					
gathering held within the	state with this fundraiser?	ONo	<u> </u>	<u> </u>					
SUBTOTAL Section	n L1-Subpart 1 (All Committees) Total Receipts fr	om Sale of Donated Items —	This Page						
		on L1—Subpart 3 (Town Committed Purchases —							
		TOTAL of additional Section	L1 Pages	<del></del>					
		IPTS FROM SMALL PUR	Control of Control						
		Line 16a, Column A of Summary							

# II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTE	E (Provide Complete Name as Regi	stered with Filing Repository)	1830 H. 18		TYPE OF REPORT	Г	The same	Contract of
JOHN GOMES FO		,			JULY 10 FILLI			
VO 14 / 10 / 25	L4. In-	-Kind Donations N	ot Consider	red Contribut	ions			West - State
Name of Donor								
MARIA CRUZ								
Street Address			City				State	Zip Code
683 BROOKS STR	REET		BRIDGEP	ORT		25	СТ	06608
Donation Given By:	Description of Donation					Fair l	Market Val	ue of Donation
OBusiness Entity	FOOD					\$10	0	
● Individual	Date Received	Event #		Aggregate Value for	this Event			
Sole Proprietorship	06/02/2023	FUNDRAISER	NIGHT ACE					
Name of Donor								
ANA MARIA DEPII	NA							
Street Address			City				State	Zip Code
429 WAYNE ST			BRIDGEP	ORT			СТ	06606
Donation Given By:	Description of Donation					Fair N	Market Val	ue of Donation
Business Entity	FOOD					\$100		
Old Paris Line   Date Received   Event #   Aggregate Value for this Event						φισι	,	
OSole Proprietorship 06/20/20223 FUNDRAISER NIGHT ACE								
Name of Donor	* · · · · · · · · · · · · · · · · · · ·	•						_
Street Address			City				State	Zip Code
Donation Given By:	Description of Donation			<u> </u>		Fair N	Jarket Val	ue of Donation
Business Entity								
OIndividual	Date Received	Event #		Aggregate Value for	this Event			
O Sole Proprietorship								
Name of Donor								
Street Address			City			·	State	Zip Code
Donation Given By:	Description of Donation			***		Fair N	larket Valı	ue of Donation
Business Entity								
Ondividual	Date Received	Event #		Aggregate value for t	his Event			
O Sole Proprietorship								
	1 15	SUBTO	TAL Section	L4 — This Page	6000			
				- Tall Tage	\$200			
		TOTAL	of additional :	Section L4 Pages				
		The state of the s						
тот	AL OF ALL IN-KIND DO							
	(Ente	er total on Line 21, Colu	mn A UJ SUMN	nury rage 10tals)				

# Section P. ADDITIONAL PAGE 1\_\_\_ of 46\_\_

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository,	11.00	TYPE OF REPORT		A REPART		
JOHN GOMES	FOR MAYOR			JULY 10 FILING			
	P. Expenses	Paid by Committee			Y		
JOSHUA MIRA Street Address	NDA	Tour		Date of Payment 4/5/23	O Debit	k # 2026 Card <b>O</b> EFT	
537 WOOD AVE	<u> </u>	BRIDGEPORT			State	Zip Code 6604	
Purpose of Expenditure (by code)	Description PHOTO & VIDEO		Event #		\$1,60	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un  None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind control	A OB OC OD					
Name of Payee MIGUEL LLANC Street Address	os			Date of Payment 4/5/23	Method of I Check Debit	#_2027_	
58 LOUISIANA AVE BRIDGEPORT					State CT	Zip Code 6610	
Purpose of Expenditure (by code)	РНОТО				Amount \$500		
Expenditure # (If applicable)	Ψ000						
Name of Payee  STAPLES  Coordinated without reimbursement sought (in-kind contribution)  Organization  Organization  O B O C O D  Date of Payment  4/10/23					Method of P Check Debit (	#	
Street Address 1201 KINGS HIG	GHWAY	FAIRFIELD			State CT	Zip Code 6824	
Purpose of Expenditure (by code) OFFICE	POST IT & SHARPIES		Event #		Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind control	mmittee)	dent	A OB Oc Od	\$54		
Name of Payee USPS			I		Method of P Check Debit C	#	
Street Address 115 BOSTON AV	/E	City BRIDGEPORT			State	Zip Code 6610	
Purpose of Expenditure by code) POST	Description Event # STAMPS				\$504	Amount	
Expenditure # (f applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) Independent Organization A DB OC OD						
	s	UBTOTAL Section P —	This P	age \$2,658			

# Section P. ADDITIONAL PAGE 2 of 46

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			-15/4	TYPE OF REPORT				
JOHN GOMES	FOR MAYOR			JULY 10 FILING				
	P. Expense	s Paid by Committe	ee		- 37 - 37 g	HE 10 74 1 15		
Name of Payee DOLLAR DEAL	.s			Date of Payment 4/15/23	O Chec			
Street Address		City		<u></u>	Debi State	it Card OEFT Zip Code		
161 BOSTON A	WE	BRIDGEPORT			СТ	066010		
Purpose of Expenditure (by code) OFFICE	Description PENS/ NOTE PAD		Event	:#	107.	Amount		
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Required u  None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	committee) ure)	endent _	PA OB OC OD	\$37.0	)1		
Name of Payee CELL TOUCH				Date of Payment 4/14/23	Method of Payment: O Check # O Debit Card OEFT			
Street Address		City			State	Card OEFT Zip Code		
2127 BOSTON	AVE	BRIDGEPORT			СТ	06610		
Purpose of Expenditure (by code)	Description OFFICE CELL		Event #	#	2407	Amount		
Expenditure # (If applicable)	d) A <b>O</b> B <b>O</b> C <b>O</b> D	\$107						
Name of Payee  MIDNIGHT PRINTING  Date of Payment 4/14/23					Method of Check	# <u>2030</u>		
Street Address 2980 FAIRFIELE	D AVE	BRIDGEPORT			State CT	Zip Code 06605		
Purpose of Expenditure (by code)	Description BPT MAPS/SH LOCATION		Event #	į.	Amount \$377.86			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un  None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind control	ommittee) Indeper	endent	PA OB OC OD	<b>\$377</b>	.86		
Name of Payee				Date of Payment	Method of	Payment:		
UNIVERSAL				4/17/23	Check			
Street Address 75 ARDMORE S	бТ	FAIRFIELD			State	Zip Code 6824		
Purpose of Expenditure (by code)	Description POLLING MAPS		Event #			Amount		
Expenditure # (If applicable)								
	S	UBTOTAL Section P —	THE STREET	1200				
				Discon				

#### Section P. ADDITIONAL PAGE 3 of 46

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)	POP 10	TYPE OF REPORT				
JOHN GOMES	FOR MAYOR			JULY 10 FILING			
A CONTRACTOR OF THE PARTY OF TH	P. Expenses	Paid by Committee	е	STAN AND LOS	1000		
Name of Payee ALONDRA NIE	/ES			Date of Payment 4/17/23	Method of Check Debit	k# <u>2034</u>	
Street Address 429 KENT AVE		City BRIDGEPORT			State CT	Zip Code 06610	
Purpose of Expenditure (by code) WAGE	Description OFFICE STAFF		Event	Ħ	\$435.	Amount	
Expenditure # (if applicable)  Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Organization OA OB OC OD							
Name of Payee NIVIA DE LOS S	SANTOS			Date of Payment 4/18/23	Method of I O Check O Debit	#	
Street Address 455 BIRD ST BL	.DG 3 APT 101	BRIDGEPORT			State CT	Zip Code 06605	
Purpose of Expenditure (by code) MISC Description DONATION						Amount 00	
Expenditure # (if applicable)							
Name of Payee  CREATIVE OUT DOORS  Date of Payment 4/18/23					Method of I O Check O Debit (	#	
Street Address 8875 hidden Riv	er Parkway	TAMPA			State FL	Zip Code 33637	
Purpose of Expenditure (by code) A-SIGN	Description BIN ADS		Event #		\$186.	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required until None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution).	ommittee) re)	ndent	ed) Da Ob Oc Od	<b>.</b>		
Name of Payee  ZULMARY TOLE	<b>IDO</b>			Date of Payment 4/18/23	Method of P Check Debit (	# <u>2035</u>	
Street Address 22 STEUBEN ST	г	BRIDGEPORT			State CT	Zip Code 06608	
Purpose of Expenditure (by code) OFFICE	OFFICE BALLON DECORATION		Event #	*	\$80.00	Amount	
(A physicanic)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Independent Organization OA OB OC OD						
	s	UBTOTAL Section P	Name and Address				
		-			<del>,</del>		

#### Section P. ADDITIONAL PAGE 4 of 46

NAME OF COMMI	ITEE (Provide Complete Name as Registered with Filing Repository,	-798	TYPE OF REPORT		THE THE PARTY OF		
JOHN GOMES	FOR MAYOR			JULY 10 FILING			
	P. Expenses	Paid by Committee		Contract Contract	40.70	<b>建</b>	
Name of Payee	_			Date of Payment	Method of		
DOLLAR TREE				4/19/23	O Check	The second secon	
Street Address		City			State	Zip Code	
345 HUNTING	TON TPKE	BRIDGEPORT			СТ	06610	
Purpose of Expenditure (by code)	Description		Event #			Amount	
OFFICE	COFFE CUPS				\$6.57		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	nless "None of the below" is	checked	D .	\$6.57		
200	None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditus		4				
	Coordinated without reimbursement sought (in-kind cont		_	OB OC OD			
Name of Payee		4.7%		Date of Payment	Method of		
DUNKIN DONU	OTS			4/20/23	Check Debit		
Street Address		City			State	Zip Code	
1055 HUNTING	TON TPKE	BRIDGEPORT			CT	06610	
Purpose of Expenditure (by code)	Description		Event #			Amount	
OFFICE	BIG COFFEE FOR OFFICE MEETING				\$43.9	Ω	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	less "None of the below" is c	checked,	)	ψ-10.5	0	
	None of the below (does not involve another candidate or con Coordinated with reimbursement sought (joint expenditure	nmittee)	lent				
Name of Payee  Date of Payment  Date of Payment						ayment:	
OPTIMUM				4/24/23	Check Debit		
Street Address		City			State	Zip Code	
P.O BOX 70340		PHILADELPHIA			PA	19176	
Purpose of Expenditure (by code)	Description		Event #			Amount	
WEB	OFFICE INTERNET				\$50.0	0	
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Required us		checked	0	Ψ00.0	•	
	None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditu	ommittee) re) Independ	dent				
	Coordinated without reimbursement sought (in-kind control			A OB Oc OD			
Name of Payee	_	· <del>-</del>		Date of Payment	Method of P		
BJ WHOLESAL	E		]	4/25/23	Check Debit		
Street Address	10	City			State	Zip Code	
955 FERRY BL\	70	STRATFORD			СТ	06614	
Purpose of Expenditure (by code) Event #						Amount	
OFFICE FILE FOLDERS							
Expenditure # (if applicable)	The of Experimental In Addendary I Required uniteds from of the below is checken						
İ	None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Independent						
Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind contribution)  Independent  Organization OA OB OC OD							
SUBTOTAL Section P — This Page \$115.43							
				41.0.10			

# Section P. ADDITIONAL PAGE 5 of 46

Size Address    City   State   Zip Code   CT   6825	Name of Payee BJ WHOLESALI Street Address 40 BLACK ROC Purpose of Expenditure (by code) OFFICE Expenditure # (If applicable)  Name of Payee DNA Street Address 800 VILLAGE W. Purpose of Expenditure (by code) CNSLT Expenditure # (if applicable)  Name of Payee DNA Street Address 800 VILLAGE W. CNSLT Expenditure # (if applicable)  CNSLT Expenditure # (if applicable)  CNSLT Expenditure # (by code) CNSLT Expenditure # (by code) CNSLT	P. Expenses  ES  EK TURNPIKE  Description  OFFICE CLEANING SUPPLIES  Type of Expenditure (Itemization in Addendum P Required un  Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind control Coordinated without reimbursement sought (in-kind control Coordinated without reimbursement sought (in-kind control Coordinated without reimbursement sought (in-kind control Coordinated without reimbursement sought (in-kind control Coordinated with reimbursement	City FAIRFIELD  Inless "None of the below ommittee) re) Gibution)  City GUILFORD	Eventure is checked ependent anization	Date of Payment 4/25/23  A B C D Date of Payment 4/25/23	Check Debit State CT \$84.0	Card OEFT Zip Code 6825 Amount 7 Payment: #2031 Card OEFT Zip Code			
Date of Psymens   Date of Psymens   A/25/23   Method of Psymens   A/25/23   Method of Psymens   A/25/23   Method of Psymens   A/25/23   Method of Psymens   A/25/23   Method of Psymens   A/25/23   Method of Psymens   A/25/23   Method of Psymens	BJ WHOLESALI Street Address  40 BLACK ROC Purpose of Expenditure (by code) OFFICE Expenditure # (if applicable)  Name of Payce DNA Street Address  800 VILLAGE W. Purpose of Expenditure (by code) CNSLT  Expenditure # (if applicable)  Name of Payce DNA  Street Address  800 VILLAGE W. CNSLT  Expenditure # (if applicable)  CNSLT  Expenditure # (by code) CNSLT  Expenditure # (by code) CNSLT	Description OFFICE CLEANING SUPPLIES  Type of Expenditure (Itemization in Addendum P Required un Coordinated with reimbursement sought (joint expenditure Coordinated with reimbursement sought (in-kind control Coordinated without reimbursement sought (in-kind control Coordinated without reimbursement sought (in-kind control Coordinated without reimbursement sought (in-kind control Coordinated without reimbursement sought (in-kind control Coordinated with reimbursement sought (in-kind control Coordinate	City FAIRFIELD  Inless "None of the below ommittee) re) Gibution)  City GUILFORD	Eventure is checked ependent anization	4/25/23  A OB OC OD  Date of Payment  4/25/23	Check Debit State CT \$84.0	Card OEFT Zip Code 6825 Amount 7 Payment: #2031 Card OEFT Zip Code			
Sizest Address 40 BLACK ROCK TURNPIKE  Propose of Expenditure (Proceed) OFFICE CLEANING SUPPLIES  Expenditure (Proced) OFFICE CLEANING SUPPLIES  State (Proced) OFFICE CLEANING	BJ WHOLESALI Street Address  40 BLACK ROC Purpose of Expenditure (by code) OFFICE Expenditure # (if applicable)  Name of Payee DNA Street Address  800 VILLAGE W. Purpose of Expenditure (by code) CNSLT  Expenditure # (if applicable)  Name of Payee DNA Street Address  800 VILLAGE W. CNSLT  Expenditure # (if applicable)  CNSLT  Expenditure # (by code) CNSLT  Expenditure # (if applicable)	Description OFFICE CLEANING SUPPLIES  Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contr  ALK  Description RALLY SIGNS / BUSINESS CARD  Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or cor Coordinated with reimbursement sought (joint expenditure	FAIRFIELD  Inless "None of the below or interest of the below of the below of the below of the below or interest.	v" is checked ependent anization	4/25/23  A OB OC OD  Date of Payment  4/25/23	Check Debit State CT \$84.0	Card OEFT Zip Code 6825 Amount 7 Payment: #2031 Card OEFT Zip Code			
Secret Address  Some of Paymen  Type of Expenditure (Payment and September 1)  Payment of Expenditure (Payment and September 2)  Some of Paymen  Type of Expenditure (Payment and September 2)  Payment of Expenditure (Payment and September 2)  Some of Paymen  Type of Expenditure (Payment and September 2)  Some of Paymen  Type of Expenditure (Payment and September 2)  Some of Paymen  Type of Expenditure (Payment and September 2)  Some of Paymen  Type of Expenditure (Payment and September 2)  Some of Paymen  Type of Expenditure (Payment and September 2)  Some of Paymen  Type of Expenditure (Payment and September 2)  Some of Paymen  Type of Expenditure (Payment and September 2)  Some of Paymen  Type of Expenditure (Payment and September 2)  Some of Paymen  Type of Expenditure (Payment and September 2)  Some of Paymen  Type of Expenditure (Payment and September 2)  Some of Paymen  Type of Expenditure (Payment and September 2)  Some of Paymen  Type of Expenditure (Payment and September 2)  Some of Payment and Septembe	Street Address  40 BLACK ROC  Purpose of Expenditure (by code)  OFFICE  Expenditure # (ff applicable)  Name of Payce  DNA  Street Address  800 VILLAGE W.  Purpose of Expenditure (by code)  CNSLT  Expenditure # (ff applicable)  Name of Payce  DNA  Street Address  800 VILLAGE W.  Purpose of Expenditure (by code)  CNSLT  Expenditure # (ff applicable)  CNSLT  Expenditure W.	Description OFFICE CLEANING SUPPLIES  Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contr  ALK  Description RALLY SIGNS / BUSINESS CARD  Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or cor Coordinated with reimbursement sought (joint expenditure	FAIRFIELD  Inless "None of the below or interest of the below of the below of the below of the below or interest.	v" is checked ependent anization	ed)  A OB OC OD  Date of Payment  4/25/23	State CT \$84.0	Card OEFT Zip Code 6825 Amount 7 Payment: #2031 Card OEFT Zip Code			
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Consulting   Consulting   Sayou   Sa	CNSLT  Expenditure # (if applicable)	Description	<u>.                                    </u>	Event	#	<del> </del>				
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Name of Payee  DOINGITLOCAL.COM  Street Address  229 JENNINGS RD  Purpose of Expenditure (by code)  A-WEB  A-WEB  Type of Expenditure (if applicable)  Type of Expenditure (if applicable)  Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  None of the below (does not involve another candidate or committee)  City  FAIRFIELD  City  State  Zip Code  CT 6825  Amount  Amount  Stocked)  None of the below (does not involve another candidate or committee)  Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind contribution)  Organization A B Oc Op  Independent  Organization A B Oc Op  Independent  Organization A B Oc Op  Independent  Organization A B Oc Op  Independent  Organization A B Oc Op	(if applicable)		nine 4Mana of the heles	-4 lo abaab	- fs	\$3,00	0.00			
Name of Payee  DOINGITLOCAL.COM  Street Address  229 JENNINGS RD  Purpose of Expenditure (by code)  A-WEB  A-WEB  Type of Expenditure # (if applicable)  None of the below (does not involve another candidate or committee)  Coordinated without reimbursement sought (in-kind contribution)  Coordinated without reimbursement sought (in-kind contribution)  Independent  Organization A OB OC OD  Method of Payment:  City  State Zip Code  CT 6825  Amount  Amount  Special Conditions (Itemization in Addendum P Required unless "None of the below" is checked)  None of the below (does not involve another candidate or committee)  Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind contribution)  Independent  Organization A OB OC OD	Name of Payee		•	o" is eneck	ed)					
Name of Payee  Date of Payment  A/25/23  Method of Payment:  City  City  FAIRFIELD  State  Zip Code  CT 6825  Purpose of Expenditure (by code)  A-WEB  CEVENT #  Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  None of the below (does not involve another candidate or committee)  Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind contribution)  Date of Payment  A/25/23  Method of Payment  State  Zip Code  CT 6825  Amount  Amount  Source  State  Zip Code  CT 6825  Independent  Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind contribution)  Organization OA OB OC OD	Name of Paves	Coordinated with reimbursement sought (joint expenditure	re) 🔘 Inde	•						
DOINGITLOCAL.COM  Street Address  229 JENNINGS RD  City FAIRFIELD  CT 6825  Purpose of Expenditure (by code) A-WEB  CEVENT #  Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  A/25/23  City FAIRFIELD  State Zip Code CT 6825  Amount  **Stone of the below "is checked"  Stone of the below "is checked"  Independent Coordinated without reimbursement sought (in-kind contribution)  Organization OA  OB OC DD		Coordinated without reimoursement sought (in-kind conn	ribution) Orga	anization		1 2 4 6 7				
Street Address  229 JENNINGS RD  Purpose of Expenditure (by code)  A-WEB  City  FAIRFIELD  CT  6825  Amount  State  Zip Code  CT  6825  Amount  Stocked)  Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  None of the below (does not involve another candidate or committee)  Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind contribution)  Organization OA  OB  OC  OC  OC  OC  OC  OC  OC  OC  OC	-	COM			- ·					
229 JENNINGS RD  Purpose of Expenditure (by code)  A-WEB  Expenditure # (if applicable)  Type of Expenditure (ltemization in Addendum P Required unless "None of the below" is checked)  None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  State  Zip Code  6825  Amount  \$500.00			Lossi.		4/25/23	O Debit (	Card OEFT			
Purpose of Expenditure (by code)  A-WEB  WEB ADVERTISING  Expenditure # (if applicable)  Type of Expenditure (ltemization in Addendum P Required unless "None of the below" is checked)  None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Organization OA OB OC OD		RD.	1							
Amount  Amount  Amount  Amount  Amount  Amount  Solution #  (if applicable)  Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Amount  \$500.00			PAINTILLD	Pount			6825			
Expenditure # (if applicable)  Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Source of the below is checked)  Independent Coordinated without reimbursement sought (in-kind contribution)	(by code)	L. '		Event	#	4	Amount			
None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Coordinated without reimbursement sought (in-kind contribution)  Organization OA OB OC OD		<u> </u>				\$500.0	0			
Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Independent Organization OR OB OC OD	(if applicable)									
Coordinated without reimbursement sought (in-kind contribution)  Organization OA OB OC OD		Coordinated with reimbursement sought (joint expenditure								
SUBTOTAL Section P — This Page \$4,110.51		Coordinated without reimbursement sought (in-kind contri	= -		A OB OC OD					
			UBTOTAL Section 1	P — This	Page \$4,110.51					
		S			220 D		······			
		S. S. S. S. S. S. S. S. S. S. S. S. S. S								
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# Section P. ADDITIONAL PAGE 6 of 46

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			A THE	TYPE OF REPORT			
JOHN GOMES	FOR MAYOR				JULY 10 FILING		
	P. Expenses	Paid by	Committee	200		and e.S.	West College
Name of Payee BBI					Date of Payment 4/26/23	Method of Chec	
Street Address 269 WOODMO	NT RD	City	RD			State CT	Zip Code 6460
Purpose of Expenditure (by code)	Description OFFICE PRINTER FEES	1		Event	#	107.6	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or co-Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contra	ommittee) re)	Q Independ	dent	ed)	\$37.2	<b>:</b> 0
Name of Payee SUBWAY					Date of Payment 4/26/23	Method of Checl	k#
Street Address 1552 WOOD AV	/E	City BRIDGE	EPORT			State CT	Zip Code 6604
Purpose of Expenditure (by code)	Description MEETING REFRESHMENT (SENIOR BUI	ILDING)	-	Event	#	\$95.3	Amount
19	<i>d</i> ) A <b>О</b> В <b>О</b> С <b>О</b> D		•				
Name of Payee  LAMAR  Date of Payment  4/27/23					Method of I	c#	
Street Address 32 MIDLAND ST	Г	City WINDS	OR			State CT	Zip Code 6095
Purpose of Expenditure (by code) A-SIGN	Description BILLBOARD ADVERTISING			Event #	<del>*</del>	Amount \$1,050.00	
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Required un  None of the below (does not involve another candidate or con Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contra	ommittee) re)	O Independ	dent	ed) DA OB OC OD	. ф1,00	<b>,0.00</b>
Name of Payee EL COQUITO					Date of Payment	Method of I O Check O Debit	#
Street Address 510 E MAIN ST		City BRIDGE	EPORT			State CT	Zip Code   06608
Purpose of Expenditure (by code) FOOD	POOD FOR MEETING AT SENIOR BUILD	ING		Event #	1	\$200.0	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required uni  None of the below (does not involve another candidate or com Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contrib	<b>ΦΖ</b> 00,0	<u>.</u>				
	SI	UBTOTAL	Section P —	This !	Page \$1,382.51		
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# Section P. ADDITIONAL PAGE 7 of 46

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT				
JOHN GOMES	FOR MAYOR				JULY 10 FILING			
	P. Ex	xpenses	Paid by Committee	e		4 10	The same	
Name of Payee					Date of Payment		f Payment:	
SUBWAY					4/27/23	OChec	k#	
Street Address			City		1121129	( Debi		
	\ /F		1 -			State	Zip Code	
1552 WOOD A	VE		BRIDGEPORT			СТ	06604	
Purpose of Expenditure (by code) FOOD	Description SENIOR MEETING			Event	t#		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Re  None of the below (does not involve another can Coordinated with reimbursement sought (join Coordinated without reimbursement sought (in	ndidate or con	re)	ndent _	ed)	\$151.	.04	
Name of Payee					Date of Payment	Method of Payment:		
AMAZON					4/28/23	O Check # Debit Card OEF		
Street Address			City			State	Zip Code	
411 TERRY AV	E N		SEATTLE			WA	98109	
Purpose of Expenditure (by code)	Description			Event	#		Amount	
OFFICE	CALENDAR					****		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Re	equired un	less "None of the below" is	checke	rd)	\$24.2	<u>'</u> 4	
None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Independent Organization A O B O C O D								
Name of Payee Date of Payment						Method of		
META PLATFO	RMS				4/17/23	OCheck		
Street Address			City			O Debit	Card EFT Zip Code	
1601 WILLOW	RD		MENLO PARK			CA	94025	
Purpose of Expenditure (by code)	Description			Event #	#		Amount	
A-WEB	FACEBOOK AD							
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Research None of the below (does not involve another cance) Coordinated with reimbursement sought (joint Coordinated without reimbursement sought (in	ndidate or con	ommittee) re)	ndent	OA OB OC OD	\$29.7	<b>'3</b>	
Name of Payee					Date of Payment	Method of I		
META PLATFOR	RMS				4/14/23	O Check		
Street Address			City			Debit (		
1601 WILLOW F	RD		MENLO PARK			CA	Zip Code 94025	
Purpose of Expenditure (by code)	Description			Event #	Y		Amount	
A-WEB	FACEBOOK AD							
Expenditure # ((f applicable)	Type of Expenditure (Itemization in Addendum P Rec	quired uni	less "None of the below" is	checke	d)	\$75.00	)	
ц арушсионе)	None of the below (does not involve another cand Coordinated with reimbursement sought (joint Coordinated without reimbursement sought (in-	lidate or com	nmittee)	dent	A OB OC OD			
		SI	UBTOTAL Section P —	900	A STATE OF THE PARTY OF THE PAR	· · · · · · · · · · · · · · · · · · ·		
			12					

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	FOR MAYOR								
	JOHN GOMES FOR MAYOR					JULY 10 FILING			
	P. Expenses	Paid by Committee	EON	To See The Land		No. of the last			
Name of Payee				Date of Payment	Method of	2,40%			
DROPBOX				4/11/23	OChec				
Street Address		City		<u> </u>	© Debit State	Zip Code			
333 BRANNAN	ST	SAN FRANCISCO	ı		CA	94107			
Purpose of Expenditure	Description		Event	#	1	Amount			
(by code) WEB	CLOUD DRIVE SUBSCRIPTION					Vinoan?			
Expenditure #	and the state of t				\$95.7	2			
(if applicable)	Type of Expenditure (Itemization in Addendum P Required un  None of the below (does not involve another candidate or cor Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri	mmittee)	dent	A OB OC OD					
Name of Payee		- Say VI Ewines	ation	Date of Payment	Method of Payment:				
META PLATOFO	PRMS			4/3/23	Check #				
Street Address		City			State	Zip Code			
1601 WILLOW F	łD ,	MENLO PARK			CA	94025			
Purpose of Expenditure	Description		Event #	#		Amount			
(by code) A-WEB	FACEBOOK AD					100 000			
Expenditure #	Type of Expenditure (Itemization in Addendum P Required uni	Icon "None of the below" is	Lanker	Jh	\$75.0	10			
(if applicable)									
Name of Payee	Coordinated without reimbursement sought (in-kind contrib	bution) Organiza	tion <b>O</b>	A OBOCOD  Date of Payment					
GOOGLE SUITE	<u>-</u>				Method of I O Check				
				4/3/23	( Debit				
Street Address		City			State	Zip Code			
1600 AMPHITHE	EATRE PKWY	MOUNTAIN VIEW			CA	94043			
Purpose of Expenditure	Description		Event #	,		Amount			
(by code) WEB	GOOGLE APPS SUITE				17 . 1 . 1 . 1				
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	nlocs "None of the helow" is	ohacka	-d)	\$43.7	′2			
(if applicable)	None of the below (does not involve another candidate or cor Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri	mmittee)	ident	A OB OC OD					
Name of Payee		<u>~_</u>		Date of Payment	Method of I	ayment:			
MATHEW CERR	ON			4/28/23	Check	#			
Street Address		City			O Debit (	Card OEFT Zip Code			
635 CHICKADE	E LANE	STRATFORD			CT	6614			
Purpose of Expenditure (by code)	Description		Event #			Amount			
CNSLT	VIDEO / COMMUNICATION								
Expenditure # (if applicable)	d)	\$500.0	<i>1</i> 0						
., .,	Type of Expenditure (Itemization in Addendum P Required unlined None of the below (does not involve another candidate or come Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contributed)	nmittee)	dent _	A OB OC OD					
	SI	UBTOTAL Section P							
				ME WILLY					

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NAME OF COMMI	AME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			2,86	TYPE OF REPORT				
JOHN GOMES	F	OR MAYOR			JU	LY 10 FILING			
Miller Stewart		P. Expenses	Paid by Committee	MS/J.Y					
Name of Payee					Date	of Payment	Method of	40%	
JOSE LOPEZ					5/1	/23	Check		
Street Address			City				State	Zip Code	
30 E ROOSEVI	EĽ	TRD	CHICAGO				IL	60605	
Purpose of Expenditure	٦	Description		Event	#			Amount	
(by code) CNSLT		CONSULTING FEE							
Expenditure #	Ty	ype of Expenditure (Itemization in Addendum P Required un	iless "None of the below" is	checke	ed)		\$600.0	00	
(if applicable)	0	None of the below (does not involve another candidate or cor			Í				
	18	Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contributed)				)в Ос Ор			
Name of Payee	1		Urganiza	ition		of Payment	Method of I	Payment.	
GOOGLE SUIT	E				5/1/	/23	Check #		
Street Address			City				State	Zip Code	
1600 AMPHITH	E#	ATRE PKWY	MENLO PARK				CA	94025	
Purpose of Expenditure (by code)	- 1	Description		Event i	#			Amount	
WEB		GOOGLE APPS SUITE					\$46.9	^	
Expenditure # (If applicable)	Ту	pe of Expenditure (Itemization in Addendum P Required uni	less "None of the below" is	checke	d)		Ψ-0.5	O .	
(3-22	9	None of the below (does not involve another candidate or com	nmittee)	a			Í		
Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind contribution)  Independent  Organization  OR  OR  OR  OR  OR  OR  OR  OR  OR  O									
Name of Payee Date of Payment						Method of P	•		
GOOGLE SVC	3				5/1/	/23	O Check		
Street Address			City				Debit C State	Card EFT Zip Code	
1600 AMPHITH	EA	ATRE PKWY	MENLO PARK				CA	94025	
Purpose of Expenditure (by code)	- 1	Description		Event #	#			Amount	
WEB		GOOGLE APPS SUITE FEE					\$0.70		
Expenditure # (if applicable)	T	ype of Expenditure (Itemization in Addendum P Required un	iless "None of the below" is	checke	ed)		ψ0.10		
	(	None of the below (does not involve another candidate or con Coordinated with reimbursement sought (joint expenditure	mmittee)	44					
}	7	Coordinated with reimbursement sought (in-kind contra			) <sub>4</sub> (	Ов Ос Ор			
Name of Payee							Method of P		
COLEEN LEPE	RE				5/1/	/23	© Check		
Street Address	_		City				O Debit C	Card OEFT Zip Code	
P.O.BOX 3602	_		WOODBRIDGE				СТ	6575	
Purpose of Expenditure (by code)	- 1	Description On the Company of the Co		Event #	#			Amount	
WAGE		CANVASS DIRECTOR					\$600.0	n	
Expenditure # (If applicable)  Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)									
	None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Organization Organization Organization								
The second			UBTOTAL Section P —	Australia .	THE REAL PROPERTY.	\$1 247 60			
	115					\$1,217.00			

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NAME OF COMMIT	AME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
JOHN GOMES	FOR MAYOR		ľ	JULY 10 FILING			
olo de La Valencia	P. Expenses	Paid by Committee	e	00 LIVE	DE VENE		
Name of Payee			1	Date of Payment	Method of	•	
CELL TOUCH				5/2/23	OChec		
Street Address		City			© Debit State	Card OEFT Zip Code	
2127 BOSTON	AVE	BRIDGEPORT			СТ	06610	
Purpose of Expenditure (by code)	Description OFFICE CELL		Event #	-		Amount	
Expenditure # (if opplicable)	Type of Expenditure (Itemization in Addendum P Required und None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind controlled)	ommittee) re)	ndent _	ОВ ОС ОВ	\$107.	00	
Name of Payee			I	Date of Payment	Method of Payment: O Check #		
SUBWAY				5/4/23	Debit Card DEFT		
Street Address		City			State	Zip Code	
1552 WOOD AV	/E	BRIDGEPORT			СТ	06604	
Purpose of Expenditure (by code) FOOD	Description SENIOR MEETING		Event #	•	Amount		
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	tless "None of the helow" is	checked)		\$95.3	1	
(lf applicable)							
					Method of	•	
META PLATOFO	ORMS			5/4/23	Check Debit		
Street Address 1600 AMPHITH	EATRE PKWY	MOUNTAIN VIEW			State CA	Zip Code 94025	
Purpose of Expenditure	Description	·	Event #			Amount	
(by code) A-WEB	FACEBOOK AD				Amount \$125.00		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u.	nless "None of the below" is	is checked	)	<b>Φ12</b> 3.	.00	
1, 4,	None of the below (does not involve another candidate or or Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	re) Indeper	_	OB OC OD			
Name of Payee				ate of Payment	Method of I	•	
WALMART				5/4/23	O Check		
Street Address		City			O Debit	Card OEFT Zip Code	
150 BARNUM A	VE	STRATFORD			СТ	06614	
Purpose of Expenditure (by code)	code)					Amount	
						)6	
Expenditure # (If applicable)  Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  None of the below (does not involve another candidate or committee)  Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind contribution)  Organization OA OB OC OD							
Walland St.	S. S. S. S. S. S. S. S. S. S. S. S. S. S	UBTOTAL Section P —	TAXABLE PAR	197		· · · · · · · · · · · · · · · · · · ·	
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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT		ma financia di	
JOHN GOMES	FOR MAYOR			JULY 10 FILING			
	P. Expenses	Paid by Committee		Live State State		A CONTRACTOR	
Name of Payee CROSSROAD F	PIZZA			Date of Payment 5/5/23	Method of F OCheck ODebit	:#	
Street Address		City			State	Zip Code	
2065 E MAIN ST	Г	BRIDGEPORT			СТ	06610	
Purpose of Expenditure (by code)	Description SENIOR MEETING	Event #			Amount \$104.46		
Expenditure # (if applicable)  Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Independent Organization A DB OC OD					_		
Name of Payee ALONDRA NIEV	/ES			Date of Payment 5/8/23	Method of P Check Debit	#_2037	
Street Address		City			State	Zip Code	
429 KENT ST BRIDGEPORT					СТ	06610	
Purpose of Expenditure (by code) WAGE				90.00	Amount		
Expenditure # (if applicable)  Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Independent Organization A B C D D							
Name of Payee  ALONDRA NIEVES  Date of Payment  5/8/23					Method of P Check Debit C	# 2043	
Street Address 429 KENT ST		BRIDGEPORT			State CT	Zip Code 06610	
Purpose of Expenditure (by code) WAGE	Description OFFICE STAFF		Event	#	\$120.	Amount	
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Required un  None of the below (does not involve another candidate or co  Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind control	ommittee) are) Indepen	ndent	OA OB OC OD			
Name of Payee ALONDRA NIEV	/ES			Date of Раушенt 5/8/23	Method of P Check Debit (	# <u>2045</u>	
Street Address 429 KENT AVE		BRIDGEPORT			State CT	Zip Code 06610	
Purpose of Expenditure (by code) WAGE	Description OFFICE STAFF		Event	#	\$90.00	Amount	
Expenditure # (if applicable)  Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Independent Organization OA OB OC OD						<del></del>	
	S S	SUBTOTAL Section P -	– This	Page \$404.46		_	

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JOHN GOMES	505 MANAGE			TYPE OF REPORT			
	HN GOMES FOR MAYOR  P. Expenses Paid by Committee			JULY 10 FILING		*102	
	P. Expenses	Paid by Commi	ittee				
Name of Payee				Date of Payment	Method of I		
LAMAR				5/10/23	Check Debit		
Street Address		City			State	Zip Code	
32 MIDLAND ST		WIDNSOR			СТ	6095	
Purpose of Expenditure (by code)	Description		Event	#		Amount	
A-SIGN	BILLBOARD ADVERTISING				61 54	- 00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	=	w" is checke	ed)	\$1,545	5.00	
]	None of the below (does not involve another candidate or cor Coordinated with reimbursement sought (joint expenditure		*dom4				
	Coordinated with reimbursement sought (in-kind contri		dependent ganization	A OB OC OD			
Name of Payee			dia	Date of Payment	Method of P		
LAMAR				5/10/23	Check Debit		
Street Address		City			State	Zip Code	
32 MIDLAND ST	,	WIDSOR		1	СТ	6095	
Purpose of Expenditure (by code)	Description		Event #	#		Amount	
A-SIGN	BILLBOARD ADV			1	\$1,050		
Expenditure #  [Constitute   Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)						0	
(4) approcaute	,						
1	None of the below (does not involve another candidate or come Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)	e) O Inde	lependent	2-0-0-		1.5	
Name of Payee		Julion, Orga		A O B O C O D  Date of Payment	Method of Pa	avment;	
PRICERITE				5/11/23	O Check	#	
Street Address		City			Debit C	Card OEFT Zip Code	
164 BOSTON AV	/E	BRIDGEPORT			СТ	06610	
urpose of Expenditure by code)	Description		Event #	,	<del>                                     </del>	Amount	
OFFICE	WATER/ PLATES/ NAPKINS						
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	iless "None of the belo	w" is checke	2d)	\$39.09	9	
y uppractic,	None of the below (does not involve another candidate or con	mmittee)		~			
	Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri		dependent	о о о о о о о о о о о о о о о о о о о			
Name of Payee		<u> </u>		Date of Payment	Method of Pa	avment;	
CROSSROAD P	IZZA			5/11/23	O Check #	#	
Street Address		City			O Debit C	Card OEFT Zip Code	
3765 MAIN ST		BRIDGEPORT			CT	06606	
urpose of Expenditure by code)	Description		Event #		<del></del>	Amount	
FOOD	285 MAPLEWOOD AVE MEETING						
Expenditure # 7	I Type of Expenditure (Itemization in Addendum P Required unl	less "None of the belov	o" is checker	d)	\$121.96	3	
,	None of the below (does not involve another candidate or com-	nmittee)		<u> </u>			
	Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contrib	e) Inde	ependent	2- 2- 2-			
		UBTOTAL Section 1	The last of the la	A OB OC OD Page \$2,756.05			
		DI GILLI DITTO	1 110	age   ψε, / υυ.υυ			

# Section P. ADDITIONAL PAGE 13 of 46

NAME OF COMMIT	NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repasitory)			TYPE OF REPORT			
JOHN GOMES	FOR MAYOR			JULY 10 FILING			
	P. Expenses	Paid by Committee		A House to be		ON THE PARTY OF TH	
Name of Payee				Date of Payment	Method of	•	
DROPBOX				5/11/23	O Checi		
Street Address		City			State	Zip Code	
333 BRANNAN	ST	SAN FRANCISCO			CA	94107	
Purpose of Expenditure (by code)	Description CLOUD DRIVE SUBSCRIPTION		Event	.#	\$95.7	Amount	
Expenditure # (if applicable)	None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Independent Organization Organization Organization Organization Organization Organization Organization Organization Organization						
Name of Payee META PLATOFO	ODMO			Date of Payment	Method of I		
	ZNIVIO		!	5/12/23	( Debit		
1601 WILLOW F	RD	MENLO PARK			State CA	Zip Code 94025	
Purpose of Expenditure	Description		Event /	#	-	*	
(by code) A-WEB	FACEBOOK AD			!	\$125.	Amount 00	
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Required uni	less "None of the below" is	checke	ed)	Ψ1=0.	00	
None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Independent Organization A B C D D							
Name of Payee				Date of Payment	Method of P	•	
DOINGITLOCAL.COM 5/15/23				Check	Card OEFT		
229 JENNINGS	RD	FAIRFIELD		ļ	State CT	Zip Code 6825	
Purpose of Expenditure (by code) A-WEB	Description WEB ADVERTISING		Event #	#	Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or con Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contra	ommittee) re) Indepen	ndent	OA OB OC OD	\$500.	00	
Name of Payee				Date of Payment	Method of P		
MATHEW CERF	RON			5/15/23	Check		
635 CHICKADEI	E LANE	STRATFORD	_		State CT	Zip Code 06614	
Purpose of Expenditure	Description	<u> </u>	Event #	#			
(by code) CNSLT	COMMUNICATION					Amount ()	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  \$300.00						
	S	UBTOTAL Section P —	CALIFORNIA DA	No. of the			

#### Section P. ADDITIONAL PAGE 14 of 46

IVALUAL OF COMMIN	TTEE (Provide Complete Name as Registered with Filing Repository,			TYPE OF REPORT	on Chan	
JOHN GOMES	S FOR MAYOR			JULY 10 FILING		
	P. Expenses	Paid by Committe	e		-A	
MIRANDA JOS	SHUA			Date of Payment 5/15/23	Method of Chec	k# <u>2050</u>
Street Address 537 WOOD AV	/E	BRIDGEPORT			State	Zip Code 6604
Purpose of Expenditure (by code) A	Description PHOTO / VIDEO	Event #			Amount \$1,700.00	
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Required used None of the below (does not involve another candidate or conformated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control of the conformation).	inated with reimbursement sought (joint expenditure) Independent				
Name of Payee CROSSROAD	PIZZA			Date of Payment 5/15/23	Method of Check	:#
Street Address 3765 MAIN ST		BRIDGEPORT			State CT	Zip Code 06604
Purpose of Expenditure (by code)	Description CLIFFORD HOUSE MEETING		Event	#	\$121.	Amount
Expenditure # (f/applicable)  Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Organization A D B O C O D						30
Name of Payee ALONDRA NIE	VES			Date of Payment 5/16/23	Method of E Check	# <u>2056</u>
Street Address 429 KENT AVE		BRIDGEPORT			State CT	Zip Code 06610
Purpose of Expenditure (by code) WAGE	Description OFFICE STAFF		Event #	9		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un  None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contr	mmittee)	ndent	ed)	\$90.0	O
Name of Payee COLEEN LAPE	RE			Date of Payment 5/16/23	Method of P Check Debit	# <u>2055</u>
P.O BOX 3602		City WOODBRIDGE			State CT	Zip Code 6575
Purpose of Expenditure by code) WAGE	Description CANVAS DIRECTOR		Event #			Amount
Expenditure # If applicable)	Type of Expenditure (Itemization in Addendum P Required unit  None of the below (does not involve snother candidate or come Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contribution)	nmittee) ) Indepen	dent	A OB Oc OD	\$600.0	D
	SI SI	UBTOTAL Section P —	Alexand S	CONTRACTOR OF THE PARTY OF THE		

### Section P. ADDITIONAL PAGE 15 of 46

NAME OF COMMIT	TTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	TYPE OF REPORT				
JOHN GOMES	FOR MAYOR		JULY 10 FILING				
	P. Expenses	Paid by Committee	Charles and		valleton jed		
Name of Payee TRANS-AD OU	TDOOR		Date of Payment 5/16/23	(Check	Method of Payment:  Check # 2048  Debit Card  DEFT		
Street Address 13 POND VIEW	/ TERRACE	City BRIDGEPORT		State CT	Zip Code 06610		
Purpose of Expenditure (by code) A-SIGN	Description BUS ADVERTISING		Event #	\$4.10	Amount \$4,108.00		
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Required un  None of the below (does not involve another candidate or cor  Coordinated with reimbursement sought (joint expenditure  Coordinated without reimbursement sought (in-kind contri	mmittee)	ŕ				
Name of Payee CREATIVE OUT	rdoor .		Date of Payment 5/16/23	O Check	Method of Payment: O Check # O Debit Card OEFT		
Street Address 8875 HIDDEN R	RIVER PARKWAY	City TAMPA		State FL	Zip Code 33637		
Purpose of Expenditure (by code) A-SIGN	A-SIGN TRANS BINS						
(і) аррисаоці)							
Name of Payee Date of Payment CREATIVE OUTDOOR 5/16/23				Method of Po	#		
Street Address 8875 HIDDEN F	RIVER PARKWAY	TAMPA		State FL	Zip Code 33637		
Purpose of Expenditure (by code) A-SIGN	Description TRANS BINS	1	Event #	Amount \$186.00			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un  None of the below (does not involve another candidate or cor  Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind contri	ommittee) re) Independ			oo .		
Name of Payee  META PLATOFO	DRMS		Date of Payment 5/17/23	Method of Proceed to Check to Debit C	#		
Street Address 1601 WILLOW F	RD	MENLO PARK		State	Zip Code 94025		
Purpose of Expenditure (by code) A-WEB	Description FACEBOOK AD		Event #	\$44.65	Amount		
Expenditure #  (if applicable)	Type of Expenditure (Itemization in Addendum P Required unt  None of the below (does not involve another candidate or com Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contrib	, <del>, , , , , , , , , , , , , , , , , , </del>					
	s	UBTOTAL Section P —	This Page \$4,686.65				

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NAME OF COMMIT	NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
JOHN GOMES	FOR MAYOR			JULY 10 FILING				
III. Wasanii Siranii	P. Expenses	Paid by Committee	9					
Name of Payee	-	•		Date of Payment	Method of			
USPS				5/17/23		O Check #		
Street Address		City			© Debit State	Card CEFT Zip Code		
934 E MAIN ST		BRIDGEPORT			CT			
		BNIDGEFONT			01	06608		
Purpose of Expenditure (by code) MISC	Description P.O BOX CHARGE		Event	#		Amount		
Expenditure #			<del>ب</del> ــــــــــــــــــــــــــــــــــــ		\$43.0	0		
(if applicable)	None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Independent Organization OR OB COD							
Name of Payee				Date of Payment	Method of 1			
RESTAURANT	DEPOT			5/19/23	O Check #O Debit Card OEFT			
Street Address		City			State	Card OEFT Zip Code		
181 MARSH HII	LL RD	ORANGE			СТ	6477		
Purpose of Expenditure (by code)	Description		Event	#		Amount		
FOOD	OFFICE WATER & SNACK				\$171.53			
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	uless "None of the helow" is	checke		\$171.	53		
(If applicable)								
Name of Payee				A OBOC OD  Date of Payment	Method of I	Payment:		
ALONDRA NIEVES 5/22/23					Check # 2058  Debit Card  Debit Card			
Street Address		City			State	Card CEFT Zip Code		
429 KENT AVE		BRIDGEPORT			СТ	06610		
Purpose of Expenditure	Description		Event #	H		Amount		
(by code) WAGE	OFFICE STAFF							
Expenditure #	Type of Expenditure (Itemization in Addendum P Required u.	nless "None of the helow" is	s check	ad)	\$150.	.00		
(If applicable)	None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditus Coordinated without reimbursement sought (in-kind cont	ommittee) ure)	ndent					
Name of Payee	O coordinated without retinouisement sought (ar-kain cond	(Organiz	ation	Date of Payment		D		
					Method of I O Check	100		
SUBWAY				5/22/23	Debit			
Street Address		City			State	Zip Code		
1552 WOOD AV	<u>′E</u>	BRIDGEPORT			CT	06604		
Purpose of Expenditure (by code)	Description		Event i	#		Amount		
FOOD	MEET & GREET REFRESHMENT				\$142.6	₹A		
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	ıless "None of the below" is	checke	ed)	ψ172.0	) <del>-4</del>		
None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Independent Organization OA OB OC OD								
	S S	SUBTOTAL Section P —	– This	Page \$507.17				
		The same of the sa		100000				

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT					
JOHN GOMES F	FOR MAYOR	_		JULY 10 FILING					
	P. Expenses	Paid by Committee							
Name of Payee  COLEEN LEPEF	RE			Date of 5/23/	Payment /23	Method of Payment: Check # 2057 Debit Card DEFT			
Street Address		City				State	Zip Code		
P.O BOX 3602		WOODBRIDGE				CT	6575		
Purpose of Expenditure (by code) WAGE	Description CANVASS DIRECTOR		Event #			Amount \$600.00			
Expenditure # (if applicable)	© None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Independent Organization Organization Organization Organization								
MIGHTY TEXT 5/23			Date of 5/23/	Payment /23	Method of P Check Debit (	#			
Street Address		City				State	Zip Code		
3964 Rivermark Plz Ste 254 SANTA CLARA						CA	95054		
Purpose of Expenditure (by code) WEB	Description Event #			*			Amount		
							\$10.19		
(If applicable)  None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Independent Organization A B C C D									
Name of Payee Date of Payment						Method of P			
DEVIN HARGRO	OVE		5/24/23			Check Debit			
Street Address		City				State	Zip Code		
91 LINWOOD A	/E	BRIDGEPORT				СТ	06605		
Purpose of Expenditure (by code)	Description		Event #	¥		Amount			
WAGE	CANVENSER					\$120.	00		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un  None of the below (does not involve another candidate or co  Coordinated with reimbursement sought (joint expenditu	mmittee)		ed)					
	Coordinated without reimbursement sought (in-kind control		_	A C	в Ос Ор				
Name of Payee					Payment	Method of P	-		
OPTIMUN				5/24	/23	O Debit (			
Street Address		City				State	Zip Code		
P.O BOX 70340		PHILADELPHIA				PA	19176		
Purpose of Expenditure (by code) OVHD	OFFICE INTERNET		Event	#		,	Amount		
Expenditure #	<u> </u>	Jan Whiana a Calo balan Wila		-A1		\$50.00	j į		
Expenditure #  (if applicable)  Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  None of the below (does not involve another candidate or committee)									
Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Independent Organization OR OB OC OD									
SUBTOTAL Section P — This Page \$780.19									
						<del></del>			

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#### Section P. ADDITIONAL PAGE 18 of 46

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				98.5	TYPE OF REPORT	of the state			
JOHN GOMES	F	OR MAYOR				JULY 10 FILING	3		
	111	P. Expenses	Paid by C	Committee					
Name of Payee  DYNASTY CAN	ΙB	ELL		-		Date of Payment 5/25/23	Method of Check	k# <u>2076</u>	
20 BUTTON ST	-		City NEW HA	WEN			State CT	Zip Code 6516	
Purpose of Expenditure (by code) WAGE		Description CANVENSER		•	Event	Ħ	\$270.	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Independent Organization OA OB OC OD								
Name of Payee FRANCISCO P	NE	EIRO				Date of Payment 5/25/23	Method of Check	#_2072	
Street Address  291 NICHOLS ST  BRIDGEPORT				State	Zip Code 06608				
Purpose of Expenditure (by code) WAGE	- 1	Description Event # CANVENSER			\$240.	Amount			
Expenditure # (if applicable)  Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Independent Organization A D B C C D									
PEARLIE EBRON  Date of Payment 5/25/23				Method of I Check	# <u>2068</u>				
Street Address 35 WAKEMAN	ST		City BRIDGE	PORT			State	Zip Code 06605	
Purpose of Expenditure (by code) WAGE	-	Description CANVENSER			Event #	#	Amount		
Expenditure # (if applicable)	9	Prope of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind control	mmittee) e)	Indepen	dent	ed) DA OB OC OD	\$240.	00	
Name of Payee SHELLAY EBRO	NC					Date of Payment 5/25/23	Method of F Check Debit	# <u>2066</u>	
Street Address 685 MAPLEWO	0[	DAVE	BRIDGE	PORT	•		State CT	Zip Code 6605	
Purpose of Expenditure (by code) WAGE	1	Description CANVENSER			Event #	#	\$240.0	Amount	
Expenditure # (if applicable)							Ψ240.0		
		S	UBTOTAL	Section P —	This	Page \$990.00			

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
JOHN GOMES	FOR MAYOR		20	JUL	Y 10 FILING		
	P. Expenses	Paid by Committee				5	
Name of Payee JOURNI BELLLI	EPERE			Date of 5/26	Payment /23	Method of F Check Debit	# <u>2077</u>
Street Address 24 WOODWARI	) AVE	City NEW HAVEN				State CT	Zip Code 6512
	Description		Event	#		<del>-</del>	
Purpose of Expenditure (by code) WAGE	CANVENSER		Lvein			\$270.0	Amount
Expenditure # (If applicable)	None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Independent Organization Organizati						
Name of Payee Date of Payment 5/26/23					Method of P Check Debit (	#_2075	
Street Address		City				State	Zip Code
34 RICHARSOND ST BRIDGEPORT				СТ	06610		
Purpose of Expenditure (by code) WAGE	Description Event#			\$240.	Amount		
Expenditure #	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)						30
None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Independent Organization A B C C D							
						Method of P	
RAJSTEENI HA	Ш			5/26	/23	Check	Card OEFT
Street Address 34 RICHARSON	ID ST	BRIDGEPORT	•			State	Zip Code 06610
Purpose of Expenditure (by code)	Description		Event	nt#			Amount
WAGE	CANVENSER					\$330.	00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	_	check	ed)		0000.	
	None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control of the control of the below (does not involve another candidate or co	re) 🚺 Indepen		) <sup>4</sup> C	в Ос Ор		
Name of Payee					Payment	Method of P	'ayment:
CHRISTINA JIE	NEZ			5/26	/23	Check	
Street Address		City				State	Card OEFT Zip Code
291 NICHOLS S	T	BRIDGEPORT				СТ	06608
Purpose of Expenditure (by code) WAGE	Description CANVENSER		Event	#			Amount
			<u> </u>		<del> </del>	\$240.0	00
Expenditure # (If applicable)							
SUBTOTAL Section P — This Page \$1,080.00							

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NAME OF COMMITT	TEE (Provide Complete Name as Registered with Filing Repository)	2 1 2 1 1 2 1 1 1 2 1 1 1 1 1 1 1 1 1 1		TYPE OF REPORT	BILLIAN SI		
JOHN GOMES I	FOR MAYOR			JULY 10 FILING			
gion unitaries	P. Expenses	Paid by Committee					
Name of Payee EBONY YOUNG	3			Date of Payment 5/26/23	Method of Payment: Check # 2070 Debit Card EFT		
Street Address 515 E MAIN ST		BRIDGEPORT			State	Zip Code 06608	
Purpose of Expenditure (by code) WAGE	Description Canvenser		Event	#	Amount \$240.00		
(іў арріісавіе)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Date of Payment						
DENISE ARRING	BTONG			Date of Payment 5/26/23	Method of Portion Check	# 2069_	
Street Address		City			State	Zip Code	
905 NOBLE AVE BRIDGEPORT					СТ	06608	
Purpose of Expenditure (by code) WAGE	Description Event #  Canvenser				Amount		
Expenditure #	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)					00	
None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Independent Organization A D B C C D							
						ayment:	
DA'MANI MULLI	INS			5/26/23	Check		
Street Address		City			State	Zip Code	
195 SIXTH ST	<u></u>	BRIDGEPORT	F	м	СТ	06607	
Purpose of Expenditure (by code) WAGE	Description Canvenser		Event	*	Amount \$60.00		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required use None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind control of the cont	ommittee) re)	ndent	ed) Da Ob Oc Od	400.0		
Name of Payee				Date of Payment	Method of P  Check	•	
DA'MANI MULLI	INS			5/26/23	O Debit (		
Street Address		City			State	Zip Code	
195 SIXTH ST		BRIDGEPORT			СТ	06607	
Purpose of Expenditure (by code) WAGE	Description Canvenser		Event	#	\$120.0	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Independent Organization OA OB OC OD						
	s	SUBTOTAL Section P -	– This	Page \$660.00			

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None of the below (does not Coordinated with reimbursed Coordinated without reimbursed Coordinated without reimbursed Coordinated without reimbursed Coordinated without reimbursed Coordinated without reimbursed Coordinated without reimbursed Coordinated without reimbursed Coordinated without reimbursed Coordinated without reimbursed Coordinated without reimbursed Coordinated without reimbursed Coordinated without reimbursed Coordinated without reimbursed Coordinated without reimbursed Coordinated without reimbursed Coordinated with reimbursed Coordinated with reimbursed Coordinated without reimbursed Coordinated Without reimbursed Coordinated	P. Expenses		ì	JULY 10 FILING			
ADRIENNE YOUNGER  Street Address  195 SIXTH ST  Purpose of Expenditure (by code)  WAGE  Expenditure # (ff applicable)  Name of Payee  SHAQUILLE JOHNSON  Street Address  316 OLIVE ST  Purpose of Expenditure (by code)  WAGE  Expenditure # (ff applicable)  Type of Expenditure (Itemization in the important of the below (does not coordinated with reimbursed coordinated with reimbursed coordinated with reimbursed coordinated without reimbursed coordinated without reimbursed coordinated without reimbursed coordinated without reimbursed coordinated without reimbursed coordinated without reimbursed coordinated with reimbursed coordinated with reimbursed coordinated with reimbursed coordinated with reimbursed coordinated with reimbursed coordinated with reimbursed coordinated with reimbursed coordinated with reimbursed coordinated without reimbursed coordinated with	P. Expenses						
Street Address  195 SIXTH ST  Purpose of Expenditure (by code)  WAGE  Expenditure # (if applicable)  Name of Payee  SHAQUILLE JOHNSON  Street Address  316 OLIVE ST  Purpose of Expenditure (by code)  WAGE  Expenditure # (if applicable)  WAGE  Expenditure # (if applicable)  Type of Expenditure (Itemization in item)  None of the below (does not coordinated with reimbursed coordinated with reimbursed coordinated without reimbursed coo		s Paid by Committee	e				
Purpose of Expenditure (by code)  WAGE  Expenditure # (if applicable)  None of the below (does not Coordinated with reimburse Coordinated without reimburses Coordinated without reimburses Coordinated without reimburses Coordinated without reimburses Coordinated without reimburses Coordinated without reimburses Coordinated without reimburses Coordinated without reimburses Coordinated without reimburses Coordinated without reimburses Coordinated without reimburses Coordinated without reimburses Coordinated without reimburses Coordinated without reimburses Coordinated without reimburses Coordinated with reimburses Coordinated with reimburses Coordinated with reimburses Coordinated with reimburses Coordinated with reimburses Coordinated with reimburses Coordinated with reimburses Coordinated with reimburses Coordinated without re				Date of Payment 5/26/23	O Debit	k # <u>2063</u> t Card <b>O</b> EFT	
Expenditure # (if applicable)  Expenditure # (if applicable)  None of the below (does not Coordinated with reimburse Coordinated without reimburse Coordinated without reimburse Coordinated without reimburse Coordinated without reimburse Coordinated without reimburse Coordinated without reimburse Coordinated with reimburse Coordinated with reimburse Coordinated with reimburse Coordinated with reimburse Coordinated without reimburse Coordinated without reimburse Coordinated without reimburse Coordinated with reimburse Coordinated with reimburse Coordinated with reimburse Coordinated with reimburse Coordinated with reimburse Coordinated with reimburse Coordinated with reimburse Coordinated with reimburse Coordinated without reimburse Coordinated wit		BRIDGEPORT			State CT	Zip Code 07707	
None of the below (does not Coordinated with reimburse Coordinated with reimburse Coordinated without reimburse Coordinated without reimburse Coordinated without reimburse Coordinated without reimburse Coordinated without reimburse Coordinated without reimburse Coordinated without reimburse Coordinated without reimburse Coordinated without reimburse Coordinated without reimburse Coordinated without reimburse Coordinated without reimburse Coordinated without reimburse Coordinated with reimburse Coordinated with reimburse Coordinated with reimburse Coordinated with reimburse Coordinated with reimburse Coordinated with reimburse Coordinated with reimburse Coordinated without reimburse Coord			Event #	#	\$240.	Amount	
SHAQUILLE JOHNSON  Street Address  316 OLIVE ST  Purpose of Expenditure (by code)  WAGE  Expenditure # (if applicable)  None of the below (does not Coordinated with reimburser Coordinated without reimburser Coordinated without reimburser Coordinated without reimburser Coordinated without reimburser Coordinated without reimburser (by code)  WAGE  Expenditure # (if applicable)  Type of Expenditure (Itemization in Coordinated with reimburser Coordinated with reimburser Coordinated with reimburser Coordinated with reimburser Coordinated with reimburser Coordinated without reimburser Coo	Coordinated without reimbursement sought (in-kind contribution)  Organization OA OB OC OD						
Purpose of Expenditure (by code) WAGE  Expenditure # (if applicable)  None of the below (does not Coordinated with reimburse Coordinated without reimburse Coordinated without reimburse Coordinated without reimburse Coordinated without reimburse Coordinated without reimburse Coordinated without reimburse Coordinated without reimburse Coordinated with reimburse Coordinated with reimburse Coordinated with reimburse Coordinated with reimburse Coordinated with reimburse Coordinated with reimburse Coordinated without			]	Date of Payment 5/26/23	Method of Check	«# <u>2061</u>	
Expenditure # (If applicable)  Type of Expenditure (Itemization in Coordinated with reimburser Coordinated without reimburser Coordinated without reimburser Coordinated without reimburser Coordinated without reimburser Coordinated without reimburser Coordinated without reimburser Coordinated without reimburser Coordinated without reimburser Coordinated with reimburser Coordinated with reimburser Coordinated with reimburser Coordinated without reimburser Coordin		City BRIDGEPORT			State CT	Zip Code 06604	
None of the below (does not Coordinated with reimburse Coordinated with reimburse Coordinated without reimburse Coordinated without reimburse Coordinated without reimburse Coordinated without reimburse Coordinated without reimburse Canvenser    Description   Canvenser			Event #			Amount \$165.00	
DEBBIE BOWENS  Street Address  64 ROSEDALE ST  Purpose of Expenditure (by code)  WAGE  Expenditure # (if applicable)  Type of Expenditure (Itemization if Coordinated with reimburse Coordinated without reimburse BEVERLY BOWENS  Street Address  80 TAFT AVE  Purpose of Expenditure (by code)  WAGE  Type of Expenditure (Convense)  Canvenser  Expenditure # Type of Expenditure (Itemization if Convense)  Expenditure # Type of Expenditure (Itemization if Convense)	None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Independent Organization A D B O C O D						
Purpose of Expenditure (by code)  WAGE  Expenditure # (if applicable)  Type of Expenditure (Itemization it Coordinated with reimburse Coordinated without reimburse BEVERLY BOWENS  Street Address  80 TAFT AVE  Purpose of Expenditure (by code)  WAGE  Expenditure # Description Canvenser	DEBBIE BOWENS 5/26/23				Method of I Check Debit	#_2060	
(by code)  WAGE  Canvenser  Type of Expenditure (Itemization is Coordinated with reimburse Coordinated with reimburse Coordinated without reimburse BEVERLY BOWENS  Street Address  80 TAFT AVE  Purpose of Expenditure (by code)  WAGE  Canvenser  Expenditure #  Type of Expenditure (Itemization is Convenser)		BRIDGEPORT	1 '		State CT	Zip Code 06604	
None of the below (does not Coordinated with reimburse Coordinated without reimburse Coordinated without reimburse Coordinated without reimburse BEVERLY BOWENS  Street Address  80 TAFT AVE  Purpose of Expenditure (by code) WAGE  Expenditure # Type of Expenditure (Itamization in			Event#			Amount	
Name of Payee  BEVERLY BOWENS  Street Address  80 TAFT AVE  Purpose of Expenditure (by code)  WAGE  Expenditure #  Type of Expenditure (Manufaction in	involve another candidate or co	ommittee) ure) Independ	ndent	A QB Oc OD	\$240.	00	
Purpose of Expenditure (by code)  WAGE  Canvenser  Expenditure #  Type of Expenditure (Itemstation in			C	Date of Payment 5/26/23	Method of P Check Debit	# <u>2059</u>	
(by code) WAGE Canvenser  Expenditure # Type of Expenditure (Mambatton in		BRIDGEPORT			State	Zip Code 06606	
			Event #			Amount	
None of the below (does not in Coordinated with reimbursen Coordinated without reimbur	nvolve another candidate or com	e) Independe	dent	Ов Ос Ор	\$240.0	0	
	S	SUBTOTAL Section P —	10000				

#### Section P. ADDITIONAL PAGE 22 of 46

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	<b>STEWARD</b>		
JOHN GOMES	FOR MAYOR			JULY 10 FILING			
	P. Expenses	Paid by Committee			1100	THE STATE OF THE S	
Name of Payee BLUE STATE S	TRAGETIES			Date of Payment 5/26/23	(Check	Method of Payment:  Check # 2052  Debit Card  DEFT	
Street Address 857 POST RD S	STE 355	FAIRFIELD			State CT	Zip Code 6824	
Purpose of Expenditure (by code)  CNSLT  Expenditure #	Description CONSULTING & COMMUNICATIONS				Amount \$7,500.00		
(if applicable)	Type of Expenditure (Itemization in Addendum P Required un  None of the below (does not involve another candidate or oc  Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind controlled)						
Name of Payee  Dominican Folki	oric Ballet			Date of Payment 5/30/23	Method of Payment:  Check # 2053 Debit Card  DEFT		
76 SIXTH ST City BRIDGEPORT				State	Zip Code 06607		
Purpose of Expenditure (by code)	Description Event # GALA TICKETS			\$300.	Amount 00		
Expenditure # (If applicable)  Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Organization A B C D D							
Name of Payee SUBWAY				Date of Payment 5/30/23	Method of F Check Debit (	#	
Street Address 1552 WOOD AV	Œ.	BRIDGEPORT			State	Zip Code 06607	
Purpose of Expenditure (by code)	3 DIFFERENT MEETING		Event #		\$279.	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u.  None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	ommittee) re) Indepen	ndent	A OB OC OD	<b>\$270.</b>		
Name of Payee  DAVIN HARGRO Street Address	OVE			Date of Payment 5/31/23	Method of P  Check Debit (	#2089 Card OEFT	
91 LINWOOD A	VE	BRIDGEPORT			State	Zip Code 06605	
Purpose of Expenditure (by code) WAGE	Description Canvenser		Event #			Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  \$210.00						
	S	UBTOTAL Section P -	- This	Page \$8,289.81			

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NAME OF COMMITT	AME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT				
JOHN GOMES I	FOR MAYOR			JULY 10 FILING					
	P. Expenses	Paid by Committee		Y A	S 332		5-9-15-AVI		
Name of Payee COLEEN LEPER	RE		1	Date of 5/31	Payment /23	Method of P Check Debit	# <u>2079</u>		
Street Address		City				State	Zip Code		
P.O BOX 3602		WOODBRIDGE				СТ	6575		
Purpose of Expenditure (by code) WAGE	Description CANVASS DIRECTOR		Event #			Amount \$600.00			
Expenditure # (if applicable)	None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Organization OA OB OC OD								
Name of Payee ALONDRA NIEV	ËS		- 1	Date of 1	•	Method of Payment: Check # 2078 Debit Card DEFT			
Street Address		City				State	Zip Code		
429 KENT AVE			СТ	06610					
Purpose of Expenditure (by code) WAGE Description Event #						Amount \$90.00			
Expenditure # (if applicable)  Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Independent Organization A B C D D									
Name of Payce				Date of	Payment	Method of P	*		
WALMART				5/31	/23	Debit (			
Street Address	VE	City STRATFORD	ORD			State CT	Zip Code 06615		
	Description		Event #						
Purpose of Expenditure (by code) OFFICE	OFFICE PENS					Amount \$23.86			
Expenditure # ((f applicable)	Type of Expenditure (Itemization in Addendum P Required or Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind control of the con	ommittee) re) Indepen	ndent zation <b>C</b>	A C	)в Ос Ор				
Name of Payee					Payment	Method of P Check	•		
BJ'S WHOLESA	NLE .	<u>,</u>		5/31	/23	Debit (			
Street Address		City				State	Zip Code		
955 FERRY BL\		STRATFORD	In			СТ	06614		
Purpose of Expenditure (by code) OFFICE	Description OFFICE COPY PAPPER		Event #	, 		\$146.7	Amount '3		
Expenditure # (if applicable)									
	S	SUBTOTAL Section P -	– This	Page	\$860.59				

# Section P. ADDITIONAL PAGE 24 of 46

NAME OF COMMI	ITEE (Provide Complete Name as Registered with Filing Repository,		ARTHUR TO	TYPE OF REPORT		Residence of the	
JOHN GOMES	FOR MAYOR			JULY 10 FILING			
#ROLL THE WAR IN	P. Expenses	Paid by Committee			5 W 1		
Name of Payee MIGUEL LLANG	OS	I Chu		Date of Payment 6/1/23	O Debit	k# <u>2099</u> Card <b>O</b> EFT	
58 LOUISIANA	AVE	BRIDGEPORT			State	Zip Code 06610	
Purpose of Expenditure (by code)	Description PHOTOGRAPHER		Event #		\$900.	Amount 00	
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Required un  None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind continue)						
Name of Payee SHELLAY EBRO	ON		- 1	Date of Payment 6/1/23	Method of Check	# 2098	
Street Address 685 MAPLEWO	BRIDGEPORT			State CT	Zip Code		
Purpose of Expenditure (by code) WAGE	ode)					Amount \$262.15	
Expenditure # (if applicable)	<b>,</b>						
Name of Payee PEARLIE EBRO Street Address	DN		Ţr	OBOCOD Date of Payment 6/1/23	Method of I Check Debit	# <u>2096</u>	
35 WAKEMAN (	ST	BRIDGEPORT			State CT	Zip Code 06605	
Purpose of Expenditure (by code) WAGE	Description CANVENSER		Event#			Amount	
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Required un  None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind control	mmittee)	dent	OB OC OD	\$180.	00	
Name of Payee  JOURNI BELL L  Street Address	EPERE		ľ	Pate of Payment	Method of P Check Debit (	# <u>2093</u>	
24 WOODWARE	DAVE	NEW HAVEN			State CT	2ip Code 6512	
Purpose of Expenditure by code) WAGE	Description CANVENSER		Event#			Amount	
Expenditure # if applicable)	Type of Expenditure (Itemization in Addendum P Required unit None of the below (does not involve another candidate or con Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contril	Ов Ос Ор	\$240.0	U			
	SI	UBTOTAL Section P —	THE RESERVE				

# Section P. ADDITIONAL PAGE 25 of 46

NAME OF COMMIT	AME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT				
JOHN GOMES	FOR MAYOR			JULY 10 FILING					
	P. Expenses	Paid by Committee							
Name of Payee DINASTY CAMI	PBELL			Date of Payment 6/1/23	Method of I Check Debit	# 2090 Card <b>O</b> EFT			
Street Address 20 BUTTON ST	,	NEW HAVEN			State	Zip Code 6516			
Purpose of Expenditure (by code) WAGE	Description CANVENSER		Event	#	\$240.0	Amount			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un  None of the below (does not involve another candidate or coil  Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind control	mmittee)	dent tion <b>O</b>	A OB OC OD	,				
Name of Payee DOLLAR TREE				Date of Payment 6/1/23	Method of Payment: O Check # O Debit Card OEFT				
Street Address		City			State	Zip Code			
955 FERRY BLV	/D	STRATFORD			СТ	06615			
Purpose of Expenditure (by code) OFFICE	de)								
Expenditure # (if applicable)	\$17.23	•							
Coordinated without reimbursement sought (in-kind contribution)  Organization  Organization  O B O C O D  Date of Payment  6/1/23						ayment: #Card OEFT			
Street Address 1600 AMPHITHI	EATRE PKWY	MOUNTAIN VIEW	•			Zip Code 94043			
Purpose of Expenditure (by code) WEB	Description GOOGLE APPS SUITE		Event #	,	Amount \$46.68				
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required und None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contra	ommittee) re) Independ	dent	ed) DA					
Name of Payee				Date of Payment	Method of P	•			
CROSSROAD P	YIZZA			6/1/23	Check : Debit C				
Street Address 3765 MAIN ST		BRIDGEPORT			State CT	Zip Code 06606			
Purpose of Expenditure (by code) FOOD	Description DONATION FROM QUICK SAND TO SOL	ID GROUNDS	Event #		\$119.2	Amount			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or con Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri								
	8	UBTOTAL Section P —	This	Page \$423.14					

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NAME OF COMMIT	AME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT				
JOHN GOMES	FOR MAYOR			JULY 10 FILING					
	P. Expenses	Paid by Committee							
Name of Payee MICHALE HALL	-			Date of Payment 6/2/23	Method of Check	¢# <u>2095</u>			
Street Address		City			State	Zip Code			
34 RICHARDSO	ON ST	BRIDGEPORT			СТ	06610			
Purpose of Expenditure (by code) WAGE	Description CANVENSER		Event #	<del>,</del>	<b>***</b>	Amount			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un  None of the below (does not involve another candidate or cor Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri	ommittee) re)	ndent ation O	A OB OC OD	\$240.0				
Name of Payee SHAQUILLE JO	HNSON			Date of Payment 6/2/23	Method of F Check Debit	# 2094			
Street Address 326 OLIVE ST	326 OLIVE ST BRIDGEPORT				State CT	Zip Code 06604			
Purpose of Expenditure (by code) WAGE	a ·				\$180.	Amount			
Expenditure # (if applicable)									
Name of Payee  FRANCISCO PINEIRO  Coordinated without reimbursement sought (in-kind contribution)  Organization  Organization  Organization  A					Method of P Check Debit (	# <u>2092</u>			
Street Address 291 NICHOLS S	ST .	City BRIDGEPORT			State CT	Zip Code 06608			
Purpose of Expenditure (by code) WAGE	Description CANVENSER		Event #			Amount			
Expenditure # ((f applicable)	Type of Expenditure (Itemization in Addendum P Required un  None of the below (does not involve another candidate or cor  Coordinated with reimbursement sought (joint expenditur  Coordinated without reimbursement sought (in-kind contr	ommittee) re) Indepen	ndent	DA OB OC OD	\$180.	00			
Name of Payee EBONY YOUNG			]	Date of Payment 6/2/23	Method of P Check Debit (	#_2091			
Street Address 515 E. MAIN ST		BRIDGEPORT			State CT	Zip Code 06608			
Purpose of Expenditure (by code) WAGE	Description CANVENSER		Event #		\$240.0	Amount			
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Required un.  None of the below (does not involve another candidate or con Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri	A OB Oc OD	. Ψετυ.υ						
	S	SUBTOTAL Section P	– This I	Page \$840.00					

# Section P. ADDITIONAL PAGE 27 of 46

NAME OF COMMIT	NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				3000 SP	NOSET ILIES	
JOHN GOMES	FOR MAYOR			JULY 10 FILING			
	P. Expenses	Paid by Committee			2/3/49		
Name of Payee DENISE ARRIN	IGTON			Date of Payment 6/2/23	Method of Check	# 2088	
Street Address 905 NOBLE AVI	E	City BRIDGEPORT			State	Zip Code 06608	
Purpose of Expenditure	Description		Event	#			
(by code) WAGE	CANVENSER				\$240.0	Amount 00	
Expenditure # (If applicable)	None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Independent Organization Organization Organization Organization						
Name of Payee DEBBIE BOWE	NS			Date of Payment 6/2/23	Method of Payment: Check # 2087 Debit Card DEFT		
Street Address		City			State	Card CEFT Zip Code	
64 ROSEDALE ST BRIDGEPORT					СТ	06604	
Purpose of Expenditure (by code) EAGE CANVENSER						Amount	
Expenditure # (if applicable)							
CHRISTINA JIM	IENEZ			Date of Payment 6/2/23	Method of P Check Debit (	# <u>2085</u>	
Street Address 291 NOBLE AVE	E	City BRIDGEPORT			State CT	Zip Code 06608	
Purpose of Expenditure (by code) WAGE	Description CANVENSER		Event #	N	Amount \$120.00		
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Required un  None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contr	ommittee)	dent	ed) Da Ob Oc Od	Ψιδοι		
ANJERICE YOU	JNGER			Date of Payment 6/2/23	Method of P Check Debit (	# <u>2083</u>	
195 SIXTH ST		BRIDGEPORT			State CT	Zip Code 06607	
Purpose of Expenditure (by code) WAGE	Description CANVENSER		Event #	#	\$180.0	Amount	
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Independent Organization OA OB OC OD						
	S	UBTOTAL Section P —	This	Page \$780.00			
					_		

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NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)	NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
JOHN GOMES	FOR MAYOR			JULY 10 FILING					
	P. Expenses	Paid by Com	mittee						
Name of Payee ADRIENNE YO	UNGER			Date of Payment	Method of Check	# <u>2082</u>			
Street Address 195 SIXTH ST		City BRIDGEPOR	RT		State CT	Zip Code 06607			
Purpose of Expenditure (by code) WAGE	Description CANVENSER		Event	#	\$180.0	Amount			
Expenditure # (if applicable)	None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Organization A B C D								
Name of Payee DNA				Date of Payment 6/2/23	Method of F Check Debit	#_2081			
Street Address City					State	Zip Code			
800 VILLAGE WALK GUILFORD					СТ	6437			
Purpose of Expenditure (by code) CNSLT	ny code)								
Expenditure # (If applicable)	\$1,02								
Name of Payee  Date of Payment  6/2/23					Method of P Check Debit 0	# <u>2080</u>			
800 VILLAGE W	/ALK	GUILFORD			State CT	Zip Code 6437			
Purpose of Expenditure (by code)	Description DATA/ CAMPAIGN MANAGEMENT		Event	<b>¥</b>	\$2,50	Amount			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or con Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contra	ommittee)	Independent	ed) DA OB OC OD	Ψ2,50	0.00			
Name of Payee				Date of Payment	Method of P				
ANJERICE YOU	JNGER			6/2/23	Check Debit C				
Street Address 195 SIXTH ST		BRIDGEPOR	RT		State CT	Zip Code 6607			
Purpose of Expenditure (by code) WAGE	Description CANVENSER		Event a	¥		Amount			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Sequence of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (in-kind contribution)  Sequence of the below is checked)  Independent Coordinated without reimbursement sought (in-kind contribution)								
	S	UBTOTAL Secti	on P — This	Page \$3,940.97					
					_				

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NAME OF COMMIT	AME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				T	TYPE OF REPORT				
JOHN GOMES	FOR MAYOR				J	JULY 10 FILING	G			
	P.	Expenses	Paid by (	Committee			COMPANY OF			
Name of Payee					D	ate of Payment	Method of	•		
PARTY CITY					e	6/2/23	O Check			
Street Address			City				State	Zip Code		
292 BOSTON P	OST RD		ORANG	E			CT	6477		
Purpose of Expenditure (by code)	Description				Event #			Amount		
FNDR	CABO CLUB BALLOONS						\$20.2 <sup>-</sup>	1		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum I	P Required un	iless "None o	f the below" is	checked)		Ψ20.2	•		
Trick in a	None of the below (does not involve another Coordinated with reimbursement sought (			O Independ	dant					
	Coordinated without reimbursement sough					OB Oc O	<u> </u>			
Name of Payee					Da	ate of Payment	Method of F			
RALSTEENI HA	<u> </u>				6	3/5/23	O Debit (			
Street Address			City				State	Zip Code		
34 RICHADRSC	OND ST		BRIDGE	PORT			СТ	06610		
(hy code)				Event #			Amount			
WAGE	WAGE CANVENSER						\$300.	00		
Expenditure # (If applicable)  Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)										
None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Independent										
Coordinated without reimbursement sought (in-kind contribution) Organization A O B O C O D										
Name of Payee Date of Payment					Method of P	-				
DA'MANI MULL	INS				6	6/5/23 	O Debit (	Card OEFT		
Street Address			City				State	Zip Code		
196 SIXTH ST			BRIDGE	:PORT			СТ	06607		
Purpose of Expenditure (by code)	Description				Event #			Amount		
WAGE	CANVENSER						\$120.	.00		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum	-		of the below" is	: checked)	)				
	None of the below (does not involve another Coordinated with reimbursement sought			O Indepen	ıdent					
	Coordinated without reimbursement soug	ht (in-kind cont	ribution)		ation QA	OB Oc O	D			
Name of Payee						ate of Payment	Method of F Check			
BEVERLY BOW	/ENS				6	6/5/23	O Debit (	Card OEFT		
Street Address			City				State	Zip Code		
80 TAFT AVE			BRIDGE	:PORT			СТ	06606		
Purpose of Expenditure (by code)	Description OAAN /FAIOFF				Event #			Amount		
WAGE	CANVENSER						\$240.0	00		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum )	-	-	f the below" is	checked)					
	None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Independent									
	Coordinated without reimbursement sough			=		OB OC O	D .			
39000		S	UBTOTAL	Section P —	– This Pa	age \$680.21				

#### Section P. ADDITIONAL PAGE 30 of 46

NAME OF COMMIT	AME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
JOHN GOMES	F	OR MAYOR			JULY 10 FILING			
	230	P. Expenses	Paid by Committee	e				
Name of Payee					Date of Payment	Method of I		
CELL TOUCH					6/5/23	Debit		
Street Address			City			State	Zip Code	
2127 BOSTON	۸۱ —	/E	BRIDGEPORT			СТ	06610	
Purpose of Expenditure (by code)		Description		Event	#		Amount	
OVHD		OFFICE CELL				\$107 E	00	
Expenditure # (if applicable)	Ty	ype of Expenditure (Itemization in Addendum P Required un	sless "None of the below" i:	s checke	ed)	\$107.0	UU	
19	9	None of the below (does not involve another candidate or co						
	1	Coordinated with reimbursement sought (joint expenditum Coordinated without reimbursement sought (in-kind control		_	A OB OC OD			
Name of Payee				er.	Date of Payment	Method of P	*	
META PLATOF	OF	RMS			6/5/23	O Check #		
Street Address			City			State	Zip Code	
1601 WILLOW	RE	)	MENLO PARK		!	CA	94025	
Purpose of Expenditure	T	Description		Event i	#	Amount		
(by code) A-WEB	FACEBOOK AD							
Expenditure # Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)							00	
(if applicable)	C	None of the below (does not involve another candidate or con	nmittee)		~			
	8		e) 🔘 Indepen	_	A OBOC OD			
Name of Payee			O Comme	luon	Date of Payment	Method of P	ayment:	
EIG CONSTAN	T (	CONTACT			6/5/23	O Check	#	
Street Address			City			Debit C State	Card CEFT Zip Code	
1601 TRAPELO	) F	ID SUITE 329	WALTHAM			MA	2451	
Purpose of Expenditure (by code)		Description		Event #	#	,	Amount	
WEB		MARKETING SOFTWARE				<b>\$</b> 456	04	
Expenditure # (if applicable)	T;	ype of Expenditure (Itemization in Addendum P Required un	iless "None of the below" i	s check	ed)	\$456.	31	
	9	None of the below (does not involve another candidate or colling Coordinated with reimbursement sought (joint expenditure)						
		Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind control		_	DA OB OC OD	İ		
Name of Payee					Date of Payment	Method of P	•	
MIRANDA JOSI	HU	JA			6/6/23	Check		
Street Address			City			Debit C State	Card OEFT Zip Code	
537 WOOD AVE	=		BRIDGEPORT			ст	06604	
Purpose of Expenditure (by code)	- 1	Description		Event #	#	,	Amount	
Α	l	VIDEO / PHOTO FOR MAY				<b>\$2.150</b>	00	
Expenditure # (if applicable)	Ту	pe of Expenditure (Itemization in Addendum P Required uni	less "None of the below" is	checke	(d)	\$2,150.	.00	
19 -47	C	None of the below (does not involve another candidate or com Coordinated with reimbursement sought (joint expenditure						
	7	Coordinated with reinfoursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind contrit			A OB OC OD			
		S	UBTOTAL Section P -	T				
	Sec.	21/20/20/20/20/20/20/20/20/20/20/20/20/20/		AL A	4=,000.0.			

# Section P. ADDITIONAL PAGE 31 of 46

NAME OF COMMIT	TE	E (Provide Complete Name as Registered with Filing Repository)		1000000	SEE!	TYPE OF REPORT				
JOHN GOMES	F	OR MAYOR				JUL	Y 10 FILING			
		P. Expenses	Paid by	Committee	Mark Sep			SULVE OF		
Name of Payee COLEEN LEPE	R	Ε				Date of 6/6/2	Payment 23	Method of Check	# 2100	
P.O BOX 3602			City WOOD!	BRIDGE				State CT	Zip Code 6575	
Purpose of Expenditure (by code) WAGE		Description CANVASS DIRECTOR			Event	#		\$600.	Amount 00	
Expenditure # (l'applicable)  Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Organization OA OB OC OD										
Name of Payee AMAZON						Date of 6/6/2	Payment 23	Method of I O Check O Debit	#	
Street Address  411 TERRY AVE N  SEATTLE  Purpose of Expenditure Description							State CA	Zip Code 98109		
Purpose of Expenditure (by code) OFFICE ENVELOPES Event #						Amount \$57.40				
Expenditure # (If applicable)  Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Organization A D B O C D D										
Name of Payee Date of Payment PEARLIE EBRON 6/7/23					•	Method of F Check Debit	# <u>2104</u>			
Street Address 35 WAKEMAN S	зт		BRIDGE	PORT				State CT	Zip Code 06605	
Purpose of Expenditure (by code) WAGE	1	Description CANVENSER			Event #			Amount \$240.00		
Expenditure # (If applicable)	0	Prope of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind control	mmittee) e)	O Indepen	dent	•	в Ос Ор	<b>φ240.</b>	00	
Name of Payee ALONDRA NIEV	Æ	s					Payment	Method of P Check Debit	# <u>2101</u>	
Street Address 429 KENT AVE			City BRIDGE	PORT				State CT	Zip Code 6610	
Purpose of Expenditure (by code) WAGE	1	Description OFFICE STAFF	-		Event #			\$75.00	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Organization OA OB OC OD							ψ, σ.σσ		
		s	UBTOTAL	Section P —	This l	Page	\$972.40			
-			<del> </del>							

# Section P. ADDITIONAL PAGE 32 of 46

NAME OF COMMI	NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT				
JOHN GOMES	F	OR MAYOR			JULY 10 FILING	3			
		P. Expenses	Paid by Committe	e		The State of	10 m		
Name of Payee BBI					Date of Payment	Method of Chec			
Street Address			City		<del></del>	State	Zip Code		
269 WOODMO	ΝΊ	RD	MILFORD			СТ	6460		
Purpose of Expenditure (by code)		Description OFFICE PRINTER		Event	t #	\$89.3	Amount		
Expenditure # (if applicable)	1 -	pe of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind control	mmittee)	ndent	DA OB OC OD				
Name of Payee	•				Date of Payment	Method of	Method of Payment:  Check #2103		
SHELLAY EBRON 6/7/23							Card CEFT		
Street Address City						State	Zip Code		
685 MAPLEWC	MAPLEWOOD AVE BRIDGEPORT								
Purpose of Expenditure (by code) WAGE	- [	Description CANVENSER	00.40	Amount \$240.00					
Expenditure #	\$240	\$240.00							
Expenditure # (If applicable)  Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Organization A B C D D									
Name of Payee					Date of Payment	Method of			
LAMAR					6/8/23	Check			
Street Address 32 MIDLAND S	Т		City WINDSOR			State CT	Zip Code 6095		
Purpose of Expenditure (by code)	Ti	Description		Event	#	Amount			
A-SIGN		BILLBOARD ADVERTISING							
Expenditure # (If applicable)	0	Property of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contra	mmittee)	ndent	ed) Da Ob Oc On	\$2,09	<b>95.00</b>		
Name of Payee					Date of Payment	Method of	Payment:		
DAVIN HARGR	OV	Œ			6/9/23	© Check			
Street Address			City		<u> </u>	O Debit State	Card OEFT Zip Code		
91 LINDWOOD	A۷	Æ	BRIDGEPORT			СТ	06605		
Purpose of Expenditure (by code)	T	Description		Event #	#	<del>-  </del>	Amount		
WAGE	ŀ	CANVENSER				\$120.0			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind contribution)  Independent  Organization OA  OB  OC  DD						JO		
		S	UBTOTAL Section P	- This	Page \$2,544.37				
						·			

#### Section P. ADDITIONAL PAGE 33 of 46

NAME OF COMMIT	AME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT				
JOHN GOMES	FOR MAYOR			JULY 10 FILING					
	P. Expenses	Paid by Committee	e			Sacret Ad			
Name of Payee  DEBBIE BOWE	ins			Date of Payment 6/9/23		k# <u>2116</u>			
Street Address		City		1 4.4.4.	O Debit State	Card OEFT Zip Code			
64 ROSEDALE	ST	BRIDGEPORT			СТ	06604			
Purpose of Expenditure (by code) WAGE	Description CANVENSER		Event	#	****	Amount			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contract)	ommittee) re) Indepen	ndent	A OB OC OD	\$180.0				
Name of Payee SHAQUILLE JO	HNSON			Date of Payment 6/9/23	Method of I Check Debit	# <u>2115</u>			
Street Address 316 OLIVE ST		BRIDGEPORT			State CT	Zip Code 06604			
Purpose of Expenditure (by code) WAGE	·   ·				Amount \$180.00				
Expenditure # (If applicable)									
Coordinated without reimbursement sought (in-kind contribution)  Name of Payee  CHRISTINE JIMENEZ  Organization A O B O C O D  Date of Payment  6/9/23					Method of P Check Debit (	# <u>2112</u>			
Street Address 291 NICHOLS S	ЗТ	City BRIDGEPORT	•		State CT	Zip Code 06608			
Purpose of Expenditure (by code) WAGE	Description CANVENSER		Event #	#		Amount			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required up None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind control of the contr	ommittee) ure) Indepen	ndent	OA OB OC OD	\$240.	00			
Name of Payee CHRISTINA JIM	ENEZ			Date of Payment 6/9/23	Method of P Check Debit (	# <u>2111</u>			
Street Address 291 NICHOLS S	iT .	BRIDGEPORT			State	Zip Code 06608			
Purpose of Expenditure (by code) WAGE	Description CANVENSER		Event #	#		Amount			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un  None of the below (does not involve another candidate or cor Coordinated with reimbursement sought (joint expenditum Coordinated without reimbursement sought (in-kind contri	A OB OC OD	\$180.0						
P 2 3 100 2	s	SUBTOTAL Section P	– This	Page \$780.00					
						<u> </u>			

#### Section P. ADDITIONAL PAGE 34 of 46

NAME OF COMMI	AME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				No.		
JOHN GOMES	FOR MAYOR			JULY 10 FILING			
el cetemb	P. Expenses	Paid by Committee	e		0-55		
Name of Payee				Date of Payment	Method of	•	
RALSTEENI H	ALL			6/9/23	O Debit	k# <u>2110</u> Card <b>O</b> EFT	
Street Address		City			State	Zip Code	
34 RICHARDS	ON ST	BRIDGEPORT			СТ	06610	
Purpose of Expenditure (by code)	·		Event	t#		Amount	
WAGE	CANVENSER				4200	00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	nless "None of the below" i	is check	ed)	\$300.	00	
19 mgg	None of the below (does not involve another candidate or co						
	Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind control Coordinated without reimbursement sought (in-kind control Coordinated without reimbursement sought (in-kind control Coordinated with reimbursement sought (in-kind control		_	DA OB OC OD			
Name of Payee			2000	Date of Payment	Method of		
MICHAEL HALI	Ł			6/9/23	Check Debit	# <u>2109</u> Card <b>O</b> EFT	
Street Address		City			State	Zip Code	
34 RICHARDS	ON ST	BRIDGEPORT			СТ	06610	
Purpose of Expenditure	Description	<del></del>	Event	#	Amount		
(by code) WAGE	CANVENSER	\$240.					
Expenditure # (if applicable)							
(i) applicable)	None of the below (does not involve another candidate or cor	mmittee)		,			
	Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri	_		A OBOC OD			
Name of Payee		O's Busses	atioi	Date of Payment	Method of I		
JOURNI BELLL	LEPERE		!	6/9/23		#2108	
Street Address		City		<u> </u>	O Debit (	Card OEFT Zip Code	
24 WOODWAR	ID AVE	NEW HAVEN		1	СТ	6512	
Purpose of Expenditure	Description		Event #	#		Amount	
(by code) WAGE	CANVENSER						
Expenditure #	Type of Expenditure (Itemization in Addendum P Required us	nless "None of the below" i	is check	od)	\$240.	.00	
(if applicable)	None of the below (does not involve another candidate or co	ommittee)	9 6000				
	Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control of the con	re) O Indeper					
Name of Payee		Organiz	tation	DA OB OC OD  Date of Payment	Method of P	Payment.	
DINASTY CAMI	PBELL			6/9/23	Check	# <u>2107</u>	
Street Address		City		0/3/20	O Debit (	Card OEFT	
20 BUTTON ST	·	NEW HAVEN			CT	6516	
Purpose of Expenditure (by code)	Description		Event #	#		Amount	
WAGE	CANVENSER			J	\$240.0		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	less "None of the below" is	checke	·d)	<b>Φ</b> 240.0	.0	
,	None of the below (does not involve another candidate or con						
	Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri	<b>=</b> -		A OB OC OD			
	s	UBTOTAL Section P -		F-120-04-5			
		V-1002	File				

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NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPO	ORT		
JOHN GOMES	FOR MAYOR			JULY 10 FI	LING		
	P. Expenses	Paid by Committee	Essay o	W. IK FE	H-H		2
Name of Payee EBONY YOUNG	3			Date of Payment			# <u>2106</u>
Street Address		City				O Debit State	Card OEFT Zip Code
515 E. MAIN ST	r	BRIDGEPORT				ст	06608
Purpose of Expenditure (by code) WAGE	Description CANVENSER		Event #	¥		\$240.0	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un  None of the below (does not involve another candidate or cor  Coordinated with reimbursement sought (joint expenditure  Coordinated without reimbursement sought (in-kind control	emmittee)	ident ation <b>O</b>	<b>а Ов О</b> с	Ор		
Name of Payee DENISE ARRING	GTON			Date of Payment 6/9/23		Method of F Check Debit	# 2105
Street Address 905 NOBLE AVE	10	City BRIDGEPORT				State CT	Zip Code 06608
Purpose of Expenditure (by code) WAGE	Description CANVENSER		Event #	ļ		\$240.	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or con Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri	mmittee)	dent	а <b>О</b> в <b>О</b> с	Ов	V_ 10.	
Name of Payee THE LILLIE EN	NIS GROUP			Date of Payment		Method of P Check Debit (	#
196 FAIRFIELD	AVE	BRIDGEPORT				State CT	Zip Code 06604
Purpose of Expenditure (by code)	Description THE BIG HAT BRUNCH		Event #	!		\$150.	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required und None of the below (does not involve another candidate or conformated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control of the conformation).	ommittee) re)	ndent _	ed) Од <b>О</b> В <b>О</b> С	Ор	<b>4.00</b> .	
PARTY CITY Street Address				Date of Payment		Method of P Check Debit	#Card OEFT
2009 BLACK RO	OCK TURNPIKE	FAIRFIELD				State CT	Zip Code 6825
Purpose of Expenditure (by code) MISC	Juneteen parade float decor		Event #	ı		\$103.1	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un  None of the below (does not involve another candidate or cor  Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind control	mmittee)	dent	d) A <b>О</b> В <b>О</b> С	Ор	<b>\$100.1</b>	
	s	SUBTOTAL Section P —	– This l	Page \$733.1	16		
						-	

#### Section P. ADDITIONAL PAGE 36 of 46

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Reposite	ny)		TYPE OF REPORT	Section stole	
JOHN GOMES	FOR MAYOR			JULY 10 FILING		
	P. Expens	es Paid by Com	mittee			allow of
Name of Payee BJ's whole sale				Date of Payment 6/9/23	Method of Check	c#
Street Address 955 FERRY BL	VD	City STRATFORI	D		State	Zip Code 06614
Purpose of Expenditure (by code) MISC  Expenditure #	Description CANDY FOR JUNETEEN PARADE		Even		\$62.17	Amount
(if applicable)	Type of Expenditure (Itemization in Addendum P Required  None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expend Coordinated without reimbursement sought (in-kind of	r committee)	Independent	A OB OC OD		
Name of Payee BEVERLY BOW	ENS			Date of Payment 6/9/23	Method of F Check Debit	#2117
80 TAFT AVE		City BRIDGEPOF	RT		State	Zip Code 06606
Purpose of Expenditure (by code) WAGE	Description Canvenser		Event	#	\$300.	Amount OO
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required  None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expend Coordinated without reimbursement sought (in-kind or	committee)	Independent _	AOBOCOD		
DROPBOX		<b>,</b>		Date of Payment 6/12/23	Method of P Check Debit (	# Card OEFT
Street Address 333 BRANNAN	ST	SAN FRANC	SCO		State	2ip Code 94107
Purpose of Expenditure (by code) WEB	CLOUD DRIVE SUBSCRIPTION		Event	#	\$95.7	Amount
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Required  None of the below (does not involve another candidate of Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind of the coordinated without reimbursement sought)	r committee) fiture)	Independent	OA OB OC OD	400.11	
Name of Payee  COLEEN LEPE  Street Address	RE			Date of Payment 6/13/23	Method of P Check Debit (	# <u>2120</u> Card <b>O</b> EFT
P.O BOX 3602		WOODBRID	GE		State CT	Zip Code
Purpose of Expenditure (by code) WAGE	Description CANVASS DIRECTOR		Event	#	\$600.0	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required  None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind co	committee) iture)	Independent	A OB OC OD	\$000.0	
		SUBTOTAL Secti	ion P — This	Page \$1,057.92		
					-	

#### Section P. ADDITIONAL PAGE 37 of 46

NAME OF COMMIT	TTEE (Provide Complete Name as Registered with Filing Repository)	)		TYPE OF REPORT		
JOHN GOMES	FOR MAYOR			JULY 10 FILING		
	P. Expenses	Paid by Committee	e		10000	
Name of Payee TRANS-AD OU Street Address				Date of Payment 6/13/23	Chec O Debit	
13 POND VIEW	√ TERRACE	BRADNFORD			State	Zip Code 6405
Purpose of Expenditure (by code) A-SIGN	Description BUS ADVERTISMENT		Event	1#	64.10	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or con Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contra	ommittee) re) Indepen	ndent _	A OB OC OD	\$4,10	)8.00
Name of Payee SHELLAY EBRO	ON			Date of Payment 6/14/23	Method of Check	k# <u>2139</u>
Street Address	**	City			State	Zip Code
685 MAPLEWO	OD AVE	BRIDGEPORT			СТ	6605
Purpose of Expenditure (by code) WAGE	Description Canvenser		Event	#	\$120.	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unit  None of the below (does not involve another candidate or con Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri	mmittee)	ndent ation 0	A OBOC OD		
PEARLIE EBRO	N N			Date of Payment 6/14/23	O Debit	c# <u>2138</u> Card <b>O</b> EFT
35 WAKEMAN S	эт	BRIDGEPORT			State CT	Zip Code 06605
Purpose of Expenditure (by code) WAGE	Description Canvenser		Event #	¥	\$105.	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un  None of the below (does not involve another candidate or con  Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind control	ommittee) re)	ndent	ed)	Ψ100.	.00
Name of Payee RALSTEENI HA	ıLL			Date of Payment 6/15/23	Method of P Check Debit	#2135
Street Address 34 RICHARDSO	ON AVE	BRIDGEPORT			State CT	Zip Code 06610
Purpose of Expenditure (by code) WAGE	Description  Canvenser		Event #	ı	\$195.0	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unit  None of the below (does not involve another candidate or com Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contrib	nmittee)	dent	A OB OC OD	<b>Φ13</b> 0.0	
	SI	UBTOTAL Section P —	2013 330	VIII WOOD		

#### Section P. ADDITIONAL PAGE 38 of 46

NAME OF COMMI	TTF	BE (Provide Complete Name as Registered with Filing Repository)		-11	TYPE OF REPORT		
JOHN GOMES	s F	OR MAYOR			JULY 10 FILING		
		P. Expenses	Paid by Committee	e			
Name of Payee					Date of Payment	Method of	Payment:
MICHAEL HAL	.L				6/15/23		k# <u>2134</u>
Street Address	_		City		0.10.20	O Debit	
34 RICHARDS	10	JST	BRIDGEPORT			State	Zip Code
	_	· · · · · · · · · · · · · · · · · · ·	BRIDGEI ON I			СТ	06610
Purpose of Expenditure (by code)		Description		Event	: #	7	Amount
WAGE		Canvenser				1 000 0	_
Expenditure # (if applicable)	T:	ype of Expenditure (Itemization in Addendum P Required un	nless "None of the below" is	s checke	ed)	\$60.0	0
[ij approver		None of the below (does not involve another candidate or co.	mmittee)				
	15	Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind control	re) O Indepen	_			
Name of Payee	<u>جل</u>	Coordinated without retinoursement sought (in-kina contr	ibution) Organiz	ation	Date of Payment	114 (3-4-6	
FRANCISCO P	INI	FIRO				Method of	Payment: # <u>2133</u> _
	114				6/15/23	O Debit	
Street Address			City			State	Zip Code
291 NICHOLS	ST		BRIDGEPORT			СТ	06608
Purpose of Expenditure	T	Description	<u> </u>	Event	#	<del>                                     </del>	Amount
(by code) WAGE		Canvenser					Aluvuni
Expenditure #	<u></u>	Am v. de Jada to Attento Dinate		<u> </u>		\$60.0	0
(if applicable)		pe of Expenditure (Itemization in Addendum P Required un		checke	d)		
	3	None of the below (does not involve another candidate or con Coordinated with reimbursement sought (joint expenditure	nmittee)	dent			
	C	Coordinated without reimbursement sought (in-kind contri			A OB OC OD		
Name of Payee					Date of Payment	Method of I	•
DEBIE BOWEN	IS			- 1	6/15/23	© Check	12.000.0
Street Address	_		City			State Debit	Card CEFT Zip Code
64 ROSEDALE	ST	r	BRIDGEPORT			CT	06604
Purpose of Expenditure	Т,	Description		1		<u> </u>	00004
(by code) WAGE	- 1	·		Event #	#		Amount
	$\perp$	Canvenser				\$60.0	n
Expenditure # (if applicable)	Ту	pe of Expenditure (Itemization in Addendum P Required un	iless "None of the below" is	checke	ed)	φυυ.υ	U
	9	None of the below (does not involve another candidate or col				ŀ	
	1	Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind control	dhustan)	-			
Name of Payee	_		Organiza	ation	Date of Payment	Method of P	
CHRISTINA JIM	4E)	NF7			-	© Check	-
Street Address	<u> </u>	V India			6/15/23	_	Card OEFT
	`-		City			State	Zip Code
291 NICHOLS S	5 I ——		BRIDGEPORT			СТ	06608
Purpose of Expenditure	Tr	Description		Event #	,		Amount
(by code) WAGE	1	Canvenser				1	
Expenditure #	Tv	oe of Expenditure (Itemization in Addendum P Required uni	* 421 Cal- \$ -1 # 1-			\$60.00	
(if applicable)	_	None of the below (does not involve another candidate or corr		снескес	<i>a</i> )		
	Č	Coordinated with reimbursement sought (joint expenditure	) Independ	dent			
	C	Coordinated without reimbursement sought (in-kind contril			A OB OC OD	l	
		S	UBTOTAL Section P	THE PERSON			
	-				Selection .		

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## Section P. ADDITIONAL PAGE 39 of 46

NAME OF COR	MMITTEE (Provide Complete Name as Registered	with Filing Reposito	(ייי	11-1-12	TYPE OF REPO	hr	
	MES FOR MAYOR				JULY 10 FIL		
		P. Expense	es Paid by Commit	tan	JOLY TO FIL	ING	
Name of Payee			or and by Committee	tee	Date of D		
Street Address	UNG		City		Date of Payment	<b>©</b> c	od of Payment; Theck # 2127 Debit Card
515 E. MAIN			BRIDGEPORT			State	Zip Code 06608
(by code) WAGI	- Total Prior			Eve	nt#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addenses)  None of the below (does not involve and Coordinated with reimbursement sour Coordinated without reimbursement states.	nother candidate or c	ommittee) ure)	endent			35.00
Name of Payee DENISE ARF Street Address			Urgan	Ization	Date of Payment 6/15/23	Method Che	of Payment: eck # 2126
905 NOBLE			City BRIDGEPORT		<del></del>	State CT	Zip Code 06608
Purpose of Expenditur by code) WAGE	, · · · · · ·			Event	#	+-	Amount
Expenditure # If applicable)  ame of Payee	Type of Expenditure (Itemization in Addendary  None of the below (does not involve and Coordinated with reimbursement sough Coordinated without reimbursement so	ther candidate or con	nmittee)	ndent	A O B O C O 1		0.00
DINASTY CAI	MPBELL				Date of Payment 6/15/23	Method o	f Payment: ck # <u>2126</u>
POSE of Expenditure			NEW HAVEN			State CT	Card OEFT Zip Code  06516
(code) WAGE	Description Canvenser			Event #		+-	Amount
penditure # applicable)	Type of Expenditure (Itemization in Addendum None of the below (does not involve anot Coordinated with reimbursement sough Coordinated without reimbursement so	her candidate or con	nmittee) Indeper	dent		\$120	0.00
ne of Payee			Organiz	ation Q	A OB OC OD		
OURNI BELLI	LEPERE	_		- 1	Date of Payment 6/15/23	Method of Check	#2124
WOODWAR		,	NEW HAVEN			State CT	Card OEFT Zip Code 06512
WAGE	Description Canvenser			Event #			Amount
nditure # plicable)	Type of Expenditure (Itemization in Addendum  None of the below (does not involve anothe Coordinated with reimbursement sought Coordinated without reimbursement sought	r candidate or comm	ittee)  O Independe	ent	Ов Ос Ор	\$120.0	0
		SUE	BTOTAL Section P -				

### Section P. ADDITIONAL PAGE 40 of 46

NAME OF COMM	MITTEE (Provide Complete Name as Registered with F	Iling Repository)		TYPE OF REPOR	T	2. 75 Car
JOHN GOME	ES FOR MAYOR			JULY 10 FILI	NG	
lama e Pa	P.	<b>Expenses Paid by Com</b>	mittee			
lame of Payee	1011110011			Date of Payment		of Payment:
SHAQUILLE	JOHNSON			6/15/23		ck # 2122
treet Address		City			State	Zip Code
316 OLIVE S		BRIDGEPOR	₹T		СТ	06604
urpose of Expenditure by code)			Even	t#	<u> </u>	Amount
WAGE	Canvenser					rimount
xpenditure #	Type of Expenditure (Itemization in Addendum	P Required unless "None of the he	ow" is chack	ad)	<b>\$60.</b>	00
,,,,	None of the below (does not involve another	candidate or committee)	or Street	<i>cu)</i>		
	Coordinated with reimbursement sought ( Coordinated without reimbursement sough		Independent			
me of Payee		(at wine contribution)	Organization C	A OB OC O		CD
DRIENNE Y	OUNGER			6/15/23		f Payment: k # 2129
eet Address		City		0/15/25	O Debi	t Card OE
96 SIXTH ST	<u> </u>	BRIDGEPOR	-		State	Zip Code
pose of Expenditure	Description	BRIDGEFOR	<u> </u>		CT	06607
code) WAGE	Canvenser		Event	#		Amount
			- 1		\$60.4	00
penditure # pplicable)	Type of Expenditure (Itemization in Addendum P	Required unless "None of the belo	ow" is checke	d)	\$60.0	00
	None of the below (does not involve another of Coordinated with reimbursement sought (jo				1	
	Coordinated without reimbursement sought		idependent	A O B O C O		
ne of Payee		<b>O</b> 0.	i gatilization	Date of Payment	Method of	Payment:
NJERICE YO	DUNGER			6/16/23	(Checl	k# <u>2123</u>
et Address		City			O Debit State	Card OEF
95 SIXTH ST	•	BRIDGEPORT	г		СТ	06607
ose of Expenditure	Description		Event #			00007
wAGE	Canvenser		Event			Amount
enditure #	Time of Employee	<del></del>			\$60.0	00
pplicable)	Type of Expenditure (Itemization in Addendum P	Required unless "None of the bel	low" is checke	d)		
	None of the below (does not involve another of Coordinated with reimbursement sought (ji	nint expenditure)	ndependent			
ne of Payee	Coordinated without reimbursement sought			A OB OC O	, [	
•	INOTE	<del></del>		Date of Payment	Method of I	
IJERICE YO	UNGER		]	6/16/23	© Check	
t Address		City			O Debit	Card OEF
5 SIXTH ST		BRIDGEPORT			СТ	06607
ose of Expenditure ode)	Description		Event #			The second second
WAGE	Canvenser		-			Amount
nditure #	Type of Expenditure (Itemization in Addendum P )	Pensited unless "None of the Lat			\$180.0	0
nicuole)	None of the below (does not involve another car	ndidate or committee)	w" is cnecked)	1	-	
	Coordinated with reimbursement sought (init	nt expenditure) 🔘 Ind	lependent			
ì	Coordinated without reimbursement sought (	in-kind contribution) Org	anization OA	OB Oc OD		
		SUBTOTAL Section	P — This P	age \$360.00		

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NAME OF COMM	ITTEE (Provide Complete Name as Registered with Filing R	lepository)		AMILES,	TYPE OF REPORT	Jack How	
JOHN GOME	S FOR MAYOR				JULY 10 FILING	G	·
	P. Exp	penses Paid	by Committe	ee			XIII II II II
Name of Payee  ADRIENNE YO  Street Address	DUNGER	3.540 3000			Date of Payment 6/16/23		of Payment: ck # 2113 it Card OEF
195 SIXTH ST		BRID	DGEPORT			State CT	Zip Code 06607
Purpose of Expenditure (by code) WAGE	Description Canvenser			Event	#	64.00	Amount
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Reg  None of the below (does not involve another candid Coordinated with reimbursement sought (joint e Coordinated without reimbursement sought (in-	date or committee)	Independent	endent _	A OB OC OD	\$180	.00
Name of Payee ALONDRA NIE	VES		- Jonath	223011.	Date of Payment 6/16/23	Method of	Payment: k #_2039 t Card OEF
Street Address 429 KENT ST		City BRID	GEPORT			State	Zip Code 06610
Purpose of Expenditure (by code) WAGE	Description OFFICE STAFF			Event #			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required None of the below (does not involve another candidated Coordinated with reimbursement sought (joint ex Coordinated without reimbursement sought (in-ki	ate or committee)	Indeper	ndent	ОвОс Ор	\$60.0	JO
Name of Payee  CREATIVE OU'  treet Address	TDOORS				Date of Payment 6/16/23	Method of Check	c#
	RIVER PARKWAY	City	PA			State FL	Zip Code 33637
urpose of Expenditure by code) A-SIGN	Description TRANS BINS ADS			Event #			Amount
expenditure # (f applicable)	Type of Expenditure (Itemization in Addendum P Requirements of the below (does not involve another candid Coordinated with reimbursement sought (joint expenditure).	late or committee)	O Indepen	ndent		\$348	.00
Tame of Payee  CREATIVE OUT	TDOORS		O Grganz	I	A OB OC OD Date of Payment 6/16/23	Method of I	#
	NIVER PARKWAY	TAMP	'A			State	Card OEFT Zip Code 33637
rpose of Expenditure y code) A-SIGN	Description TRANS BINS ADS	-		Event #			Amount
xpenditure # applicable)	Type of Expenditure (Itemization in Addendum P Requi  None of the below (does not involve another candidal Coordinated with reimbursement sought (joint exp Coordinated without reimbursement sought (in-kin	te or committee)	O Independ	dent	OB Oc OD	」\$186.0	0
		SUBTOTA	AL Section P —	1000			
		SUBTOTA	L Section P —	- This P	\$774.00		

## Section P. ADDITIONAL PAGE 42 of 46

		EE (Provide Complete Name as Registered with Filing Repo	ository)		-42	TYPE OF REPORT		CAS BEAUTI
JOHN GOM	IES F	FOR MAYOR				JULY 10 FILIN		(4) 11/2
		P. Exper	nses P	aid by Commi	tee			
Name of Payee						Date of Payment	Method	of Payment
COLEEN LE	PER	E				6/20/23	<b>⊚</b> Ch	eck # <u>2141</u>
Street Address			To	City		0,20,20	O De	bit Card O
P.O BOX 360	02		- 1	WOODBRIDGE			State	Zip Code
urpose of Expendit	ure	Description					СТ	6575
by code) WAGE		CANVASS DIRECTOR			Evi	ent#	,,,	Amount
Expenditure #								
(f applicable)		pe of Expenditure (Itemization in Addendum P Require  None of the below (does not involve another candidate Coordinated with reimbursement sought (joint exper Coordinated without reimbursement sought (in-kind	or commi	ittee) 🔘 Inde	endent		\$60	0.00
ame of Payee		- Sought (in-kind	contribut	ion) Orgai	nization	OA OB OC OI		_
DA'MANI MUI	LLIN	3				Date of Payment	Method o	f Payment;
treet Address			<del></del>			6/20/23	O Deb	it Card <b>O</b> E
95 SIXTH ST	Т		Cit	-			State	Zip Code
rpose of Expenditure			_   B	RIDGEPORT			СТ	06607
y code)	· 1	Description			Even	t#	+	<u> </u>
WAGE		CANVENSER						Amount
penditure # applicable)	Тур	of Expenditure (Itemization in Addendum P Required	l unless	"None of the below"	in al		\$60.	00
me of Payee	lő	None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expend Coordinated without reimbursement sought (in-kind co	r committe	ce) 🔘 Indepe	ndent	A OBOC OD		
IETA PLATOI	FORI	MS				Date of Payment	Method of	
et Address			_			6/20/23	OChecl	
601 WILLOW	/ DD		City				© Debit State	Card OEF
			M	ENLO PARK			CA	94025
pose of Expenditure code)		scription			Event	<del>,</del>	<del> </del>	04020
A-WEB	JF	ACEBOOK AD			1			Amount
enditure #	Турс	of Expenditure (Itemization in Addendum P Required	Lumlana	4A1	<u></u>		\$85.6	2
	lő	None of the below (does not involve another candidate or Coordinated with reimbursement sought (joint expendi Coordinated without reimbursement sought (in-kind co	committe	ce) O Indepe	ndent	A OB OC OD		
ne of Payee				O Igain		Date of Payment	Method of P	
OSA'S FLOR	IIST					6/20/23	O Check	#yment; #
t Address			City			0/20/23	Debit (	
22 MAIN ST			1	IDGEPORT			State	Zip Code
se of Expenditure	Des	cription	1				СТ	06606
MISC	- 1	OWERS FOR LEÓNIDAS VELOZ			Event #		,	Amount
nditure # licable)	Ö	f Expenditure (Itemization in Addendum P Required un one of the below (does not involve another candidate or co poordinated with reimbursement sought (joint expenditure poordinated without reimbursement sought (in-kind control	ommittee)	O Independ	lent	Ов Ос Ор	\$54.18	
		S	SUBTO	TAL Section P —				

### Section P. ADDITIONAL PAGE 43 of 46

	AITTEE (Provide Complete Name as Registered	d with Filing Repository)	2-11		TYPE OF REPOR	T PER SALES	ARMINI AND
JOHN GOME	ES FOR MAYOR				JULY 10 FILII	NG	
Name of Payee		P. Expenses P	aid by Comm	ittee			Maria Paris
BEVERLY BC	OWENS				Date of Payment 6/20/23	(Che	of Payment: ck # 2132
80 TAFT AVE			BRIDGEPORT			State CT	Zip Code
Purpose of Expenditure by code) WAGE	CANVENSER			Eve	nt#	-	Amount
Expenditure # if applicable)	Type of Expenditure (Itemization in Adderse)  None of the below (does not involve.)  Coordinated with reimbursement so Coordinated without reimbursement.	another candidate or commi	ittee) O Ind	ependent		\$135	.00
ame of Payee MIGHTY TEXT		sought (in-kind contribut	ion) Org	anization	Date of Payment 6/23/23	Method of Check	
1964 Riverman	k Piz Ste 254	Cit	ANTA CLARA			State CA	Card OEI Zip Code 95054
rpose of Expenditure y code) WEB	Description TEXT MESSAGE SOFTWA	RE		Event	#	-	Amount
(penditure # applicable)	Type of Expenditure (Itemization in Addenoted None of the below (does not involve and Coordinated with reimbursement sour Coordinated without reimbursements	other candidate or committee	œ) [ndej	pendent		\$10.1	9
PTIMUM			Urgai	inzation	A OBOC On  Date of Payment	Method of P	ayment:
et Address		Lo			6/23/23	Check Debit	#
O BOX 70340		City	HILADELPHIA			State PA	Zip Code 19176
OVHD	OFFICE INTERNET			Event #		,	Amount
enditure # oplicable)	Type of Expenditure (Itemization in Addenation of the below (does not involve an Coordinated with reimbursement sout Coordinated without reimbursement s	other candidate or committee	œ) Inder	pendent		\$50.00	0
c of Payee STAURANT [	<del></del>		Organ		A OB OC OD Date of Payment	Method of Pa	
1 MARSH HIL	L	City	 RANGE		6/23/23	Debit C State	ard OEFT Zip Code
ose of Expenditure ode) FOOD	OFFICE SNACK & PICNIC DO			Event #		<del>   </del>	6477 mount
	Type of Expenditure (Itemization in Addendu.  None of the below (does not involve anot Coordinated with reimbursement sough Coordinated without reimbursement so	her candidate or committee	) Indepe	ndent	OB Oc OD	\$369.63	
		SUBTO	OTAL Section P -		PLE SHOULD BE		

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### Section P. ADDITIONAL PAGE 44 of 46

	MITTEE (Provide Complete Name as Registered with F	Iling Repositor	(ער	31556	TYPE OF REPORT	r	STATE OF STREET
JOHN GOM	ES FOR MAYOR				JULY 10 FILII		
THE STATE OF THE S	P.	Expense	s Paid by Commit	tee			
Name of Payee				التكيفة	Date of Payment	Mathod	of December 1
ALONDRA N	IIEVES						of Payment: eck # 2143
Street Address			l oi		6/23/23		bit Card O
429 KENT A	VE		City			State	Zip Code
			BRIDGEPORT			CT	06610
Purpose of Expenditu	,			Eve	nt#		L. Will
WAGE	OFFICE STAFF			- 1			Amount
Expenditure #	Type of Expenditure (Itemization in Addendum I	D Danisland			<del></del>	<b>\$90.</b>	.00
(if applicable)	None of the below (does not involve another	r кедиігеа ц 	intess "None of the below"	'is chec.	ked)		
	Coordinated with reimbursement sought (i	inint evnending	(m) A 1	endent			
lame of Payee	Coordinated without reimbursement sough	nt (in-kind cont			DA OB OC O	n	
					Date of Payment		of Payment:
COLEEN LEF	'EHE				6/26/23	(Che	ck # 2142
treet Address			City			O Debi	
P.O BOX 3602	2		WOODBRIDGE			State	Zip Code
upose of Expenditure	e Description		TOODSTIEGE			СТ	6575
y code) WAGE	CANVASS DIRECTOR			Even	#		Amount
	CANVASS DIRECTOR						
kpenditure # 'applicable)	Type of Expenditure (Itemization in Addendum P.	Required un	less "None of the below" i	s check	od)	\$600	0.00
	None of the below (does not involve another as	andidate or con	mmittae)			1	
	Coordinated with reimbursement sought (join Coordinated without reimbursement sought	int evpendings	e) O Indepe			1	
ime of Payee	Company of the state of the sta	(in-king contri	Organiz	ation	A OBOC OD		
RALSTEENI H	ALL				Date of Payment	Method of	
eet Address			<u> </u>		6/29/23	O Debit	k# <u>2145</u>
	2011.07		City			State	Card DEF
4 RICHARDS	SONST	ŀ	BRIDGEPORT				'
pose of Expenditure code)	Description			Event	<u> </u>		
WAGE	CANVENSER			1	7		Amount
				1		1	
penditure #						\$60.0	
	Type of Expenditure (Itemization in Addendum P.	Required un	less "None of the below" i	s checke	ed)	\$60.0	
penditure #	Type of Expenditure (Itemization in Addendum P)  None of the below (does not involve another can Coordinated with reimbursement sought, (ice	andidate or con	nmittee)		ed)	\$60.0	
penditure # pplicable)	Type of Expenditure (Itemization in Addendum P.	andidate or con	nmittee)	ndent			
penditure #  pplicable)  me of Payee	Type of Expenditure (Itemization in Addendum P.  None of the below (does not involve another as Coordinated with reimbursement sought (joint Coordinated without reimbursement sought)	andidate or con	nmittee)	ndent	) А <b>О</b> В <b>О</b> С <b>О</b> Д		00
penditure #	Type of Expenditure (Itemization in Addendum P.  None of the below (does not involve another as Coordinated with reimbursement sought (joint Coordinated without reimbursement sought)	andidate or con	nmittee)	ndent	A OB OC OD	Method of	Payment:
penditure # papplicable)  me of Payee  DURNI BELLI	Type of Expenditure (Itemization in Addendum P.  None of the below (does not involve another as Coordinated with reimbursement sought (joint Coordinated without reimbursement sought)	andidate or con int expenditure (in-kind contri	mmittee) e) Independent of the control of the contr	ndent	) А <b>О</b> В <b>О</b> С <b>О</b> Д		Payment: #2147
penditure # pplicable)  me of Payee  DURNI BELLI  et Address	Type of Expenditure (Itemization in Addendum P.  None of the below (does not involve another can Coordinated with reimbursement sought (jo Coordinated without reimbursement sought)  LEPERE	andidate or con int expenditure (in-kind contril	mmittee) e) Independent Organiz	ndent	A OB OC OD	Method of I	Payment: #2147
penditure # papplicable)  me of Payee  DURNI BELLI et Address	Type of Expenditure (Itemization in Addendum P.  None of the below (does not involve another can Coordinated with reimbursement sought (join Coordinated without reimbursement sought)  LEPERE	andidate or con int expenditure (in-kind contril	mmittee) e) Independent of the control of the contr	ndent	A OB OC OD	Method of l Check	Payment: #2147 Card OEF
penditure # pplicable)  me of Payee  DURNI BELLI et Address  WOODWAF  oose of Expenditure	Type of Expenditure (Itemization in Addendum P. None of the below (does not involve another care Coordinated with reimbursement sought (joi Coordinated without reimbursement sought (EPERE	andidate or con int expenditure (in-kind contril	mmittee) e) Independent Organiz	ndent	A OB OC OD	Method of I	Payment: #2147 Card OEF Zip Code 6512
penditure # ppplicable)  me of Payee  DURNI BELLI et Address  WOODWAF	Type of Expenditure (Itemization in Addendum P.  None of the below (does not involve another can Coordinated with reimbursement sought (join Coordinated without reimbursement sought)  LEPERE	andidate or con int expenditure (in-kind contril	mmittee) e) Independent Organiz	ndent eation C	A OB OC OD	Method of I	Payment: #2147 Card OEF Zip Code
penditure # papplicable)  me of Payee  DURNI BELLI et Address  WOODWAF  ose of Expenditure code)  WAGE	Type of Expenditure (Itemization in Addendum P.  None of the below (does not involve another car Coordinated with reimbursement sought (joint Coordinated without reimbursement sought)  LEPERE  Description  CANVENSER	andidate or con int expenditure (in-kind contri	minitee) e) Indeper Organiz  City  NEW HAVEN	endent zation C	Date of Payment 6/29/23	Method of I	Payment: #2147 Card OEF Zip Code 6512 Amount
penditure # papplicable)  me of Payee  DURNI BELLI et Address  WOODWAF  rose of Expenditure code)  WAGE  enditure #	Type of Expenditure (Itemization in Addendum P. One of the below (does not involve another case Coordinated with reimbursement sought (joing Coordinated without reimbursement sought)  LEPERE  Description  CANVENSER  Type of Expenditure (Itemization in Addendum P. R. One of the below (does not involve another case)	andidate or con int expenditure (in-kind contril	namittee) e) Independent of the below is a second of the below is a sec	endent zation C	Date of Payment 6/29/23	Method of i Check Debit State CT	Payment: #2147 Card OEF Zip Code 6512 Amount
penditure # papplicable)  me of Payee  DURNI BELLI et Address  WOODWAF  rose of Expenditure code)  WAGE  enditure #	Type of Expenditure (Itemization in Addendum P. Coordinated with reimbursement sought (io Coordinated without reimbursement sought (io Coordinated without reimbursement sought (io Coordinated without reimbursement sought (io Coordinated without reimbursement sought (io Coordinated without reimbursement sought (io Coordinated with reimbursement sought (io Coordinat	andidate or con int expenditure (in-kind contril	namittee) e) Independent of the below is mittee)  Independent of the below is mittee)	Event #	Date of Payment 6/29/23	Method of i Check Debit State CT	Payment: #2147 Card OEF Zip Code 6512 Amount
penditure # papplicable)  me of Payce  DURNI BELLI et Address  WOODWAF	Type of Expenditure (Itemization in Addendum P. One of the below (does not involve another case Coordinated with reimbursement sought (joing Coordinated without reimbursement sought)  LEPERE  Description  CANVENSER  Type of Expenditure (Itemization in Addendum P. R. One of the below (does not involve another case)	andidate or con int expenditure (in-kind contril	mittee) e) Independent of the below is nittee)  Independent of the below is nittee)	Event #	Date of Payment 6/29/23	Method of i Check Debit State CT	Payment: #2147 Card OEF Zip Code 6512 Amount
penditure # papplicable)  me of Payee  DURNI BELLI et Address  WOODWAF  rose of Expenditure code)  WAGE  enditure #	Type of Expenditure (Itemization in Addendum P. Coordinated with reimbursement sought (io Coordinated without reimbursement sought (io Coordinated without reimbursement sought (io Coordinated without reimbursement sought (io Coordinated without reimbursement sought (io Coordinated without reimbursement sought (io Coordinated with reimbursement sought (io Coordinat	andidate or con- int expenditure (in-kind contril  equired unie didate or comm it expenditure) n-kind contribu	city  NEW HAVEN  City  NEW HAVEN  City  Independent of the below is an intee)  Independent of the below organization organization	Event #	Date of Payment 6/29/23	Method of i Check Debit State CT	Payment: #2147 Card OEF Zip Code 6512 Amount
penditure # papplicable)  me of Payee  DURNI BELLI et Address  WOODWAF  ose of Expenditure code)  WAGE	Type of Expenditure (Itemization in Addendum P. Coordinated with reimbursement sought (io Coordinated without reimbursement sought (io Coordinated without reimbursement sought (io Coordinated without reimbursement sought (io Coordinated without reimbursement sought (io Coordinated without reimbursement sought (io Coordinated with reimbursement sought (io Coordinat	andidate or con- int expenditure (in-kind contril  equired unie didate or comm it expenditure) n-kind contribu	mittee) e) Independent of the below is nittee)  Independent of the below is nittee)	Event #	Date of Payment 6/29/23	Method of i Check Debit State CT	Payment: #2147 Card OEF Zip Code 6512 Amount
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### Section P. ADDITIONAL PAGE 45 of 46

		EE (Provide Complete Name as Registered with Filing Reposit	tory)		TYPE OF REPORT	E EXCELLE	BEG MELS
JOHN GOM	ES F	OR MAYOR		0.79	JULY 10 FILIN	IG	
Name of Payee		P. Expens	ses Paid by C	ommittee			THE PERSON NAMED IN
MICHAEL H	ALL				Date of Payment 6/29/23		of Payment: ck # 2148 it Card OF
34 RICHARE		NST	BRIDGEF	PORT		State CT	Zip Code 06610
Purpose of Expenditure (by code) WAGE		Description CANVENSER		Ev	rent #	+-	Amount
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RANCISCO	PIN		maroution)	Organization	Date of Payment 6/29/23	Method of Check	k# <u>2149</u>
treet Address 291 NICHOLS	SST		City BRIDGEP	ORT		O Debit State CT	Card OEF Zip Code 06610
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O BOX 2050			RIDGEFIEI	_D		State	Card © EFT Zip Code  06877
rpose of Expenditure code) BNK		RETURNED DEPOSIT ITEM CHARGE		Even	t#	1	Amount
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NEDOT et Address	_			Organization	Date of Payment 6/3/23	Method of Pa O Check #	#
	S S1	REET SUITE 1770	NEW ORLE	ANS		State	Zip Code 70112
code) CCP	- [	SCRIPTION REDIT CARD FEE CHARGE		Event	#	A	mount
enditure # oplicable)	8	of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or con Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri	nmittee)	Independent	A OB OC OD	\$2,131.	50
W-41				ACTOR TO THE REAL PROPERTY.	Page \$2,276.5		

#### Section P. ADDITIONAL PAGE 46 of 46

NAME OF COMM	ITTEE (Provide Complete Name as Registered with Filing Repositor)	y) (v	ТҮРЕ	OF REPORT	ardi), bas	MACHINE STATE
JOHN GOME	S FOR MAYOR		JULY	Y 10 FILING		
	P. Expense	s Paid by Committe	ee			
Name of Payee Lissette Colon	1		Date of F 05/08	•		of Payment: ck # 2047 it Card <b>O</b> EI
Street Address 4441 Madison	Ave	City			State CT	Zip Code 06611
Purpose of Expenditure (by code)	Description Reimbursement		Event #		1000	Amount
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Required u.  None of the below (does not involve another candidate or concomment cought (joint expenditure)  Coordinated without reimbursement sought (in-kind contompt)	committee) ure)	ris checked) pendent	Oc Op	\$950.	.72
Name of Payee Coleen Lepere Street Address			Date of Pa 05/08/	ayment	Method of Check	k# <u>2044</u>
P.O. Box 3602		City Woodbridge			State CT	Zip Code 06575
Purpose of Expenditure (by code)	Description Reimbursement-Walmart		Event #			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un  None of the below (does not involve another candidate or cor  Coordinated with reimbursement sought (joint expenditure  Coordinated without reimbursement sought (in kind contri	ommittee) re) Indepen		Oc On	\$48.0	10
Name of Payee  Coleen Lepere  Street Address			Date of Pay 05/08/	yment /23	Method of F O Check O Debit (	#
P.O. Box 3602		City Woodbridge			State	Zip Code 06575
Purpose of Expenditure by code) WAGE	Description CANVASSER DIRECTOR		Event #			Amount
Expenditure # if applicable)	Type of Expenditure (Itemization in Addendum P Required un  None of the below (does not involve another candidate or cor  Coordinated with reimbursement sought (joint expenditum  Coordinated without reimbursement sought (in-kind contr	ommittee) re)	endent	2-0-	\$600	
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treet Address		City			O Debit C State	Card OEFI Zip Code
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The State of the			JU	JLY 10 FILIN	IG	
Name of Creditor	5. Expenses incurred	by Committee but Not Pa	id During t	his Period	MEN	WORKEN STATE
O'MANEL RES					Date I	Incurred
Street Address	STACHAINT				06/	09/2023
		City			State	Zip Code
1909 MAIN ST	HEE!	BRIDGEPORT			СТ	06604
Purpose of Expenditure (by code)	Description		Event #		-	
FNDR	FUNDRAISER GALA DINNER		060923	Δ	-   '	Amount Incurre (Estimate or Actua
Expenditure # If applicable)	Type of Expenditure (Itemization in Addendum  None of the below	_	v" is checked)		- \$:	3,500
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Name of Creditor		,			Date In	Curred
Street Address						·
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urpose of Expenditure by code)	Description		Event #		+	
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f applicable)	Type of Expenditure (Itemization in Addendum S  None of the below Coordinated with reimbursement sought (ice Coordinated without reimbursement sought)	O Indep	endent	)B Oc O D	=	,
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ame of Creditor reet Address	Coordinated with reimbursement sought (in	oint expenditure)	endent	)B Oc O D	Date Incu	Zip Code
ame of Creditor reet Address pose of Expenditure code)	Coordinated with reimbursement sought (jo	oint expenditure) t (in-kind contribution)  City	endent ization:  Event #	)B Oc Op	Date Incu	
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JOHN GOME	TTEE (Provide Complete Name as Registered with Filing Rep S FOR MAYOR	ository)	A CONTRACTOR OF THE PARTY OF TH		TYPE OF REPORT					
COLIN GOINE					JULY 10 FILING					
Last Name of Worker/C	T. Itemization of Re	imbu	rsements and Sec	ondary Pa	ayees	1				
Lepere	on or Entity Paid by Committee Worker/Consultant	1	Coleen			МІ	Person	of Payment to Vendor n or Entity /28/2023		
Walmart					Payment reported i	n Section P	rise Committee Worker/Cons P; Debit Card			
	or, Person or Entity Paid by Committee Worker/Consultant		City		0 0110		State	Zip Code		
315 FOXON BI			NEW HAVEN				СТ	06513		
(by code) OFFICE	Description Bins			Event #			\$48.	Amount		
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum T Recommendation of the below Coordinated with reimbursement sought (joint of Coordinated without reimbursement sought (in-	evnendin	are)	pendent O	0 (	0,0		00		
Last Name of Worker/Co	onsultant	Fire		- A	<u> </u>	мі		Payment to Vendor,		
COLON Name of Vendor, Person	or Entity Paid by Committee Worker/Consultant	LI	SSETTE	_		1 1-11	Person	or Entity 07/2023		
USPS					reported in	Reimburse Section P: k #2047		Worker/Consultant a		
	, Person or Entity Paid by Committee Worker/Consultant		City				State	Zip Code		
50 QUALITY ST	Description		TRUMBULL				СТ	06611		
POST	DELIVERY SERVICES			Event #				Amount		
Expenditure #	Type of Expenditure (Itemization in Addendum T Required None of the below Coordinated with reimbursement sought (joint ex Coordinated without reimbursement sought (in-kit)	menditur	c) O Indep	endent O	O O	O D	\$8.80	,		
ast Name of Worker/Cor	sultant	First				MI	Date of I	Payment to Vendor,		
OOLON	Parks D. M. G	LIS	SSETTE		İ		Person of	r Entity 8/2023		
BJS	or Entity Paid by Committee Worker/Consultant			1	Payment to reported in S	section P:	_	Worker/Consultant as		
	Person or Entity Paid by Committee Worker/Consultant		City		er check		State	Dit Card OEFT		
0 BALCK ROCI		_   '	FAIRFIELD			İ	CT	06825		
rpose of Expenditure	Description			Event#				Amount		
OFFICE	WIPES						28.11			
applicable)	Type of Expenditure (Itemization in Addendum T Requi	enditum)	O Indepe	ndent O	) O	O <sub>D</sub>				
			CONTRACTOR AND ADDRESS OF THE PARTY AND ADDRES	SVIII WAS A COLOR						
		SU	BTOTAL Section T -	– This Page	84.91					
					84.91					
OTAL OF ALL	REIMBURSEMENT TO COMMITTEE	тот	AL of additional Secti	on T Pages						

# Section T ADDITIONAL PAGE 2 of 6

NAME OF COMMIT	TTEE (Provide Complete Name as Registered with Filing Repos	itary		7	YPE OF R	CRORE	The Act	
JOHN GOMES	JOHN GOMES FOR MAYOR							10 19 19 19 14 14 15 15 15 15 15 15 15 15 15 15 15 15 15
	T. Itemization of Rein	nbı	Irsements and Seco			FILING		2100 A21 0 12 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1
Last Name of Worker/C	onsultant		First	dual y I'a	iyees	Lie	I Date	
COLON		- 1	LISSETTE			Mī	Persor	of Payment to Vendor, or Entity 08/2022
1	or Entity Paid by Committee Worker/Consultant				Payment	to Reimburs	e Committe	e Worker/Consultant a
USPS						in Section P: ck # <u>204</u>		Debit Card
115 BOSTON A	r, Person or Entity Paid by Committee Worker/Consultant VE		City BRIDGEPORT				State	Zip Code 06610
Purpose of Expenditure	Description			Event#			<del>                                     </del>	
(by code) POST	STAMPS						re0	Amount
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Last Name of Worker/Co	nsultant	Fi	rst			МІ		Payment to Vendor,
COLON Name of Vendor Remain		ال	ISSETTE			***	Person	or Entity 9/2023
STAPLES	or Entity Paid by Committee Worker/Consultant				reported in	Section P:	_	Worker/Consultant as
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant		City		Chec	k# <u>2047</u>	State	bit Card OEFT
1201 KINGSHW	Υ		FAIRFIELD				CT	Zip Code 06824
Purpose of Expenditure (by code) OFFICE	Description OFFICE SUPPLIES			Event #			\$42.5	Amount
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COLON		1	SSETTE			MI	Person of	ayment to Vendor, Entity
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant			- 1	reported in	Section P:		Vorker/Consultant as
	Person or Entity Paid by Committee Worker/Consultant	Т	City		Cileci	# <u>2047</u>	State	oit Card OEFT
1201 KINGSHW	<u>′                                    </u>		FAIRFIELD			- 1	CT	Zip Code 06824
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		St	JBTOTAL Section T —	Total Control			<del></del>	
		6000 6000	TAL of additional Section					
OTAL OF ALL	REIMBURSEMENT TO COMMITTEE W	- min			Aces			
	TO COMMITTEE W	OR.	CLERS AND CONSU	LIANTS	\$998	.72		

# Section T ADDITIONAL PAGE 3 of 6

JOHN GOMES	TTEE (Provide Complete Name as Registered with Filing Reposit	tory)			YPE OF R			
Sales Months	T. Itemization of Rein	ahun	romonts and 0	J	ULY 10	FILING		- 51
Last Name of Worker/C	onsultant	Fin		idary P	ayees		AL 242	
COLON	Factor Politics	1	SSETTE	М		Date of Payment to Vendo Person or Entity 2/4/2023		
DUNKIN DON	or Entity Paid by Committee Worker/Consultant UTS				reported	in Section P	:	e Worker/Consultant
Street Address of Vendo	r, Person or Entity Paid by Committee Worker/Consultant		City		Che	ck # <u>204</u>		Debit Card OEF
1055 HUNTING	TON TPKE	- 1	BRIDGEPORT				State	Zip Code 06610
Purpose of Expenditure (by code) FOOD	Description OFFICE FOOD			Event #			\$8.9	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kine)	anditu	<u>Q</u>	ndent O	0 0	0,0		9
Last Name of Worker/Co	nsultant	First		7.	<b>V</b> B	М		Payment to Vendor,
COLON Name of Vendor, Person of	or Entity Paid by Committee Worker/Consultant	LIS	SSETTE			len	Person	or Entity 3/2023
STAPLES					reported in	Reimburse Section P: k #2047	_	Worker/Consultant as
	Person or Entity Paid by Committee Worker/Consultant	C	Pity		<b>G</b> 5	× " <u>2041</u>	State	Zip Code
3 ARMSTRONG Purpose of Expenditure	<u> </u>		SHELTON				СТ	06884
by code) OFFICE	OFFICE SUPPLIES			Event #				Amount
Expenditure # if applicable)	Type of Expenditure (Itemization in Addendum T Require  None of the below Coordinated with reimbursement sought (joint exper	nditura)	<b>Q</b>	dent	0 0	0	\$10.6	2
ast Name of Worker/Con-	sultant	First		-		MI	Date of P	ayment to Vendor,
COLON	Project 111 C	LIS	SETTE			MI	Person or 2/4/2	r Entity
DUNKIN DONUT					Payment to reported in S	Section P:		Vorker/Consultant as
	Person or Entity Paid by Committee Worker/Consultant	Cit	ty		CHICK	<u> </u>	State	Zip Code
055 HUNTINGT		В	RIDGEPORT				CT	06610
FOOD	OFFICE FOOD		E	vent #				Amount
(penditure # applicable)	Type of Expenditure (Itemization in Addendum T Required  None of the below Coordinated with reimbursement sought (joint expend Coordinated without reimbursement sought (in-kind ex	lieuma\	2	entO (	0 0	0	\$54.63	
		SUB	TOTAL Section T 7	Salara Mark	ian .	<u> </u>		
	Т	ОТА	L of additional Section	T Pages				
OTAL OF ALL 1	REIMBURSEMENT TO COMMITTEE W	ORK	ERS AND CONSU	TANTS	\$998.	72		
					4550.			

SEEC FORM 20 Revised Statemy 2015

# Section T ADDITIONAL PAGE 4 of 6

INMINE OF COMMIT	TEE (Provide Complete Name as Registered with Filing Reposit	ory)	NET BYE VENT		TYPE OF R	EPORT	STREETS AS			
JOHN GOMES	OHN GOMES FOR MAYOR					JULY 10 FILING				
	T. Itemization of Reim	ıbu	rsements and Seco					15 15 3 K 20 11 H		
Last Name of Worker/Co	risultant	$\overline{}$	rst			MI	Date of	Payment to Vendor		
COLON		L	ISSETTE				Person or Entity 3/01/2023			
	or Entity Paid by Committee Worker/Consultant				Payment	to Reimburs	se Committee Worker/Consu			
DUNKIN DONU	ITS				reported	in Section P:	_			
Street Address of Vendor	, Person or Entity Paid by Committee Worker/Consultant	_	City	O Che	ck # <u>204</u>	State	ebit Card OEI			
285 BOSTON AV			BRIDGEPORT				CT	Zip Code 06610		
Purpose of Expenditure (by code) FOOD	Poscription FOOD FOR OFFICE			Event #			Amount			
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Last Name of Worker/Con	sultant	Fire				мі		ayment to Vendor,		
COLON		LI	SSETTE	_			Person o	r Entity 0/2023		
STAPLES	r Entity Paid by Committee Worker/Consultant				reported in	Section P:	_	Vorker/Consultant a		
Street Address of Vendor, I	Person or Entity Paid by Committee Worker/Consultant	$\neg$	City		Chec	k # <u>2047</u>		bit Card OEF		
1201 KINGSHW	<u> </u>		FAIRFIELD				State CT	Zip Code 06824		
Ourpose of Expenditure by code) OFFICE	Description OFFICE SUPPLIES			Event#				Amount		
Expenditure #				1			\$370.0	06		
if applicable)  ast Name of Worker/Cons	Type of Expenditure (Itemization in Addendum T Require  None of the below Coordinated with reimbursement sought (joint expendence) Coordinated without reimbursement sought (in-kind)	ditae	e) Indepe	endent 🔿	О <sub>В</sub> 0	С • В				
COLON	uitant	First				MI	Date of Pa	yment to Vendor,		
		LIS	SSETTE		- 1		Person or	Entity		
lame of Vendor, Person or STAPLES	Entity Paid by Committee Worker/Consultant				Payment to reported in	Reimburse (	Committee W	orker/Consultant as		
treet Address of Vendor, Po	erson or Entity Paid by Committee Worker/Consultant				Check	# <u>2047</u>	O Debi	it Card OEFT		
201 KINGSHWY			FAIRFIELD				State CT	Zip Code 06824		
rpose of Expenditure y code)	Description			Event #						
OFFICE	OFFICE SUPPLIES						_	mount		
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		30.	BTOTAL Section T —	- This Pag	e \$457	.56				
			AL of additional Section							
OTAL OF ALL R	REIMBURSEMENT TO COMMITTEE WO	OR	KERS AND CONSU	JLTANT	\$ \$998	.72				
	·					<u> </u>				

# Section T ADDITIONAL PAGE 5 of 6

NAME OF COMMI	TTEE (Provide Complete Name as Registered with Filing R	Repository	THE PARCEL		Т	VPR OF P	EPOPT	Transport of the	Administration of the last of	
JOHN GOMES	OHN GOMES FOR MAYOR					JULY 10 FILING				
	T. Itemization of F	Reimb	ırsements	and Seco	ndary P	avees			- 100 / March	
Last Name of Worker/0	Consultant		First		J	4,7003	М	Date	of Payment to Vendo	
COLON			LISSETTE				lan.	Person	3/2023	
	n or Entity Paid by Committee Worker/Consultant					Payment	to Reimburs	e Committee	e Worker/Consultan	
AMAZON	or, Person or Entity Paid by Committee Worker/Consultant						in Section P: ck # <u>204</u>	?:		
411 TERRY AV			City SEATTLE				State	Zip Code 98109		
Purpose of Expenditure (by code) OFFICE	Event #							Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Items None of the below Coordinated with reimbursement sought (join Coordinated without reimbursement sought (items)	nt evnendi	turm)	O Indep		0 0	0.0	\$10.8	82	
Last Name of Worker/Co	onsultant	F	rst	- Cigan	ization. O A	0 8 0				
COLON		- 1	ISSETTE				MI	Person o	Payment to Vendor or Entity 3/2023	
AMAZON	or Entity Paid by Committee Worker/Consultant					reported in	Reimburse Section P: k #2047	_	Worker/Consultant	
	, Person or Entity Paid by Committee Worker/Consultant		City			G Chic	× # <u>2047</u>	State	bit Card EF	
411 TERRY AVE			SEATTLE					WA	98109	
turpose of Expenditure by code) OFFICE	Description OFFICE SUPPLIES				Event #				Amount	
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ast Name of Worker/Cor	sultant	Fire	et and a second	<del></del>			MI	Date of P	ayment to Vendor,	
		LI	LISSETTE					Person or 2/21/2		
ame of Vendor, Person of AMAZON	r Entity Paid by Committee Worker/Consultant					Payment to I	Reimburse (		/orker/Consultant as	
reet Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant					Check	# 2047	O Deb	it Card OEFI	
11 TERRY AVE		- 1	City SEATTLE				1	State WA	Zip Code 98109	
rpose of Expenditure y code) OFFICE	OFFICE SUPPLIES				Event #		-		Amount	
spenditure # applicable)	Type of Expenditure (Itemization in Addendum T Req  None of the below Coordinated with reimbursement sought (joint e. Coordinated without reimbursement sought (in-k	vnanditu	,	O Independ	dent O	0 0	0	\$5.77		
		SU	BTOTAL S	Organiza	CHARLES WITH					
		тот	'AL of addit	ional Section	n T Pages	9				
OTAL OF ALL	REIMBURSEMENT TO COMMITTEE				THE PERSON	8	72			
					LIANIS	\$998.	12			

# Section T ADDITIONAL PAGE 6 of 6

NAME OF COMMI	TTEE (Provide Complete Name as Registered with Filing Reposi	tory)		1	YPE OF R	EPORT	S CONTRA	TO SECURE OF SECURE			
JOHN GOMES	DHN GOMES FOR MAYOR						JULY 10 FILING				
	T. Itemization of Rein	ıbu	rsements and Secon	ndary P	ayees		ladok.	Sall Marie			
Last Name of Worker/		- 1	irst LISSETTE		MI		of Payment to Vendo n or Entity /21/2023				
AMAZON	on or Entity Paid by Committee Worker/Consultant				Payment	to Reimbur	se Committe	e Worker/Consultant			
						in Section P ock # <u>204</u>		Debit Card OE			
411 TERRY AV	or, Person or Entity Paid by Committee Worker/Consultant		City SEATTLE				State	Zip Code 98109			
Purpose of Expenditure (by code) OFFICE	Description OFFICE SUPPLIES			Event #				Amount			
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Last Name of Worker/Co	onsultant	Fir		Edition: O A	0 8 0	мі		Payment to Vendor,			
COLON Name of Vendor Basson	or Entity Paid by Committee Worker/Consultant	L	ISSETTE				Person	or Entity 24/2023			
AMAZON	or Entity Pata by Committee Worker/Consultant				reported in	Section P:		Worker/Consultant			
	r, Person or Entity Paid by Committee Worker/Consultant	_	City	Chec	k # <u>2047</u>	7 Debit Card C					
411 TERRY AVI			SEATTLE				WA	98109			
orpose of Expenditure OFFICE	Description OFFICE SUPPLIES			Event #				Amount			
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ast Name of Worker/Co	nsultant	Firs				мі	Date of I	Payment to Vendor,			
COLON		LISSETTE					Person o	r Entity 3/2023			
ame of Vendor, Person of AMAZON	or Entity Paid by Committee Worker/Consultant				Payment to reported in	Reimburse Section P:		Worker/Consultant as			
reet Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant	<del></del>	City		Check	# <u>2047</u>		bit Card OEFT			
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rpose of Expenditure y code) OFFICE	OFFICE SUPPLIES		1	Event #				Amount			
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		SU	BTOTAL Section T —	2012/10/2019	200						
	1	101	AL of additional Section	n T Page	5	-					
OTAL OF ALL	REIMBURSEMENT TO COMMITTEE W			8 . T		72					
The second second		200		DIAM I	S   \$998	.12					