RECEIVED FOR RECORD BRIDGEPORT. CT.

SEEC FORM 20

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

2023 SEP -5 P 1: 44

Page 1 of 17

TOWN CLERK

Do Not Mark in This Space For Official Use Only

COVER PAGE

			ן עוד א	N F	IGE_				
1. NAME OF COMMITTEE		# 1		11 -5					
JOHN GOMES FOR MAYOR						20.100			
2. TREASURER NAME	7			- 14					
First		МІ		Last				-	Suffix
MARIA			_	FIGUE	ROA				
3. TREASURER ADDRESS						T B		·	
Street Address			City				State	2	Zip Code
281 RIDGEFIELD			BRI	DGEP	ORT		СТ	- I,	06610
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUG	HT (Complete	te only i	f Candida	e Committee)	112		6. D	ISTRICT NUMBER
(mm/dd/yyyy)						10		(if appl	
11/07/2023	MAYOR								
7. CANDIDATE NAME (Complete only if	Candidate or Explorator	ry Committee)		- 100				#E8	
First		MI		Last					Suffix
JOHN				GOM	ES				
8. TYPE OF REPORT (Check One Box)		200						7	
O January 10 filing	67th day preced	ding primar	у	O7tl	day preceding referendum		Initial Con	tributio	on or Disbursement
OApril 10 filing	O30 days follow	wing primar	T y	O 45	days following referendum		(<i>PACs ONL</i> 1 Amendme	•	
July 10 filing	7th day preced	ding election	n	O De	ficit		Type of Re		
October 10 filing	12th day prece			O Te	rmination				
O24 Hour Independent Expenditure Primary Election	O45 days follow not held in No	wing electio	-						
9. PERIOD COVERED								W.	
	Beginning Da	ite			Ending Date				
	07/01/2023			thru	09/03/2023				
			_						
10. CERTIFICATION						I M.	Ш		
I hereby certify and state, under possible of the period o	penalties of false seriod covered is t	statement, true, accu	that arate a	all of th and cor	e information set forth on nplete. Frauch G OFSIGNER	n this Ite	mized Ca	9	gn Finance 14123 ATE (mm/dd/yyyy)
A person who is					iolated any provisions o	f the can	npaign fir	nance .	statutes
					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) JOHN GOMES FOR MAYOR	7TH DAY PRECEDING PRIMARY				
	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	\$116,611.23				
13. Contributions Received from Individuals (Sections A and B)	\$9,005	\$249,524.11			
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)	\$9,005	\$285,224.11			
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	\$125,616.23	\$285,224.11			
19. Expenses Paid by Committee (Section P)	\$82,208.67	\$241,816.55			
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	\$43,407.56	\$43,407.56			
21. In-Kind Donations not Considered Contributions Received (Section L4)	\$0.00	\$0.00			
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	\$0.00	\$0.00			
23. In-Kind Contributions Received (Section M)	\$0.00	\$0.00			
24. Refundable Deposit to Telephone Company (Section N)	\$0.00	\$0.00			
25. Loan Balance	\$0.00				
25a. + Loans Received (Section D)	\$0.00	\$0.00			
25b. + Interest and Penalties on Loan	\$0.00	\$0.00			
25c Payments on Loan	\$0.00	\$0.00			
25d. Total Outstanding Loan Amount	\$0.00				
26. Campaign Expenses Paid by Candidate (Section Q)	\$0.00	\$0.00			
27. Expenses Incurred on Committee Credit Card (Section R)	\$0.00	\$0.00			
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	\$3,500				
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	\$3,500				

Section B ADDITIONAL PAGE 1

of 14

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT					
JOHN GOMES FOR MAYOR	7TH DAY PRECEDING PRIMARY					
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	red this Period ONLY SUBTOTAL SECTION A	\$	\$ ==			
B. Itemized Co	ntributions from Indivi	iduals				
BELIARD	ARCHANGE		МІ			
Residential Street Address 249 SALEM ST	BRIDGEPORT		State Zip Code CT 06606			
Principal Occupation	Name of Employer					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Spouse No No Ves Valued at more than \$5,000?	to a candidate for a chief executive is associated with have a contract Syes No	ve officer of a municipality t with said municipality	Amount of Con	tribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a: If yes, list Event # No Of government the contract	state contractor or prospective stanch or branches	te contractor? Yes No Legislative	130.00			
Method of Contribution	Date Received	Aggregate Contributions	1			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 7/23/23					
Last Name RODRIGUEZ	First REYNER		М			
	City	Ī	State Zip Code			
23 SHORT ST	HUNTINGTON		CT 06484			
Principal Occupation CUSTODIAN	Name of Employer BPT BOARD OF	ED	•			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a candidate for a chief executive is associated with have a contract Yes No	e officer of a municipality, with said municipality	Amount of Cont	tribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? If yes, list Event #		tte contractor? Yes No	200.00			
Method of Contribution	Date Received	Aggregate Contributions	1			
OCash Personal Check OCredit/Debit Card Payroll Deduction OMoney	Order 7/14/23					
Last Name BRADLEY	First DENNIS		МІ	_		
	City		State Zip Code	_		
528 CLINTON AVE	BRIDGEPORT		CT 06604			
Principal Occupation LAWYER	Name of Employer BLG					
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	ve officer of a municipality t with said municipality	Amount of Con	tribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event No Yes No If yes, indicate which brain of government the contract	state contractor or prospective sta	te contractor? OYes O Legislative	_ \$1000			
Method of Contribution:	Date Received	Aggregate Contributions	-			
OCash Personal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 8/30/23					
SUBT	FOTAL Section B — This	Page \$1,350.00				
TOTAL	L of additional Section B	Pages				
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line	A INDIVIDUALS (Sections 13, Column A of Summary Page	A + B) Totals) \$9,005				

Section B ADDITIONAL PAGE 2 of 14

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT				
JOHN GOMES FOR MAYOR			7TH DAY PRECEDING PRIMARY					
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A				s				
					_	_	_	
R Itamized C	ontri	ikut	tions from Indivi	duala	100		-	
Last Name	Outr	First		nuais				
Anderson			on					М
Residential Street Address	City	<u>. </u>	.		— т	State	Zip (Code
3579 Beacon Dr	Be	each	nwood			OH	1 .	122
Principal Occupation		1	Name of Employer					
Sports and Spine PT			Sports and Spine	PT				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$44 does contributor or business he/s valued at more than \$5,000?	00 to a he is as	candi ssocia	idate for a chief executive ated with have a contract Oyes No	e officer with said	of a municipality I municipality	Amo	Amount 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 apprincipal of If yes, list Event #	ranch o	or bra	ractor or prospective state	_	● No	- \$20	0.00	
Method of Contribution		1	Date Received		e Contributions	┨		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMor	ey Ord	der	2023-08-31	\$340				
Last Name		First						м
Austin		Gr	ace					
Residential Street Address	City					State	Zip (L Code
22 Dogwood Lane	Tn	rumb	oull			СТ	l '	611
Principal Occupation		1	Name of Employer				_	
Chief Financial Officer			Optimus Health C	are In	c.			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No life contribution is in excess of \$40 does contributor or business he/si valued at more than \$5,000?	00 to a che is as	candi ssocia	idate for a chief executive ated with have a contract	e officer with said	of a municipality i municipality		unt of	f 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 associated with an event reported in Section L1?	ranch	or br	anches	_	No	1 *10	ΙΟ.Οί	,
Method of Contribution	mact 15		Date Received		te Contributions	┨		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMor	ney Ord		2023-07-29	, ,gg, cga	e controllors			
Last Name	_	First			·		_	Тмі
Barreto		Ma	aria					
Residential Street Address	City	' -				State	Zip	Code
7 James Street	M	lilfor	d			CT	06	3460
Principal Occupation		T	Name of Employer				_	
Manager			Barretos Cleaning	g LLC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No If contribution is in excess of \$44 does contributor or business he/s valued at more than \$5,000?	00 to a she is as	cand	idate for a chief executive ated with have a contract Yes No	e officer with sai	of a municipality d municipality	, Amo		f 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, list Event #	ranch	or br	tractor or prospective state	_	⊘ No			
Method of Contribution.		_	Date Received		te Contributions	\dashv		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMor	ney Ord	der	2023-09-01	\$340)			
SU	вто	TAL	Section B — This	Page	ge \$440			
тот	AL of	fado	ditional Section B I	Pages				
TOTAL OF ALL CONTRIBUTIONS FRO			VIDUALS (Sections A		\$9,005			

SEEC FORM 20 Bertard James y 2015

Section B ADDITIONAL PAGE 3 of 14

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	The Market Street Street	TYPE OF REPORT		-37 53 60
JOHN GOMES FOR MAYOR	7TH DAY PRECEDING PRIMARY			
A. Total Contributions from Small Contributors-Receiv	S			
B. Itemized Co	ntributions from Indivi	duals		
Bartlett-Josie	First Christine			МІ
Residential Street Address 1 University Place	City New Haven			p Code 06511
Principal Occupation DNA Campaigns	Name of Employer DNA Campaigns			
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 Ves No	e officer of a municipality, with said municipality		of Contribution
	state contractor or prospective state	e contractor? Yes OLegislative	\$10.00	,
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Date Received	Aggregate Contributions	1	
Last Name	First	<u></u>		MI
Brito Residential Street Address	Evanilda			<u> </u>
33 Edna Avenue	BRIDGEPORT			p Code 06610
Principal Occupation Homemaker	Name of Employer			
	Homemaker			
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?	to a candidate for a chief executive is associated with have a contract Yes No	e officer of a municipality, with said municipality	Amount \$90	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 Section L1?		te contractor? O Legislative		
Method of Contribution	Date Received	Aggregate Contributions	1	
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 2023-08-28	\$580		
Cameron	First Anna			МІ
Residential Street Address 5440 Netherland Avenue	City Bronx			p Code 047 1
Principal Occupation	Name of Employer			
Registered Nurse	Visiting Nurse of	Westchester		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a candidate for a chief executive is associated with have a contract Yes No	e officer of a municipality, with said municipality	Amount \$90	of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is Event # Is contributor a principal of a If yes, indicate which bra of government the contra		e contractor? OYes O Legislative	¥ ==	
Method of Contribution. OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Date Received	Aggregate Contributions \$280	1	
SUB"	TOTAL Section B — This	Page \$190		
TOTAL	L of additional Section B l	'ages		<u></u> .
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line	M INDIVIDUALS (Sections A 13, Column A of Summary Page	A + B) Totals) \$9,005		

Section B ADDITIONAL PAGE 4 of 14

οf	1	4
UI		

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
JOHN GOMES FOR MAYOR			7TH DAY PRECEDING PRIMARY				
A. Total Contributions from Small Contributors-F (See instructions for definition of Small Contributor)	A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A						
B. Itemize	ed Contr	ributions from Indiv	riduals	1	-		
Last Name	250	First		_	MI		
Chukwu		Oni					
Residential Street Address	City	y		State Z	Zip Code		
98 Grovers avenue	BI	RIDGEPORT		CT	06605		
Principal Occupation		Name of Employer					
Managing Partner		Frontiers Acquis	itions LIC				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No Vestor If contribution is in excess does contributor or busines valued at more than \$5,000	ss he/she is a:	candidate for a chief execut associated with have a contra Oyes	ct with said municipality	7. Amoun	Amount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principle of the section L1? If yes, list Event # Of government the	hich branch		ate contractor? Yes No e OLegislative	7	-		
Method of Contribution		Date Received	Aggregate Contributions	-			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction	Money Or		Aggregate Commoditions				
Last Name		First	•		МІ		
De la cruz		Adyerin			M		
Residential Street Address	City	7		State Z	ip Code		
77 6th Street	В	RIDGEPORT			06607		
Principal Occupation		Name of Employer					
Teacher		Creative kids ce					
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	ss he/she is as	candidate for a chief execut associated with have a contra Yes No	ct with said municipality	Amoun	t of Contribution		
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principle of the contributor of the contributor apprinciple of the contributor apprinciple of the contribution associated with an event reported in Section L1?	ipal of a state	te contractor or prospective s	tate contractor? Yes	7			
If yes, list Event of government th			e O Legislative				
Method of Contribution		Date Received	Aggregate Contributions	7			
Cash OPersonal Check Oredit/Debit Card OPayroll Deduction	Money Ord		\$300				
Last Name		First			MI		
DePina		Monalisa					
Residential Street Address	City	у	" .	State 2	Zip Code		
15 Marmil Drive	E	aston		СТ	06612		
Principal Occupation		Name of Employer					
Sales		Reed Exhibition	S				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes Uf contribution is in excess does contributor or busines valued at more than \$5,000	ss he/she is a	a candidate for a chief execut associated with have a contra	ct with said municipality	Amour	at of Contribution		
	ipal of a state	te contractor or prospective s		_ *50			
If yes, list Event # of government th			e OLegislative	-			
Method of Contribution;		Date Received	Aggregate Contributions	7			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction	Money Or	rder 2023-07-10					
	SUBTO	TAL Section B — Th	is Page \$1,140				
TOTAL of additional Section B Pages							
TOTAL OF ALL CONTRIBUTIONS (Enter total	S FROM II	NDIVIDUALS (Section Column A of Summary Pag	s A + B) se Totals) \$9,005		. .		
		and the second s					

Section B ADDITIONAL PAGE 5

of	1	4
----	---	---

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT				
JOHN GOMES FOR MAYOR			7TH DAY PRECEDING PRIMARY					
A. Total Contributions from Small Contrib (See mstructions for definition of Small Contributor)	is Period ONLY OTAL SECTION A	s						
å								
В.	Itemized Cor	ıtrib	utions from Indivi	duals			11.3.3	
Last Name		Fit	rst			1	MI	
DePina		J	lose					
Residential Street Address 485 Hart Street	f	City BRII	DGEPORT	,	State CT	Zip C	ode 606	
Principal Occupation			Name of Employer	<u> </u>				
Electromechanical technician			Unicorr inc.					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is does contributor valued at more the	or business he/she	to a car	ndidate for a chief executive ciated with have a contract Yes	e officer of a municipality with said municipality	/. Amor	Amount of Contribution		
event reported in Section L1? No If yes, in	or a principal of a s ndicate which bran	ich or l	ntractor or prospective state branches	e contractor? Yes No OLegislative		•		
Method of Contribution:			Date Received	Aggregate Contributions	-			
OCash OPersonal Check OCredit/Debit Card OPayroll Dec	duction OMoney	Order		\$320				
Last Name		Fir	rst				MI	
Estrada		c	Catalina					
Residential Street Address		City	· · · · · · · · · · · · · · · · · · ·		State	Zip C	ode	
630 Naugatuck Avenue		Milfo	ord		СТ	064	461	
Principal Occupation			Name of Employer	<u> </u>				
Assistant			NPS					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No loes contributor valued at more the	or business he/she i	o a car is assoc	ndidate for a chief executive ciated with have a contract Yes No	e officer of a municipality with said municipality	/, Amou		Contribution	
event reported in Section L1? No If yes, i	indicate which brat	nch or		No.				
Method of Contribution.	ernment the contrac	t is wi	Date Received	O Legislative	4			
OCash OPersonal Check OCredit/Debit Card OPayroll Dec	duction Money	Order		Aggregate Contributions \$330				
Last Name	and an arrange		75t	\$550			l.a.	
Feliz			Guido				МІ	
Residential Street Address		City			State	Zip C	Code	
275 Garfield Avenue		BRII	DGEPORT		СТ	06	606	
Principal Occupation	· · · · ·	-	Name of Employer		Щ	—	<u> </u>	
BARBER			Evolution Barbers	shop				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No does contributor valued at more the	or business he/she	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	y, Amo		Contribution	
event reported in Section L1? No If yes, in	Is this contribution associated with an event reported in Section L1? Yes No Is contributor a principal of a state contractor or prospective state contractor? Yes No No							
Method of Contribution:	ernment the contrac	icis Wil	Date Received	O Legislative Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll De	duction OMoney	Order		\$430				
	SUBT	OTA	L Section B — This	Page \$230		_		
							-	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)								
(Enter total on Line 13, Column A of Summary Page Totals) \$9,005								

SEEC FORM 20 Berked January 2015

Section B ADDITIONAL PAGE 6 of 14

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
JOHN GOMES FOR MAYOR			7TH DAY PRECEDING PRIMARY			
A. Total Contributions from Small Contributors-Receiv		is Period ONLY OTAL SECTION A	\$			
and the second s						
B. Itemized Co		utions from Indivi	duals			
Fidalgo	Fir	si Baltazar	- 44 			MI
Residential Street Address 435 Vincellette Street	City BRIC	DGEPORT		State CT	Ť	Code 6606
Principal Occupation Polisher	_	Name of Employer 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?	to a can	ididate for a chief executive ciated with have a contract OYes No	e officer of a municipality with said municipality	Am \$9		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 t	ntractor or prospective state	e contractor? Yes OLegislative		U	
Method of Contribution:		Date Received	Aggregate Contributions	┥		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	2023-09-01	\$520			
Last Name Fidalgo	Fin	udovina				М
Residential Street Address	City			State	Zip	Code
587 Colorado avenue Principal Occupation	BRIC	DGEPORT		СТ	06	605
I _ · · ·		Name of Employer				
Dental assistant		Dr. Vayner family	•			
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	didate for a chief executive ciated with have a contract O 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 # Section L1? If yes, list Event # Section L1? If yes, list Event #	anch or l	branches	te contractor? Yes No Legislative		•	
Method of Contribution.		Date Received	Aggregate Contributions	┥		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	2023-09-01	\$340			
Last Name	Fir	st				MI
Fidalgo	E	gídio				
Residential Street Address 585 Colorado avenue	City BRII	DGEPORT		State	1 1	Code 6605
Principal Occupation		Name of Employer				
Retired		Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a can	indidate for a chief executive ciated with have a contract Yes No	e officer of a municipality with said municipality	, Am		of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? If yes, list Event #	anch or t	branches	e contractor? Yes No Legislative	_	•	
Method of Contribution:		Date Received	Aggregate Contributions	\dashv		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	2023-08-30	\$310			
SUB	ТОТА	L Section B — This	Page \$270			
		dditional Section B I				
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line	M INDI 13, Coli	IVIDUALS (Sections A umn A of Summary Page	A + B) Totals) \$9,005			
		The state of the s				_

SEEC FORM 20 Bryind January 2015

Section B ADDITIONAL PAGE 7

of	14
----	----

NAME OF COMMITTEE (Provide Complete Name as Registered v	with Filing Repository)			TYPE OF REPORT		3.50 E/I
			7TH DAY PRECEDING PRIMARY			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$			
	<u> </u>					
	B. Itemized Co	ntrib	utions from Indivi	duals	Xiii	
Last Name	189	0.7	rst			MI
Fidalgo			Maria			
Residential Street Address 585 Colorado avenue		City			State	Zip Code
		BRII	DGEPORT		СТ	
Principal Occupation Retired			Name of Employer			
			Retired			
or dependent child of a lobbyist? No does contributed at more	n is in excess of \$400 ntor or business he/she te than \$5,000?	to a car is assoc	ndidate for a chief executive ciated with have a contract OYes No	e officer of a municipality with said municipality	y. Amo	unt of Contributi
event reported in Section L1? No If ye	butor a principal of a s, indicate which bra sovernment the contra	nch or l	ntractor or prospective state branches h: Executive	e contractor? Yes OLegislative		
Method of Contribution	·		Date Received	Aggregate Contributions	-	
OCash OPersonal Check OCredit/Debit Card OPayroll	Deduction OMoney	Order	2023-07-05	\$220		
Last Name		Fir	st		—	МІ
Frazao		\	/ictor			
Residential Street Address		City			State	Zip Code
1019 Main Street		BRI	DGEPORT		СТ	06604
Principal Occupation			Name of Employer	•		
Vice President			Frazao Insurance			
or dependent child of a lobbyist? No does contribute	n is in excess of \$400 tor or business he/she te than \$5,000?	to a can	didate for a chief executive ciated with have a contract O Yes No	e officer of a municipality with said municipality	y. Amo	unt of Contributi
event reported in Section L1? No If ye	ibutor a principal of a es, indicate which bra government the contra	nch or		te contractor? Yes		
Method of Contribution		_	Date Received	Aggregate Contributions	┪	
OCash OPersonal Check OCredit/Debit Card OPayroll	Deduction OMoney	Order	2023-08-31			
Last Name		Fin	ist .	· · · · · · · · · · · · · · · · · · ·		Мі
Gonzalez azcona		J	loel			l l
Residential Street Address		City	·		State	Zip Code
77 Nixon Avenue		Nau	gatuck		СТ	06770
Principal Occupation		<u> </u>	Name of Employer			<u></u> .
or dependent child of a lobbyist? No does contribu	n is in excess of \$400 ntor or business he/she re than \$5,000?	to a car is asso	ididate for a chief executive ciated with have a contract O Yes No	e officer of a municipality with said municipality	y. Amo	ount of Contributi
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No No Social Social Social Section L1? If yes, list Event # Social Social Social Section L1? If yes, indicate which branch or branches of government the contract is with: Executive O Legislative						
Method of Contribution	, , , , , , , , , , , , , , , , , , , ,		Date Received	Aggregate Contributions	\dashv	
OCash OPersonal Check OCredit/Debit Card OPayroll	Deduction OMoney	Order	2023-08-30			
	SUB	ГОТА	L Section B — This	Page \$1,510		
	TOTAL	L of a	dditional Section B F	Pages		
TOTAL OF ALL CONTR			IVIDUALS (Sections A			-33
		-, 500				

SEEC FORM 20 Berind Junuary 2015

Section B ADDITIONAL PAGE 8 of 14

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	= 01		TYPE OF REPORT			11 11
JOHN GOMES FOR MAYOR			7TH DAY PRECEDING PRIMARY			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			s			
	ntrib	utions from Indivi	duals		The	
Last Name	Fir	si	101	-		МІ
Hall		ohnel				
Residential Street Address 122 Madison Terrace	City			State	Zip (
Principal Occupation	BHIL	OGEPORT		СТ	06	604
Barber		Name of Employer				
		Johnel Hall		_		
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?	to a can is assoc	didate for a chief executive istated with have a contract OYes ONo	e officer of a municipality with said municipality	, Amo		Contribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a lfyes, indicate which brateful of government the contraction of government the contraction.	nch or b	ranches	e contractor? Yes No Clegislative	٦ ٠ .٠	•	
Method of Contribution:	Ct 15 WILL	Date Received	Aggregate Contributions	-		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	2023-08-10	\$800			
Last Name	Fire	st	<u> </u>			ΜI
Hali	J	ohnell				
Residential Street Address	City	-		State	Zip C	ode
122 Madison Terrace	BRIC	DGEPORT		CT	06	604
Principal Occupation		Name of Employer				
Barber		Johnel Hall				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No lf 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 intended 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 # Section L1? If yes, list Event #	inch or t	branches	● No	_ ``		
If yes, list Event # of government the contra	ct is wit	Date Received	Legislative Aggregate Contributions	4		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	/ Order	2023-07-10	\$800			
Last Name	Fir		Ψ000			[20]
Gouveia	- 1	udith Ann				МІ
Residential Street Address	City			State	Zip (Code
179 Lenox Avenue	BRID	OGEPORT		CT	06	605
Principal Occupation		Name of Employer		<u> </u>	<u> </u>	
Special Education Teacher		Hubbard Day				
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	didate for a chief executive stated 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? Yes No Is contributor a principal of a lfyes, indicate which bra	nch or l	ntractor or prospective state	No	┑ ′		
If yes, list Event # of government the contra Method of Contribution	ct is wit	Date Received	O Legislative	4		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	2023-07-18	Aggregate Contributions			
SUB ²	ТОТА	L Section B — This	Page \$300			
TOTAL	L of ac	Iditional Section B I	Pages			
TOTAL OF ALL CONTRIBUTIONS FROM	M IND	IVIDUALS (Sections A	A + B) 00 005			
(Enter total on Line	13, COU	umn A of Summary Page	1 otals)			- 30

SEEC FORM 20 Berind Journy 2015

Section B ADDITIONAL PAGE 9 of 14

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
JOHN GOMES FOR MAYOR				7TH DAY PRECEDING PRIMARY			
A. Total Contributions from S (See instructions for definition of Small			is Period ONLY OTAL SECTION A	\$			
				<u> </u>			
	B. Itemized Co	ntrib	utions from Indivi	duals		- 85	
Last Name Greenberg		Fir					MI
Residential Street Address			Maxine				<u> </u>
265 Balmforth St		City BRII	DGEPORT		State CT		^{Code} 3605
Principal Occupation			Name of Employer				<u> </u>
Psychotherapist			Maxine Greenber	-			
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 can	adidate for a chief executive ciated with have a contract OYes	e officer of a municipality with said municipality	Ame \$50		f 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 C	Card OPayroll Deduction OMoney	Order	2023-08-19				
Lest Name		Fir					MI
Hilario		^_	/laria				
Residential Street Address 3900 Main Street		City BRII	OGEPORT		State CT	1	Code 5606
Principal Occupation			Name of Employer	<u>.</u>	<u> </u>		
Housekeeper			Maria Hilario Clea	•			
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 ciated with have a contract Yes No	e officer of a municipality with said municipality	/. Ame		f Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	No If yes, indicate which bra	inch or	branches	_ No			
Method of Contribution	of government the contra	ict is wii	Date Received	Aggregate Contributions	4		
OCash OPersonal Check OCredit/Debit C	Card Payroll Deduction Money	Order	2023-08-31	Aggregate Contributions			
Last Name		Fin					М
Inoa		- 1	 Valtter				
Residential Street Address		City			State	Zip	Code
161 Briarfield Dr		Stra	tford		СТ	06	6614
Principal Occupation			Name of Employer				
Realtor			Las Americas Re	al Estate			
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 Yes No	e officer of a municipality	100	ount o	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 l	branches	te contractor? Yes No Legislative	7		
Method of Contribution			Date Received	Aggregate Contributions	\dashv		
OCash OPersonal Check OCredit/Debit C	Card OPayroll Deduction OMone	y Order	2023-08-30				
	SUB'	TOTA	L Section B — This	Page \$1,300			
	TOTA	L of a	dditional Section B	Pages			
TOTAL OF A	ALL CONTRIBUTIONS FROM (Enter total on Line		IVIDUALS (Sections fumn A of Summary Page				
						_	

SEEC FORM 20 Bried January 2015

Section B ADDITIONAL PAGE 10 of 14

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
JOHN GOMES FOR MAYOR			7TH DAY PRECEDING PRIMARY			
A. Total Contributions from Small Contributors-Recei (See instructions for definition of Small Contributor)		his Period ONLY OTAL SECTION A	s			
		outions from Indivi	duals			
Last Name	- 1	irst			MI	
Leite		Ilidio 				
Residential Street Address	City			State	Zip Code	
79 Coleman St	BRI	IDGEPORT		СТ	06604	
Principal Occupation		Name of Employer			·	
Watch polisher		Breitling usa				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of Contribution is in excess of \$40 does contributor or business he/sh valued at more than \$5,000?	0 to a ca ne is asso	andidate for a chief executive ociated with have a contract Oyes	e 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 # Yes Is contributor a principal of a lf yes, indicate which broof government the contributor.	anch or	branches	e contractor? Yes No Legislative		·	
Method of Contribution:		Date Received	Aggregate Contributions	┥		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	ey Order		\$420			
Last Name	F	urst			Тмі	
Miranda	- ,	Josh			7-12	
Residential Street Address	City	<u> </u>		State	Zip Code	
537 Wood Ave	BRI	IDGEPORT		СТ	06604	
Principal Occupation		Name of Employer		<u> </u>		
Videographer		Vz Production				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No If contribution is in excess of \$40 does contributor or business he/sh valued at more than \$5,000?	0 to a ca	indidate for a chief executive ociated 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 # Yes	ranch of	r branches	te contractor? Yes No Legislative			
Method of Contribution:	tact is w	Date Received	Aggregate Contributions	-		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMono	ev Order		\$300			
Last Name		inst	****		IMI	
Monteiro	- 1	Maria			140	
Residential Street Address	City	· · · · · · · · · · · · · · · · · · ·		State	Zip Code	
85 East Broadway	Mill	ford		СТ	06460	
Principal Occupation		Name of Employer				
Retired		Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Yes If contribution is in excess of \$40 does contributor or business he/st 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 # Section L1? If yes, list Event #	ranch or	r branches	te contractor? Yes No Legislative	7		
Method of Contribution		Date Received	Aggregate Contributions	┪		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMon	ey Orde	r 2023-08-02				
SUI	втот	AL Section B — This	Page \$300		-	
TOTAL of additional Section B Pages						
TOTAL OF ALL CONTRIBUTIONS FRO		DIVIDUALS (Sections and olumn A of Summary Page				

Section B ADDITIONAL PAGE 11 of 14

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT			
JOHN GOMES FOR MAYOR		7TH DAY PRECEDING PRIMARY			
A. Total Contributions from Small Contributors-Receiv	S				
		_			
B. Itemized Co	ntributions from Indivi	duais			
Filipe	First Moura		MI		
Residential Street Address 21 Waller Road	City BRIDGEPORT		State Zip Code CT 06606		
Principal Occupation Homemaker	Name of Employer Homemaker				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Use Contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	is associated with have a contract	e officer of a municipality, with said municipality			
	state contractor or prospective statench or branches	e contractor? Yes OLegislative	_ \$100 _		
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Date Received	Aggregate Contributions			
Last Name Neves	First Diego		МІ		
Residential Street Address 20 Amsterdam Avenue	BRIDGEPORT		State Zip Code CT 06606		
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 \$400 does contributor or business he/she valued at more than \$5,000?	to a candidate for a chief executive is associated with have a contract Yes No	e officer of a municipality, with said municipality	Amount of Contribut		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? If yes, list Event #		te contractor? Yes No	31,000		
Method of Contribution Cash Personal Check Credit/Debit Card Payroll Deduction Money	Date Received	Aggregate Contributions			
Last Name Paimer	First Donna		MI		
238 Mountain Grove Street	City BRIDGEPORT		State Zip Code CT 06605		
Principal Occupation Life Enrichment Director	Name of Employer St Joseph Center		<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 executive is associated with have a contract Yes No	e officer of a municipality, with said municipality	, Amount of Contribut		
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 #		te contractor? OLegislative			
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	Date Received	Aggregate Contributions			
SUB	TOTAL Section B — This	Page \$1,150			
	L of additional Section B l				
TOTAL OF ALL CONTRIBUTIONS FRO	M INDIVIDUALS (Sections A 13, Column A of Summary Page	A + B) Totals) \$9,005	E 57		

SEEC FORM 20 British January 2015

Section B ADDITIONAL PAGE 12 of 14

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT			
JOHN GOMES FOR MAYOR	7TH DAY PRECEDING PRIMARY			
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	\$			
B. Itemized Co.	ntributions from Indiv	iduals		
Last Name	First		MI	
Phelan	John		744	
Residential Street Address	City		State Zip Code	
350 Grovers ave	BRIDGEPORT		CT 06605	
Principal Occupation	Name of Employer			
Financial adv	John Phelan Fin	ance		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Ves Valued at more than \$5,000?	to a candidate for a chief executi is associated with have a contract Oyes No	ve officer of a municipality, t with said municipality	Amount of Contribution	
	state contractor or prospective sunch or branches	No No	, \$100	
Method of Contribution	42	O Legislative	1	
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Date Received Order 2023-07-17	Aggregate Contributions		
Last Name			ļ	
Rosa	First Edmilson		MI	
Residential Street Address	City		17:01	
154 Summerfield Avenue	BRIDGEPORT	i i	State Zip Code CT 06610	
Principal Occupation	Name of Employer			
Shipper	Superior Platinf			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No lf contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a candidate for a chief executi is associated with have a contract Yes No	ve officer of a municipality, t with said municipality	Amount of Contribution	
event reported in Section L1? No If yes, indicate which bra	state contractor or prospective st	_ No	, \$100	
If yes, list Event # of government the contract Method of Contribution:		Legislative	ļ	
	Date Received	Aggregate Contributions		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Last Name	Order 2023-09-02			
Teixeira	Heitor		MI	
Residential Street Address	City		State Zip Code	
2300 via Palma Dr	North Myrtle Beach		SC 29582	
Principal Occupation	Name of Employer			
Retired	Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of \$400 does contributor or business he/she valued at more than \$5,000?	to a candidate for a chief executi is associated with have a contract Yes No	t with said municipality	Amount of Contribution	
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a lfyes, indicate which bra:	state contractor or prospective struch or branches	ate contractor? Yes	1 4173	
If yes, list Event # of government the contract Method of Contribution.	Date Received	Legislative		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney		Aggregate Contributions		
SUBT	FOTAL Section B — Thi	s Page \$375	<u></u>	
TOTAL	L of additional Section B	Pages		
TOTAL OF ALL CONTRIBUTIONS FROM	M INDIVIDUALS (Sections	A + B) 40 005		
(Enter total on Line 13, Column A of Summary Page Totals) \$9,005				

Section B ADDITIONAL PAGE 13 of 14

State Zip Code CT O6606	NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	ME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
Substitution State Substitution Subs	JOHN GOMES FOR MAYOR			7TH DAY PRECE	7TH DAY PRECEDING PRIMARY		
Last Name Valentine Residential Seven Address 1115 Golden Crest Drive Princed Congastor Educator It contribution associated with an overest reported in Section L17 Pyer, indicates it is associated with an event reported in Section L17 Pyer, indicates it is associated with an event reported in Section L17 Pyer, indicates which branch or branches of Pyeroll Deduction Supervisor Supervisor It contribution associated with an event reported in Section L17 Pyer, indicates which branch or branches Toggram Digna Amount of Contribution State Aggrapts Contributions Supervisor Digna Digna Amount of Contribution State Pyer, indicates which branch or branches Toggram Digna Digna Amount of Contribution State Toggram Digna Digna Amount of Contribution State Toggram Digna Digna Amount of Contribution State Toggram Digna D				\$	0%		e de la companya de l
Last Name Valentine Residential Seven Address 1115 Golden Crest Drive Princed Congastor Educator It contribution associated with an overest reported in Section L17 Pyer, indicates it is associated with an event reported in Section L17 Pyer, indicates it is associated with an event reported in Section L17 Pyer, indicates which branch or branches of Pyeroll Deduction Supervisor Supervisor It contribution associated with an event reported in Section L17 Pyer, indicates which branch or branches Toggram Digna Amount of Contribution State Aggrapts Contributions Supervisor Digna Digna Amount of Contribution State Pyer, indicates which branch or branches Toggram Digna Digna Amount of Contribution State Toggram Digna Digna Amount of Contribution State Toggram Digna Digna Amount of Contribution State Toggram Digna D							
Stephen Stephen Stephen Stephen State Zip Code Contribution and Stephen State Zip Code	B. Itemized Co	ntrib	utions from Indivi	duals			
Supervision State Supervision				7 74 = 2.22			MI
This Golden Crest Drive Durham Name of Employer			Stephen				
Educator Is contributor a lobbyst, spouse, or dependent child of a lobbyst? Is this contribution associated with an event reported in Section LT? If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, valued at more than \$5,000? If this contribution associated with an event reported in Section LT? If yes, list Event 8 If contribution is one excess of \$400 to a candidate for a chief executive officer of a municipality, valued at more than \$5,000? If yes, list Event 8 If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, of the property of the experiment of the property of the property of the experiment of the property of the p			ham			1 '	
Is contributor a lobbyist, spouse, or dependent child of a lobbyst? Who is this contribution associated with have expensed by the sevent reported in Section L17	Principal Occupation		Name of Employer		<u> </u>		
does contributor or business he/she is associated with have a contractor? Is this contribution associated with an event reported in Section L1? If yes, lidicate which branch or branches of government the contract is with: If yes, lidicate which branch or branches of government the contract is with: Executive OLegislative Mo Weloz Readerial Sever Address 176 Yaremich Drive Principal Occupation Supervisor Supervisor Supervisor Supervisor Supervisor Is doi: contributor or business be/she is associated with have a contractor? Yes, lidicate which branch or branches of government the contract is with: Brincipal Occupation State: Zip Code CT 06806 Readerial Sever Address 176 Yaremich Drive Principal Occupation Supervisor Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is contributor or business be/she is associated with have a contract with aid municipality of yes and at more than \$1,000? Yes over ent reported in Section L1? If yes, indicate the same contractor? No valued at more than \$1,000? Totality Home Health Care Agency Is contributor or business be/she is associated with have a contractor or manufacility with aid municipality of the contribution of the principal of a state contractor or prospective state contractor? No If yes, indicate which branch or branches of government the contract is with: Executive OLegislative No If yes, indicate which branch or branches of government the contract is with: Executive OLegislative No If yes, indicate which branch or branches of government the contract is with: Branchon Principal Occupation Student Student Student Student Student Substitutor of balance she which branch or branches of government the contract is with: Student Student Student Student Substitutor of School L1? Student Stud	Educator		NCCU				
event reported in Section L17 Pres, laticate which branch or branches of government the contract is with: Security Determination No of government the contract is with: Determination Determinati	or dependent child of a lobbyist? No does contributor or business he/she valued at more than \$5,000?	is asso	ciated with have a contract OYes No	with said municipality	507 (34		f Contribution
Method of Contributions Mil Date Received 2023-07-05	event reported in Section L1? No If yes, indicate which bra	nch or	branches	No			
Survey Digna State Address City BRIDGEPORT State Contribution Contribution Supervisor S	Method of Contribution,				┥		
Reademial Street Address 176 Yaremich Drive Rid Occupation Supervisor Supervisor Street Address 176 Yaremich Drive Rid Occupation Supervisor Street Address Supervisor Street Address Supervisor Street Address Supervisor Is contributor a lobbyist, spouse, or dependent child of a lobbyist? So of dependent child of a lobbyist? So of dependent child of a lobbyist? So of Supervisor Street Supervisor Student Street Address Street Address Student Street Address Student Student Street Address Student	OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	2023-07-05				
Residential Street Address 176 Yaremich Drive Name of Employer State City State Contribution at lobbyist, spouse, or dependent child of a lobbyist? No Valued at more than \$5,000? State City State Contribution a sociated with an amount of Contribution of Section L1? Yes, list Event Feronal Check Credit/Debit Card Payroll Deduction Mame of Employer Totally Home feath Care Agency Amount of Contribution of Section L1? Yes, list Event Feronal Check Credit/Debit Card Payroll Deduction Money Order Date Received Ageregate Contributions State Zip Code State Significant Significant State Significant	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Fi	ršt			_	М
Security	Veloz	ſ	Digna				
Principal Occupation Supervisor Is contributor a lobbyist, spouse, or dependent child of a lobbyist, spouse, or	Residential Street Address	-			State	Zip (Code
Supervisor Totality Home Health Care Agency Is contributor a lobbyist, spouse, or dependent child of a lobbyist? 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 hard event reported in Section L1? If contribution a ssociated with an event reported in Section L1? If yes, indicate which branch or branches of government the contract is with: State State Sta		BRII	DGEPORT		СТ	06	606
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Secontribution of the properties of the properti			1 ' '	alth Care Agency			
Is this contribution associated with an event reported in Section L1? If yes, list Event # Method of Contribution Student Stu	or dependent child of a lobbyist? No does contributor or business he/she	to a car	ciated with have a contract	e officer of a municipality with said municipality			f Contribution
Method of Contribution: Ocash Personal Check © Credit/Debit Card Payroll Deduction Money Order Date Reserved 2023-09-02 \$345 MI State Principal Occupation Student Stude	event reported in Section L17	anch or	branches	No No			
Last Name Vieira Residential Street Address 589 Lincoln Avenue BRIDGEPORT State CT O6606 Principal Occupation Student Amount of Contribution Spo Spo Spo Spo Spo Spo Spo S					┪		
Residential Street Address State	OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order	2023-09-02	\$345	1		
Residential Street Address 589 Lincoln Avenue BRIDGEPORT City BRIDGEPORT State CT O6606 Principal Occupation Student Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Is this contribution associated with an event reported in Section L1? If yes, list Event # Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money Order Substate City BRIDGEPORT Name of Employer Student Student Student Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Ves No Substate Zip Code O6606 Amount of Contribution of a municipality valued at more than \$5,000? Yes No Substate Total of additional Section B Pages TOTAL of additional Section B Pages TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) Coty State Zip Code Of O6606 Amount of Contribution State CT O6606 Amount of Contribution State CT O6606 CT O6606 CT O6606 Amount of Contribution State Contractor Syes No Substate In Coty State In Coty In Coty State In Coty In Coty In Coty In Contribution State In Coty In	Last Name	Fi	irst				MI
Student Stu	Vieira		Brandon				
Student 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? St this contribution associated with an event reported in Section L1? Syes, list Event # Method of Contribution OCash OPersonal Check Ocedit/Debit Card OPayroll Deduction OMoney Order SUBTOTAL Section B Pages TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) SOME TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	Residential Street Address 589 Lincoln Avenue	1 '	DGEPORT			1 '	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? If yes, indicate which branch or branches of government the contract is with: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order SUBTOTAL Section B — This Page \$290 TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	Principal Occupation	<u>. </u>	Name of Employer	 			
does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? If yes, list Event # Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order SUBTOTAL Section B — This Page TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	Student		Student				
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order SUBTOTAL Section B — This Page TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	or dependent child of a lobbyist? One does contributor or business he/she	to a car	ciated with have a contract	e officer of a municipality with said municipality			f Contribution
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order SUBTOTAL Section B — This Page \$290 TOTAL of additional Section B Pages TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	event reported in Section L1? No If yes, indicate which bra	anch or	branches	⊚ No	7		
SUBTOTAL Section B — This Page \$290 TOTAL of additional Section B Pages TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) \$20.005	Method of Contribution:	-	Date Received		-		5.0
TOTAL of additional Section B Pages TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order	2023-08-29	.\$330			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	SUB	TOTA	AL Section B — This	Page \$290			
	ТОТА	L of a	dditional Section B I	Pages	_		Š.,
							404)

SEEC FORM 20 British January 2015

Section B ADDITIONAL PAGE 14 of 14

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Reposit	itory)		TYPE OF REPORT	-		
			7TH DAY PRECE	7TH DAY PRECEDING PRIMARY		
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$			
A			-			
	d Contrib	utions from Indivi	duals	10	J-8-1-3-5	
Last Name		rst			MI	
Villacis	⊦	Kathy				
Residential Street Address	City			State	Zip Code	
64 Hawkins Street	Dert	by		CT .	06418	
Principal Occupation		Name of Employer				
Insurance		New Insight Eyec	are			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of does contributor or business valued at more than \$5,000?	he/she is asso	ndidate for a chief executive ciated with have a contract OYes No	e officer of a municipality with said municipality	Amoi	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of some section of government the section of governmen	ich branch or l	ntractor or prospective state branches	e contractor? Yes OLegislative			
Method of Contribution:		Date Received	Aggregate Contributions	┥		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction O	Money Order	2023-08-30	\$280			
Last Name	Fi	rst			Мі	
Xavier		lose			"	
Residential Street Address	City		<u> </u>	State	Zip Code	
547 Colorado Avenue	,	DGEPORT		CT	06610	
Principal Occupation		Name of Employer			<u> </u>	
Custodian		City of Bridgeport				
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?	he/she is asso	ndidate for a chief executive ciated with have a contract Yes No	e officer of a municipality with said municipality	Amor \$70	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event No Yes No If yes, indicate whi of government the	ich branch or		te contractor? Yes No Legislative	7		
Method of Contribution	· Cottaact 13 Wi	Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroli Deduction O	Money Order	2023-08-18				
Last Name		inst	<u> </u>		Тмі	
	-				1	
Residential Street Address	City			State	Zip Code	
Principal Occupation		Name of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes lf contribution is in excess o does contributor or business valued at more than \$5,000?	he/she is asso	ndidate for a chief executive sciated with have a contract Yes No	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 # If yes, list Event #	ich branch or		te contractor? Yes No Legislative	7 ·		
Method of Contribution	vonuect 15 WI	Date Received	Aggregate Contributions	\dashv		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction O	Money Order					
	SUBTOTA	AL Section B — This	Page \$160			
		dditional Section B		-		
TOTAL OF ALL CONTRIBUTIONS (Enter total of		DIVIDUALS (Sections				
I Eriaci Ivitti Vi	15, 00	1 of Dunanuity 1 age	- Jan 19			

SEEC FORM 20 Royled January 2015

Section P. ADDITIONAL PAGE 1____ of 31___

NAME OF COMMITT	EE (Provide Complete Name as Registered with Filing Repository)	THE PARTY OF		TYPE OF REPORT			
JOHN GOMES I	FOR MAYOR			7TH DAY PRECE	DING PI	RIMARY	
P. Expenses Paid by Committee							
PUERTO RICAN PARADE FAIRFIELD COUNTY 7/3/23					Method of F Check	# <u>2144</u>	
P.O. BOX 447		BRIDGEP	ORT		State CT	Zip Code 6601	
Purpose of Expenditure (by code) MISC	PUERTO RICAN PARADE FLOAT	-	Event	4		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	mmittee) c)	Independent	A OB OC OD	\$2,200	,	
Name of Payee			O'Igantoationizo	Date of Payment	Method of P		
CELL TOUCH				7/3/23	Check Debit		
Street Address		City			State	Zip Code	
2127 BOSTON A	WE	BRIDGEP	ORT		CT	6610	
Purpose of Expenditure (by code)	Description OFFICE CELL		Event	•	Amount \$107.00		
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 D B O C D D							
Name of Payee				Date of Payment	Method of Payment		
GOOGLE ADS				7/3/23	Check Debit		
Street Address		City			State	Zip Code	
1600 AMPHITHE	EATRE PKWY	MOUNTAI	N VIEW		CA	94043	
Purpose of Expenditure (by code) A-WEB	POUTUBE ADS		Event 1			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 conti	emmittee) re)	O Independent	DA OB OC OD	\$ 9.25		
Name of Payee				Date of Payment	Method of F		
FRANKIE DINNI	ER			7/3/23	Check Debit	_	
Street Address 1660 BARNUM	AVE	City BRIDGEP	ORT		State CT	Zip Code 6610	
Purpose of Expenditure (by code)	Description Event #				\$166.3	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				\$100.5	10	
SUBTOTAL Section P — This Page \$2,482.63							

Section P. ADDITIONAL PAGE 2 of 31

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			1	TYPE OF REPORT			
JOHN GOMES I	FOR MAYOR			7TH DAY PRECE	DING PE	RIMARY	
	P. Expenses	Paid by Committee		Later Copy I		ALL STATE	
META PLATFORMS 7/5/23				Method of P Check Debit (State	#		
1601 WILLOW F						94025	
Purpose of Expenditure (by code) A-WEB	'				\$175.2	Amount	
Expenditure # (if applicable)						.•	
Name of Payee SABRINA SMITI	1		۵	Pate of Payment 7/10/23	Method of P Check Debit	# <u>2154</u>	
Street Address		City			State	Zip Code	
48 WILLIAMSBU		BRIDGEPORT	<u> </u>		СТ	6606	
Purpose of Expenditure (by code) WAGE	OFFICE CORDINATOR		Event #		Amount \$350.00		
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 C D					φ330.t		
Name of Payee ALONDRA NIE\	/ES			Pate of Payment 7/10/23	Method of Payment: Check # 2153 Debit Card DEFT		
Street Address 429 KENT AVE		BRIDGEPORT	·	***	State CT	Zip Code 6610	
Purpose of Expenditure (by code) WAGE	Description OFFICE STAFF		Event #		Amount \$90.00		
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 cont	ommittee) re)	endent _	л A О В О С О Д			
Name of Payee	-		I	Date of Payment	Method of I		
JEFFERSON M	ARTINS			7/10/23	Check		
Street Address 2626 PARK AVE	.	BRIDGEPORT			State	Zip Code 6604	
Purpose of Expenditure (by code)	PHOTOS Event #			\$100.0	Amount		
Expenditure # (% applicable)					1,00.0		
SUBTOTAL Section P — This Page 715.26							

SEEC FORM 20 Revised Jonesey 2015

Section P. ADDITIONAL PAGE 3 of 31

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
JOHN GOMES	FOR MAYOR			7TH DAY PRECE	DING PI	RIMARY	
	P. Expenses	Paid by Committee	I Tig				
AMAZON 7/10/23				Method of F Check	#		
Street Address		City			State	Zip Code	
411 TERRY AVE	: N	SEATTLE			WA	98109	
Purpose of Expenditure (by code) MISC	PARADE ACCESSRIES		Event #			Amount	
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Required um 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	\$141.7	3	
Name of Payee BJS WHOLESA	LE			Date of Payment 7/10/23	Method of P Check Debit (#	
Street Address 40 BLACK ROC	K TPKE	FAIRFIELD			State CT	Zip Code 6824	
Purpose of Expenditure (by code) MISC	Description WATER FOR THE OFFICE		Event #		\$47.9	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 A B C D D							
Name of Payee GOOGLE GSUITS Date of Payment 7/10/23					Method of Payment: O Check # O Debit Card OEFT		
Street Address 1600 Amphithea	atre Pkwy	Mountain View			State	2ip Code 94043	
Purpose of Expenditure (by code) A-WEB	GOOGLE APPS		Event #	,	\$45.9	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 control	ommittee) ore) Indepen	ndent	DA OB OC OD	φ43.9	•	
Name of Payee BBI				7/10/23	Method of F O Check	#	
Street Address 269 WOODMON	NT RD	MILFORD			State	2īp Code 6460	
Purpose of Expenditure (by code) PRNT					\$1,160	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 D				91,100	,		
	SUBTOTAL Section P — This Page \$1,395.50						

Section P. ADDITIONAL PAGE 4 of 31

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
JOHN GOMES FOR MAYOR			7TH DAY PREC	EDING PRIMARY
	TO SOUTH THE REAL PROPERTY.			
MS-IMAGE SINGS 7/11/23				Method of Payment: Check # 2156 Debit Card DEFT
Street Address 16 POTER ST		City BRIDGEPORT		State Zip Code CT 6604
Purpose of Expenditure (by code)	Description CAR WINDOW STICKER/MAGNET/BANN	Amount \$1,160.00		
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	nmittee)	·	
Name of Payee USPS			7/12/23	Method of Payment O Check # Debit Card OEFT
Street Address 115 BOSTON AV	/E	BRIDGEPORT		State Zip Code CT 6610
Purpose of Expenditure (by code)	Description STAMPS	Amount \$330,00		
Expenditure # (If applicable)				
Name of Payee ANEDOT	Method of Payment: O Check # O Debit Card OEFT			
Street Address 1340 POYDRAS	S ST STE 1770	NEW ORLEANS		State Zip Code LA 70112
Purpose of Expenditure (by code)	CREDIT FEE CHARGE		Event #	Amount \$444.20
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Required unit None of the below (does not involve another candidate or oc Coordinated with reimbursement sought (joint expenditus Coordinated without reimbursement sought (in-kind control of the cont	ommittee) re) Indepen	,	
Name of Payee CUMBERLAND Street Address	4		Date of Payment 7/13/23	Method of Payment: O Check # Debit Card DEFT
1290 W BROAD	ST	STRATFORD		State Zip Code CT 6615
Purpose of Expenditure (by code) TRVL	Description GAS CARD		Event #	Amount \$100.00
Expenditure # (If applicable)				
		SUBTOTAL Section P —	- This Page \$2,034.20	

Section P. ADDITIONAL PAGE 5 of 31

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	TYPE OF REPORT		
JOHN GOMES F	FOR MAYOR		7TH DAY PRECE	DING PRIMARY		
	P. Expenses	Paid by Committee				
Name of Payee			Date of Payment	Method of Payment		
RITE AID			7/13/23	OCheck #		
Street Address		City		State Zip Code		
3680 MAIN ST		STRATFORD		CT 6615		
Purpose of Expenditure (by code) EFV	PLIP PHONES		Event #	Amount \$63.78		
Expenditure # (if applicable)						
Name of Payee	· · · · · · · · · · · · · · · · · · ·		Date of Payment	Method of Payment:		
MIGUEL LLANO	S		7/13/23	© Check # 2155_ O Debit Card OEFT		
Street Address		City		State Zip Code		
58 LOUISIANA A	WE	BRIDGEPORT		CT 6610		
Purpose of Expenditure (by code)	PHOTO/VIDEO TAKE & EDIT		Event #	Amount \$700.00		
Expenditure # - (if applicable)	Type of Expenditure (Itemization in Addendum P Required uni	less "None of the below" is c	:hecked)	4,00.00		
	None of the below (does not involve another candidate or committee)					
Name of Payee	- -		Date of Payment	Method of Payment		
DNA CAMPAING	GS		7/14/23	Check # 2151 Debit Card DEFT		
Street Address 800 VILLAGE W	ALK	City GUILFORD		State Zip Code CT 6437		
Purpose of Expenditure (by code)	Description		Event #	Amount		
CNSLT	CONSULTANT FEES			\$10,025.51		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unit None of the below (does not involve another candidate or expenditure) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind controlled)	ommittee) re)	,	,		
Name of Payee			Date of Payment	Method of Payment:		
TRACKONE Street Address		I a	7/14/23	O Check #_ O Debit Card OEFT		
9700 NW 12TH	AVE	MIAMI		State Zip Code FL 33178		
Purpose of Expenditure	Description		Event #	Amount		
(by code) EFV	PHONE BILL			\$11.47		
Expenditure # (If applicable)						
	Magazina s	The second second	- This Page \$10,800.76			

Section P. ADDITIONAL PAGE 6___ of 31___

NAME OF COMMITT	TEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
JOHN GOMES	FOR MAYOR			7TH DAY PRECEDING PRIMARY			
	P. Expenses	Paid by Comn	nittee		367		
Name of Payee TRACKFONE				Date of Payment 7/14/23	Method of Check	.#	
9700 NW 12TH	AVE	City			State FL	Zip Code 33178	
Purpose of Expenditure (by code) EFV	PHONE BILL	N	Event	#		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 OA OB OC OD						- \$11.47	
Name of Payee TRACKFONE Date of Payment 7/14/23					Method of Payment O Check # O Debit Card OEFT		
Street Address		City			State	Card OEFT Zip Code	
9700 NW 12TH	AVE MIAMI			FL	33178		
Purpose of Expenditure (by code)						Amount \$11.47	
Expenditure # (If applicable)							
Name of Payee CROSSROAD PIZZA				Check	Method of Psyment O Check # O Debit Card OEFT		
Street Address 2065 E MAIN S	Т	City BRIDGEPOR	RT		State CT	Zip Code 06610	
Purpose of Expenditure (by code)	Description HQ MEETING		Event	*	Amount \$140.15		
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)	Independent	DA OB OC OD	1 01-0	.10	
Name of Payee JEFFERSON M	ARTINS	-	-	Date of Payment 7/17/23	Method of Checl Debit	k# 2161	
Street Address 2626 PARK AVE		City BRIDGEPOR	- RT		State CT	Zip Code 6604	
Purpose of Expenditure (by code)	Description PHOTO'S		Event	#	\$100	Amount	
Expenditure # (if applicable)							
T.Seff.			15, 1000	Page \$263.09			

SEEC FORM 20 Birthod January 2015

Section P. ADDITIONAL PAGE 7___ of 31__

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
JOHN GOMES				7TH DAY PRECE	DING PI	RIMARY	
	P. Expenses	Paid by Committee			**TE	WILL II	
Name of Payee DROPBOX			1	7/17/23	Method of F O Check	#	
333 Brannan St		SAN FRANCISCO		-	State	2ip Code 94107	
Purpose of Expenditure (by code) WEB	Description Web-cloud drive sub		Event #		\$95.72	Amount	
META PLATFORMS Date of 7/17			ate of Payment 7/17/23	Method of P Check Debit (#		
Street Address 1601 WILLOW F	RD.	MENLO PARK			State CA	Zip Code 94025	
Purpose of Expenditure (by code) A-WEB	PACEBOOK AD		Event #		Amount \$15.91		
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 C D							
Name of Payee META PLATFORMS Date of Payment 7/17/23				Method of Payment O Check # O Debit Card O EFT			
Street Address 1601 WILLOW F	RD	MENLO PARK			State CA	Zip Code 94025	
Purpose of Expenditure (by code) A-WEB	Description FACEBOOK AD		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	ommittee) ure)	ndent	OB OC OD	\$147 .	35	
Name of Payee CREATIVE OUT Street Address	TDOOR	City	Da	rate of Payment 7/18/23	Method of E O Check O Debit	#Card OEFT	
	RIVER PARKWAY	TAMPA			State FL.	Zip Code 33637	
Purpose of Expenditure (by code) A-SIGN	Description TRANS BINDS ADS		Event #		\$186.0	Amount	
Expenditure # ## 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							
		SUBTOTAL Section P -	— This P	age \$444.98		_	

Section P. ADDITIONAL PAGE 8 of 31

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			-30.2	TYPE OF REPORT			
JOHN GOMES F	FOR MAYOR			7TH DAY PRECE	DING PF	RIMARY	
	P. Expenses	Paid by Committee			E. E.	M. TOWN J	
Name of Payee			ľ	Date of Payment	Method of P		
CREATIVE OUT	DOOR			7/18/23	OCheck	_	
Street Address		City			Debit (State	Card OEFT Zip Code	
	IVER PARKWAY	TAMPA			FL	33637	
Purpose of Expenditure (by code) A-SIGN						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)				\$348.00			
Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Independent Organization Organization Organization							
Name of Payee		- Organiza		Date of Payment	Method of P	ayment	
CROSSROAD P	IZZA			7/18/23	Check Debit C	Card OEFT	
		City			State	Zip Code	
3765 MAIN ST		BRIDGEPORT			CT	6606	
Purpose of Expenditure (by code)	Description		Event #			Amount	
FOOD DONATION TO (FROM QUICK SAND TO SOLID GROUND)						\$105.21	
Expenditure # (If applicable) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)						-1	
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							
Name of Payee Date of Payment						ayment	
SABRINA SMITI	H			7/19/23	© Check # 2162 O Debit Card O EFT		
Street Address	IDO DD	City			State	Zip Code	
48 WILLIAMSBU	JRG RU	BRIDGEPORT			СТ	6606	
Purpose of Expenditure (by code)	Description		Event #	-		Amount	
WAGE	OFFICE CORDINATOR				£20E	00	
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Required ur	nless "None of the below" is	s checked	d)	\$325.	00	
ij appacaolej	None of the below (does not involve another candidate or co	mmittee)					
	Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind control Coordinated with reimbursement sought (in-kind co	V 100 00 TO 100		0.0.0			
Name of Payee	O SOURCE CONTRACTOR OF THE SOURCE CONTRACTOR O	Organiza		A OB OC OD Date of Payment	Method of F	Payment:	
VIVIANA LUGO				7/20/23	Check	#2165	
Street Address	-	City			State	Zip Code	
48 HIGHLAND A	AVE BLD 4 APT 409	BRIDGEPORT			СТ	6604	
Purpose of Expenditure (by code) WAGE	Description CANVASSER		Event #	<u> </u>		Amount	
	<u> </u>				\$330.0	00	
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Required un		checked	0			
	None of the below (does not involve another candidate or con Coordinated with reimbursement sought (joint expenditure)	re) Indepen	ndent				
Coordinated without reimbursement sought (in-kind contribution) Organization OA OB OC OD							
Cutter later	S	SUBTOTAL Section P —	— This l	Page \$1,108.21	-		
1							

SEEC FORM 20 Bryind Jessey 2015

Section P. ADDITIONAL PAGE 9___ of 31__

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	TYPE OF REPORT				
JOHN GOMES I	FOR MAYOR		7TH DAY PRECE	7TH DAY PRECEDING PRIMARY				
P. Expenses Paid by Committee								
PRANCE KULP	OWICH		Date of Payment 7/20/23	Method of P Check Debit	# <u>2164</u>			
8 FRANKLIN ST		ANSONIA		State CT	Zip Code 6401			
Purpose of Expenditure (by code) WAGE	Description Event #				Amount			
Expenditure # (If applicable)	- \$640.00							
Name of Payee BBI Coordinated without reimbursement sought (in-kind contribution) Organization A OB OC OD Date of Payment 7/20/23				Method of Payment. O Check #_ O Debit Card OEFT				
Street Address 269 WOODMONT RD City MILFORD				State CT	Zip Code 6460			
Purpose of Expenditure (by code)	Description Event # OFFICE PRINTER				Amount \$1,978.11			
Expenditure # (if applicable)								
Name of Payee CUMBERLAND Coordinated without reimbursement sought (in-kind contribution) Organization Organization Organization A O B O C O D T/21/23					Method of Payment: Check # Debit Card EFT			
Street Address 1290 W BROAD	ST	STRATFORD		State CT	Zip Code 6615			
Purpose of Expenditure (by code) TRVL	Description GAS CARD		Event #	Amount \$100.00				
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 control	ommittee) re)	,	4 100.				
Name of Payee ALONDRA NIE	/ES		Date of Payment 7/24/23	Method of I Check Debit	#2168			
Street Address 429 KENT AVE		BRIDGEPORT		State	Zip Code 6610			
Purpose of Expenditure (by code) WAGE	Description OFFICE STAFF		Event #	\$240.0	Amount			
Expenditure # 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								
		SUBTOTAL Section P -	- This Page \$2,958.11	- 11				
	•	***						

Section P. ADDITIONAL PAGE 10 of 31

NAME OF COMMITT	EE (Provide Complete Name as Registered with Filing Repository)		1227	TYPE OF REPORT	1500	- D/- 100		
JOHN GOMES	FOR MAYOR			7TH DAY PRECE	7TH DAY PRECEDING PRIMARY			
TA GENERAL STATE	P. Expenses	Paid by Co	ommittee	THE TOTAL OF	E WE			
Name of Payee SABRINA SMITH Street Address	1			Date of Payment 7/24/23	Method of Payment: Check # 2167 Debit Card DEFT			
48 WILLIAMSBL		BRIDGER	PORT		State CT	Zip Code 6604		
Purpose of Expenditure (by code) WAGE	(by code)			ent #	4075	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						. \$375.00		
Name of Payee Date of Payment JEFFERSON MARTINS 7/24/23						Method of Payment: Check # 2166		
Street Address		O Debit (Card OEFT Zip Code					
2626 PARK AVE BRIDGEPORT					СТ	6604		
Purpose of Expenditure (by code) A Description PHOTO						Amount \$100.00		
Expenditure # (if applicable)	•							
Name of Payce RICK O'NEIL Occordinated without reimbursement sought (in-kind contribution) Organization O A O B O C O D Date of Payment 7/24/23					Method of Payment Check # 2163 Debit Card EFT			
Street Address 345 BUCKLAND	HILL DR	MANCHE	STER		State CT	Zip Code 6042		
Purpose of Expenditure (by code) WAGE	CANVASS CORDINATOR		Eve	nt#	Amount \$750.00			
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 control	ommittee) re)	O Independent		4 730			
Name of Payee				Date of Payment	Method of	and the second second		
USPS				7/24/23	Check Debit			
Street Address 115 BOSTON AV	/E	City BRIDGEI	PORT		State CT	Zip Code 6610		
Purpose of Expenditure (by code)	Description STAMPS		Eve	ent #	\$660.0	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) Organization OA OB OC OD					, \$000.0			
	State of the state	SUBTOTAL	Section P — Ti	his Page \$1,885.00				

Section P. ADDITIONAL PAGE 11 of 31

NAME OF COMMITT	TEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
JOHN GOMES	FOR MAYOR			7TH DAY PRECEDING PRIMARY				
P. Expenses Paid by Committee								
Name of Payee			ı	Date of Payment	Method of F	Payment:		
MIGHTY TEXT				7/24/23	OCheck			
Street Address		City			Debit (Card OEFT Zip Code		
3964 RIVER MA	RK PLZ STE 254	SANTA CLARA			CA	95054		
Purpose of Expenditure (by code)	Description		Event #			Amount		
WEB	TEXT MESSAGE SOFTWARE							
Expenditure #						•		
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								
Name of Payee				Date of Payment	Method of Payment:			
OPTIMUM Street Address				7/24/23	Check Debit			
		City			State	Zip Code		
P.O.BOX 70340		PHILADELPHIA		i	PA	19176		
Purpose of Expenditure (by code)	Description		Event #			Amount		
OVHD	OFFICE INTERNET							
Expenditure # Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)						\$50.00		
13 144								
None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)								
Name of Payee								
Date of Faynetic						ayment:		
AMZN				7/25/23	Check #			
Street Address		City			State	Zip Code		
411 TERRY AVE	N	SEATTLE			WA	98109		
Purpose of Expenditure	Description		Event #		-	Amount		
(by code) OFFICE	ENVELOPES				·	Amount		
Expenditure #	Time of Firms the self-self-self-self-self-self-self-self-		<u> </u>		\$114.	80		
(if applicable)	Type of Expenditure (Hemization in Addendum P Required un		checked	d)				
	None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditur	re) 🔼 Indepen	ndent		ĺ			
	Coordinated without reimbursement sought (in-kind contri			A OB OC OD	<u></u>			
Name of Payee			1	Date of Payment	Method of F			
FRANCES KULI	POWICH			7/27/23	Check	-		
Street Address		City			O Debit (Card OEFT Zip Code		
8 FRANKLIN ST		ANSONIA			СТ	6401		
Purpose of Expenditure (by code)	Description		Event #			Amount		
WAGE	CANVASSER							
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	nless "None of the below" is	checked	<u> </u>	\$400.0	90		
(if applicable)	None of the below (does not involve another candidate or cor	mmittee)		,				
	Coordinated with reimbursement sought (joint expenditure	e) Independ		_				
Coordinated without reimbursement sought (in-kind contribution) Organization OA OB OC OD								
	S	UBTOTAL Section P —	– This I	Page \$574.99				
		· · · · · · · · · · · · · · · · · · ·						
	<u> </u>							

SEEC FORM 20 Revised Jacobsy 2015

Section P. ADDITIONAL PAGE 12 of 31

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT				
JOHN GOMES	FOR MAYOR			7TH DAY PRECEDING PRIMARY				
P. Expenses Paid by Committee								
Name of Payee			1	Date of Payment	Method of I	-		
WALMART				7/27/23	Debit			
Street Address		City			State	Zip Code		
150 BARNUM A	.VE	STRATFORD			СТ	6615		
Purpose of Expenditure (by code)	Description		Event #			Amount		
OFFICE	PENS				\$17.36	2		
Expenditure # (If applicable) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)					917.50	,		
	None of the below (does not involve another candidate or con Coordinated with reimbursement sought (joint expenditure		dent					
Coordinated without reimbursement sought (in-kind contribution) OrganizationOA OB OC OD								
Name of Payee	-		1	Date of Payment	Method of F	*		
STAPLES				7/27/23	Debit (
Street Address		City			State	Zip Code		
1201 kings hwy		FAIRFIELD			СТ	6824		
Purpose of Expenditure (by code)	Description		Event #			Amount		
OFFICE	PAPER/PROTECTOR SHEET				\$76.88			
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 D B O C O D								
Name of Payee Date of Payment					Method of F	Payment: # <u>2172</u>		
VIVIANA LUGO				7/31/23	O Debit Card OEFT			
Street Address	AVE BLD 4 ABT 400	City			State	Zip Code		
	AVÉ BLD 4 APT 409	BRIDGEPORT			СТ	6604		
Purpose of Expenditure (by code)	Description		Event #		Amount			
WAGE	CANVASSER				\$397	.50		
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Required u.	-	s checke	d)]	•		
	None of the below (does not involve another candidate or or Coordinated with reimbursement sought (joint expenditu	ommittee) re)	ndent					
	Coordinated without reimbursement sought (in-kind cont			A OB OC OD				
Name of Payee	_			Date of Payment	Method of I	-		
HAPPY DOLLA	<u> </u>			7/31/23	(a) Debit			
Street Address		City			State	Zip Code		
4581 MAIN ST		BRIDGEPORT			СТ	6606		
Purpose of Expenditure (by code)	Description		Event #			Amount		
OFFICE	CLIP BOARDS				\$66.8°	1		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	•	checked	0]			
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 OA OB OC OD							
		SUBTOTAL Section P -	— This l	Page \$558.55				

SEEC FORM 20 British Jonesey 2015

Section P. ADDITIONAL PAGE 13 of 31

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
JOHN GOMES I	FOR MAYOR			7TH DAY PRECEDING PRIMARY			
	P. Expenses	Paid by Committee	I S	78. 7		1811	
Name of Payee	•			Date of 1	Payment	Method of P	-
STAPLES				7/31/	23	Check Debit	_
Street Address		City				State	Zip Code
1201 KINGS HV		FAIRFIELD				СТ	6824
Purpose of Expenditure (by code) OFFICE	1000					Amount	
Expenditure # (if applicable)						\$12.74	
Name of Payee	-		[Date of I	Payment	Method of P	
DNA CAMPAING	SS .			8/1/2	3	Check Debit	
Street Address		City				State	Zip Code
800 VILLAGE W	ALK	GUILFORD				СТ	6437
Purpose of Expenditure (by code)	Description		Event #				Amount
CNSLT	Invoice 122 digital media					\$20,735.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)						35.00
CNSLT 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 OrganizationOAOBOCOD							
Name of Payee Date of Payment						Method of P	
RICK O'NEIL]	8/1/2	23	Check	
Street Address		City		-	-	State	Zip Code
345 BUCKLAND	O HILL DR	MANCHESTER				СТ	6042
Purpose of Expenditure (by code)	Description		Event #	!			Amount
WAGE	CANVASS CORDINATOR					\$310.	00
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Required un	-	s checke	ed)			
WAGE	None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	re) Indeper). O	в Ос Ор	!	
Name of Payee		Organiz	adoli C		Payment	Method of I	Payment:
GOOGLE ADS				8/1/2	23	O Check	
Street Address		City				© Debit State	Card OEFT Zip Code
1600 AMPHITH	EATRE PKWY	MOUNTAIN VIEW				CA	94043
Purpose of Expenditure (by code)	Description		Event #	¥			Amount
A-WEB	Youtube ads					\$21.6°	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	iless "None of the below" is	s checke	d)] '	
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					в Ос Ор		
		SUBTOTAL Section P -	150	3000		-	
		, _ •					

Section P. ADDITIONAL PAGE 14 of 31

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT				
JOHN GOMES I	FOR MAYOR			7TH DAY PRECEDING PRIMARY				
P. Expenses Paid by Committee								
Name of Payee BLUE SLATE ST	TRATEGIES			Date of Payment 8/2/23	Check	Method of Payment: Check # 2178 Debit Card DEFT		
Street Address		City			State	Zip Code		
857 POST RD S	SUITE 355	FAIRFIELD		!	СТ	CT 6824		
Purpose of Expenditure (by code) CNSLT	COMMUNICATION/CONSULTING Event #			Amount \$9,500				
Expenditure # (If applicable)								
Name of Payee CUMBERLAND				Date of Payment	Method of P Check			
Street Address				8/2/23	Debit (Card OEFT		
Street Address 1290 W BROAD ST STRATFORD				State	Zip Code 6615			
Purpose of Expenditure (by code) TRVL	Te Description Event # GAS CARD				Amount \$150.00			
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 D B O C O D								
Name of Payee Date of Payment BJS WHOLESALE 8/2/23					O Check	Method of Payment: O Check # O Debit Card OEFT		
Street Address 40 BLACK ROC	CK TPKE	City FAIRFIELD			State CT	Zip Code 6825		
Purpose of Expenditure (by code) FOOD	Description SNACK/REFRESHMENT MEET & GREE	Т	Event #		Amount \$157.75			
Expenditure # (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 expenditu Coordinated without reimbursement sought (in-kind cont	ommittee) ire)	ndent	d) A OB Oc Od	\$137	73		
Name of Payee GOOGLE GSU	ITE			Date of Payment 8/2/23	Method of Check	c#		
Street Address 1600 AMPHITH	EATRE PKWY	MOUNTIAIN VIEW	v		State CT	Zip Code 94043		
Purpose of Expenditure (by code) A-WEB	Description GOOGLE APPS	*	Event #		\$45.9	Amount		
Expenditure # (If applicable)	diture # Type of Expenditure (Itemization in Addendum P. Required unless "None of the below" is checked)							
		SUBTOTAL Section P -	This	Page \$9,853.69				

Section P. ADDITIONAL PAGE 15 of 31

NAME OF COMMITT	TEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
JOHN GOMES I	FOR MAYOR			7TH DAY PRECEDING PRIMARY			
112 112 112	P. Expenses	Paid by Committee	130				
Name of Payee IGLESIA CRISTI	ANA RENACER			Pate of Payment 8/3/23	OCheck	Method of Payment: O Check # Debit Card OEFT	
Street Address 579 CLINTON A	ME.	City	-		State	Zip Code	
		BRIDGEPORT			СТ	6605	
Purpose of Expenditure (by code) CNTRB	BACK TO SCHOOL DONATION	Event#			Amount \$180.00		
(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 LAMAR Date of Payment 8/3/23				Method of P Check	#		
Street Address 32 MIDLDAND ST WINSOR					State CT	Zip Code 6095	
Purpose of Expenditure (by code) A-SIGN	Description Contract 4066911		Event #	•	Amount \$2,100.00		
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 D B O C O D							
Name of Payee TRANS-AD OUTDOOR Date of Payment 8/3/23				Method of Payment: O Check # O Debit Card OEFT			
13 PONDS VIE	WTERRACE	BRANDFORD			State CT	Zip Code 6405	
Purpose of Expenditure (by code) A-OTH	Description BUS ADS		Event #		Amount \$4,108,00		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required up None of the below (does not involve another candidate or or Coordinated with reimbursement sought (joint expenditus Coordinated without reimbursement sought (in-kind control of the contro	ommittee) re) Indepen	ndent	A OB OC OD	• 4,10		
FRANCES KUL	POWICH			Date of Payment 8/4/23	Method of F Check Debit	#2181 Card O EFT	
8 FRANKLIN ST	<u></u>	ANSONIA			State CT	Zip Code 6401	
Purpose of Expenditure (by code) WAGE	Description CANVASSER		Event		\$500.0	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) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) Independent Organization OR O							
		SUBTOTAL Section P -	This	Page \$6,888.00			

Section P. ADDITIONAL PAGE 16 of 31

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT				
JOHN GOMES I	FOR MAYOR			7TH DAY PRECEDING PRIMARY				
P. Expenses Paid by Committee								
Name of Payee				Date of Payment	Method of P			
VIVIANA LUGO				8/4/23	Check:			
Street Address		City		<u> </u>	State	Zip Code		
	VE BLD 4 APT 409	BRIDGEPORT			СТ	6604		
Purpose of Expenditure (by code) WAGE	(by code)					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						- \$262.50		
Name of Payee Date of Paym ALONDRA NIEVES 8/4/23					Method of Pa			
Street Address		City		014123	Debit C			
429 KENT AVE BRIDGEPORT					State CT	Zip Code 6610		
Purpose of Expenditure (by code)	Description		Event #			Amount		
WAGE	GE OFFICE STAFF					0450.00		
Expenditure # Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)						. \$150.00		
(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 D B O C O D								
Name of Payee Date of Payment						ayment		
DNA CAMPAINO Street Address	3S			8/4/23	Check # 2175 Debit Card OEFT			
800 VILLAGE W	ALK	GUILFORD			State CT	Zip Code 6437		
Purpose of Expenditure	Description		Event #	-		Amount		
(by code) CNSLT	Invoice 121 literature				60.00	0.14		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	nless "None of the below" is	checke	ed)	\$3,30	2.14		
	None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditus Coordinated without reimbursement sought (in-kind control	re) O Indepen		A OR OC OD				
Name of Payee		Organiz	200n	Date of Payment	Method of P	avment:		
MAYKEL TEOD	ORO			8/4/23	O Check	#		
Street Address		City			State	Zip Code		
6 WOODBINE C	CIRCLE	BRIDGEPORT			СТ	6606		
Purpose of Expenditure (by code)	Description RETURN EXCEED DONATION		Event #	V		Amount		
	NETONIA EXCEED BONATION				\$500.0	Ю		
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) Opening the below "is checked" Independent Coordinated without reimbursement sought (in-kind contribution)								
		SUBTOTAL Section P —	NO. TO	A OB OC OD Page \$4,214.64				
			1			-		

SEEC FORM 20 British January 2015

Section P.-ADDITIONAL PAGE 17 of 31

NAME OF COMMITT	TEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
JOHN GOMES I	FOR MAYOR			7TH DAY PRECEDING PRIMARY				
P. Expenses Paid by Committee								
Name of Payee META PLATFOR	IMS			Date of Payment 8/4/23	Method of Payment: O Check # O Debit Card OEFT			
1601 WILLOW F	RD	MENLO PARK			State CA	Zip Code 94025		
Purpose of Expenditure (by code) A-WEB	A-WEB FACEBOOK AD				Amount \$175.00			
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) OrganizationOA OB OC D						\$175.00		
Name of Payee RICK O'NEIL Date of Payment 8/7/23					Method of P Check Debit (# 2182		
Street Address 345 BUCKLAND HILL DR City MANCHESTER				State CT	Zip Code 6042			
Purpose of Expenditure (by code) WAGE	code)					Amount		
Expenditure # (if applicable)	. \$590.00							
Date of Payment DOINGITLOCAL 8/7/23					Method of Payment: Check # 2179 Debit Card EFT			
Street Address 229 JENNINGS	RD	FAIRFIELD			State CT	Zip Code		
Purpose of Expenditure (by code) A-WEB	Description ONLINE AD		Event A	*	Amount \$1,000.00			
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 Coordinated without reimbursement sought (in-kind conti	ommittee) re)	ndent	od) Da Ob Oc Od	φ1,00			
ALONDRA NIE	/ES			Date of Payment 8/7/23	Method of I Check Debit	#2158 Card O EFT		
429 KENT AVE		BRIDGEPORT			State CT	Zip Code 6610		
Purpose of Expenditure (by code) WAGE	OFFICE STAFF		Event	#	\$165.0	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 DD								
		SUBTOTAL Section P -	— This	Page \$1,930.00				

SEEC FORM 20 Borbed Jacobsy 2015

Section P. ADDITIONAL PAGE 18 of 31

NAME OF COMMIT	IEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	TYPE OF REPORT			
JOHN GOMES	FOR MAYOR	7TH DAY PRECE	7TH DAY PRECEDING PRIMARY				
	P. Expenses	Paid by Committee		A STATE OF THE PARTY OF THE PAR			
Name of Payee CROSSROAD F	Date of Payment 8/7/23	Method of Payment O Check # Debit Card OEFT					
Street Address 2065 E MAIN S	Т	BRIDGEPORT		State Zip Code CT 06610			
Purpose of Expenditure (by code)	Description PIZZA FOR HQ MEETING		Amount \$72.96				
Expenditure # (If applicable)							
Name of Payee DUNKIN	Date of Pay 8/7/23			Method of Payment O Check # O Debit Card O EFT			
Street Address 2427 MAIN ST			State Zip Code CT 6606				
Purpose of Expenditure (by code) MISC	4 BOX OF COFFE MEETING		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) Independent Organization A D B C C D						
Name of Payee CUMBERLAND			Date of Payment 8/7/23	Method of Payment Check # Debit Card DEFT			
Street Address 1290 W BROAD	ST	STRATFORD		State Zip Code CT 6615			
Purpose of Expenditure (by code) TRVL	Description GAS CAR	Event #	Amount \$50				
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 OrganizationOA OB OC D						
Name of Payee CUMBERLAND Street Address		Date of Payment 8/7/23		Method of Payment Check # Debit Card DEFT			
1290 W BROAD	OST	STRATFORD		State Zip Code CT 6615			
Purpose of Expenditure (by code) TRVL	Description GAS CARD		Event #	Amount \$50			
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 OB OC OD						
		SUBTOTAL Section P —		58			
		N					

SEEC FORM 20 Bryind Japony 2015

Section P. ADDITIONAL PAGE 19 of 31

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	TYPE OF REPORT			
JOHN GOMES FOR MAYOR			7TH DAY PREC	7TH DAY PRECEDING PRIMARY			
	P. Expenses	Paid by Committee		We took	Fallul H O		
Name of Payor JUNETEENTH OF FAIRFIELD			Date of Payment 8/9/23	Check	Method of Payment Check # 2121 Debit Card DEFT		
P.O.BOX 5007		BRIDGEPORT		State CT	Zip Code 6610		
Purpose of Expenditure (by code)	Description Event # PARTICIPATION ANNUAL MARSHAL'S BALL				Amount \$300.00		
	Type of Expenditure (Itemization in Addendum P Required und None of the below (does not involve another candidate or con Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri		N				
Name of Payee CAPTIONS LLC	C C Organization A B C Date of Payment 8/9/23			Method of Payment O Check # Debit Card OEFT			
Street Address 177 Huntington A	7 Huntington Ave. Ste. 1703 City Boston			State MA	Zip Code 02115		
Purpose of Expenditure (by code)	Description SOCIAL MEDIA SOFTWARE		Event #	\$58.4	Amount		
(i) appricable)	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 O D						
Name of Payee VIVIANA LUGO Date of Payment 8/10/23					Method of Payment Check # 2185 Debit Card DEFT		
48 HIGHLAND A	AVE BLD4 APT 409	BRIDGEPORT		State CT	Zip Code 6604		
Purpose of Expenditure (by code) WAGE	Description CANVASSER	Event #		Amount \$465.00			
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)						
MIGUEL LLANOS 8/			Date of Payment 8/11/23	Check	Method of Payment: Check #2188 Debit Card OEFT		
Street Address City BRIDGEPORT				State	Zip Code 6610		
Purpose of Expenditure (by code)	Description PHOTO/VIDEO		Event #	\$300	Amount \$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) Coordinated without reimbursement sought (in-kind contribution) Organization OA OB OC OD						
	S		- This Page \$1,123.48	•			

Section P. ADDITIONAL PAGE 20 of 31

NAME OF COMMITT	NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
JOHN GOMES FOR MAYOR				7TH DAY PRECEDING PRIMARY			
	P. Expenses	Paid by Committee			- 31		
Name of Payee FRANK CASTRO				Pate of Payment 8/11/23	Method of Payment: Check #_2187 Debit Card OEFT		
Street Address 29 CEDAR ST		BRIDGEPORT			State CT	Zip Code 6608	
Purpose of Expenditure (by code) WAGE	Description Event # CANVASSER			Amount \$660.00			
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 OR						
Name of Payee Date of Payment FRANCES KULPOWICH 8/11/23				Date of Payment	Method of Payment Check # Debit Card DEFT		
Street Address		City			State	Zip Code	
8 FRANKLIN ST	ANSONIA			СТ	6401		
Purpose of Expenditure (by code) WAGE	CANVASSER		Event #		Amount \$680.00		
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Required unless "Name of the helow" is checked)						
Name of Payee DROPBOX Date of Payment 8/11/23				•	Method of Payment O Check # O Debit Card OEFT		
Street Address 333 BRANNAN ST		SAN FRANCISCO			State	Zip Code 94107	
Purpose of Expenditure (by code) WEB	Description Event WEB-CLOUD DRIVE SUB				Amount 95.72		
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				Date of Payment Method of Pa			
ERICA LABRADOR 8/14			8/14/23	Check	# <u>2189</u> Card O EFT		
Street Address	City			State	Zip Code		
853 FAIRFIELD	BRIDGEPORT		СТ	6604			
Purpose of Expenditure (by code) CNTRB	Description DONATION BACK TO SHOOL GIVE AWA	VAY WINDFIELD			Amount \$200.00		
Expenditure # (nf 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 OC OD						
		SUBTOTAL Section P -	— This	Page \$1,635.72			

Section P. ADDITIONAL PAGE 21 of 31

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE	TYPE OF REPORT		
JOHN GOMES I	FOR MAYOR	100	7 T⊦	I DAY PRECE	DING P	RIMARY
	P. Expenses	Paid by Committee	B-III.		VEG DE	
Name of Payee	***		Date o	of Payment	Method of F	
TRACKFONE			8/14	4/23	O Check	
Street Address		City			Debit (Card OEFT Zip Code
	00 NM 12TH AVE MIAMI				FL	33178
Purpose of Expenditure (by code) EFV	Description Event # PHONE BILL				\$11.46	Amount
						1
Name of Payee	· · · · · · · · · · · · · · · · · · ·			f Payment	Method of P	
TRACKFONE			8/14	1/23	Check Debit	
Street Address		City			State	Zip Code
9700 NM 12TH	4VE	MIAMI			FL	33178
Purpose of Expenditure (by code)	Description		Event #			Amount
EFV	PHONE BILL				\$11.46	
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) Organization A D B C C D					Ψ11.40	,
Name of Payce Coordinated without reimbursement sought (in-kind contribution) Organization Organization Organization Date of Payment					Method of P	'ayment;
TRACKFONE			8/1	4/23	Check Debit	
Street Address 9700 NW 12TH	AVE	City MIAMI			State FL	Zip Code 33178
			1- "			33176
Purpose of Expenditure (by code)	PHONE BILL		. 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 (joim expenditur Coordinated without reimbursement sought (in-kind control	ommittee) re)	ndent _	Ов Ос Ор	\$11.4	0
Name of Payee	***		Date c	of Payment	Method of F	-
BJS WHOLE SA	ALE		8/1	4/23	Check Debit	
Street Address		City			State	Zīp Code
40 BLACK ROC	K TPKE	FAIRFIELD			СТ	6825
Purpose of Expenditure (by code)	Description		Event #			Amount
OFFICE	CPY PAPER/TOILET TISSUE/NAPKINS				\$238.1	14
Expenditure # (If applicable)	penditure # Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)					
	s	SUBTOTAL Section P	- This Page	\$272,52		
"						

Section P. ADDITIONAL PAGE 22 of 31

NAME OF COMMITT	TEE (Provide Complete Name as Registered with Filing Repository)		TYI	PE OF REPORT			
JOHN GOMES I	FOR MAYOR		7Т	H DAY PRECE	EDING PRIMARY		
	P. Expenses	Paid by Committee	Se Ses				
Name of Payee RICK O'NEIL				of Payment	Check	Method of Payment Check # 2186 Debit Card Defit	
Street Address 345 BUCKLAND	HILL DR	MANCHESTER			State	Zip Code 6042	
Purpose of Expenditure (by code) WAGE	Description Event # FIELD COORDINATOR				Amount \$380.00		
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 OD					N	
Name of Payee USPS			Date	of Payment	Method of P Check Debit (#	
Street Address 115 BOSTON AV	/E	BRIDGEPORT			State CT	Zip Code 6610	
Purpose of Expenditure (by code) POST	Description STAMPS		Event #		Amount \$132.00		
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 D B C C D							
Name of Payee ALONDRA NIEV	/ES			of Payment 16/23	O Debit (# <u>2159</u> Card O EFT	
429 KENT AVE		BRIDGEPORT			State	Zip Code 6610	
Purpose of Expenditure (by code) WAGE	OFFICE STAFF		Event #		Amount \$150.00		
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Required units) None of the below (does not involve another candidate or or Coordinated with reimbursement sought (joint expenditus) Coordinated without reimbursement sought (in-kind controlled)	ommittee) Indepen	ndent	Ов Ос Ор			
Name of Payee CREATIVE OUT	rdoors		Date	of Payment 16/23	Method of I	#Card OEFT	
Street Address 8875 HIDDEN F	RIVER PARKWAY	TAMPA			State	Zip Code 33637	
Purpose of Expenditure (by code) A-SIGN	Description TRANS BIN ADS		Event #		\$186.0	Amount	
Expenditure # (If applicable)	Expenditure # Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)						
		SUBTOTAL Section P -	- This Pag	\$848.00			

SEEC FORM 20 Berind Josepp 2015

Section P. ADDITIONAL PAGE 23 of 31

NAME OF COMMITT	TEE (Provide Complete Name as Registered with Filing Repository)		9 29	TYPE OF REPORT	四百名	HE LANCE		
JOHN GOMES	FOR MAYOR			7TH DAY PRECE	DING PRIMARY			
HXT8	P. Expenses	Paid by Committee			Section .	The Paris		
Name of Payer CREATIVE OUT	DOOR		- 1	8/16/23	Method of OCheck	Card OEFT		
Street Address 8875 HIDDEN F	IVER PARKWAY	City TAMPA			State FL	Zip Code 33637		
Purpose of Expenditure (by code) A-SIGN	Description TRANS BIN ADS				\$348.	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 A B C D							
Name of Payee Date of Payment CROSSROAD PIZZA 8/16/23					Method of Check	#		
Street Address City					State	Zip Code		
2065 E MAIN ST	5 E MAIN ST BRIDGEPORT			СТ	6610			
Purpose of Expenditure (by code)	Description Event # PIZZA FOR MEETING					Amount \$65.73		
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	nmittee)	ndent) А ОвО с О р				
Name of Payee VIVIANA LUGO				8/17/23	Method of Check	# <u>2160</u>		
Street Address 48 HIGHLAND	AVE BLD 4 APT 409	City BRIDGEPORT			State CT	Zip Code 6610		
Purpose of Expenditure (by code) WAGE	Description CANVASSER		Event #		\$105	Amount \$195.00		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required use None of the below (does not involve another candidate or conformated with reimbursement sought (joint expendituse) Coordinated without reimbursement sought (in-kind conformated)	ommittee) ore)	endent	A OB OC OD				
Name of Payee				Date of Payment	Method of	•		
CELL TOUCH				8/17/23	Chec Debit			
Street Address		City			State	Zip Code		
606 BOSTON A	VE	BRIDGEPORT			СТ	6610		
Purpose of Expenditure (by code) EFV	Description OFFICE CELL		Event	¥	\$107	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) \$107.00							
		SUBTOTAL Section P	J. 12	The state of the s				

Section P. ADDITIONAL PAGE 24 of 31

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
JOHN GOMES	FOR MAYOR			7TH DAY PRECE	EDING PRIMARY		
	P. Expenses	Paid by Committee			SILI	S1 500 500	
Name of Payee			I	Date of Payment	_	Method of Payment:	
USPS			Į,	8/17 <i>[</i> 23	OCheck#		
Street Address		City			Debit 6	Card OEFT Zip Code	
	115 BOSTON AVE BRIDGEPORT				СТ	6610	
Purpose of Expenditure (by code) POST	Description Event # STAMPS					Amount	
Expenditure #	Type of Evnendature (Itemization in Addendum B Deculed on	Jane Whiana a fab a b alau Wile	1		\$792.0	00	
(if applicable)							
Name of Payee				Date of Payment	Method of P	ayment.	
USPS Street Address				8/17/23	Check Debit	Card OEFT	
934 E MAIN ST		City			State	Zip Code	
304 E IVIAIN ST		BRIDGEPORT			СТ	6608	
Purpose of Expenditure (by code)	Description		Event #			Amount	
POST	P.O BOX PAYMENT				0.45.00		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	less "None of the below" is	checked))	\$45.0	U	
(1) африсаом)	None of the below (does not involve another candidate or con	amittee)	,				
	Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri	e) Independ					
Name of Payee	O o o o o o o o o o o o o o o o o o o o	Organiza		OBOCOD Oute of Payment	Method of P	avment :	
META PLATFOR	RMS			8/17/23	O Check	#	
Street Address		City			State	Zip Code	
1601 WILLOW		MENLO PARK			CA	94025	
Purpose of Expenditure (by code)	Description		Event #			Amount	
A-WEB	FACEBOOK AD				\$5.03	,	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	nless "None of the below" is	s checked	t)	\$5.03		
1,4,7,	None of the below (does not involve another candidate or co	ommittee)					
	Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind continue)		_	0-0-0			
Name of Payee	O TOTAL STATE OF THE STATE OF T	Organiz		A OB OC OD Date of Payment	Method of I	Dec	
META PLATFOR	RMS			8/17/23	O Check	•	
Street Address		Let.		0/1//23	O Debit		
1601 WILLOW I	RD	MENLO PARK			State	Zip Code 94025	
Purpose of Expenditure	Description	<u> </u>	Event #	· · · · · · · · · · · · · · · · · · ·			
(by code) A-WEB	FACEBOOK AD				\$79.20	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	iless "None of the below" is	checked	n	Ψ/3.20	•	
ly appreciately	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						
SUBTOTAL Section P — This Page \$921.23					<u>. </u>		
				100			

Section P. ADDITIONAL PAGE 25 of 31

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPOR				TYPE OF REPORT			
JOHN GOMES F	FOR MAYOR			7TH DAY PRECEDING PRIMARY			
	P. Expenses	Paid by Committee		MIN TO THE			
Name of Payce CROSSROAD P	IZZA			Date of Payment 8/18/23	OCheck	Method of Payment: OCheck # ODebit Card OEFT	
Street Address 2065 E MAIN ST	-	City BRIDGEPORT			State CT	Zip Code 6610	
Purpose of Expenditure (by code) FOOD	Description HQ MEETING		Event #		Amount \$48.28		
(і) аррисавы)	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						
Name of Payee BJS WHOLE SA	LE		ا [Date of Payment 8/21/23	Method of P Check Debit (#	
Street Address		City		· · · · · · · · · · · · · · · · · · · 	State	Zip Code	
40 BLOCK ROC	K TPKE	FAIRFIELD			CT	6825	
Purpose of Expenditure (by code)	Description Event # OFFICE WATER/SNACK/SODA					Amount \$258.29	
(і) арріісавіе)							
Name of Payee STAPLES Date of Payment 8/21/23				Method of F Check Debit	#		
1201 KINGS HV	VY	FAIRFIELD	_		State CT	Zip Code 6825	
Purpose of Expenditure (by code) OFFICE	Description Office supplies		Event #		Amount \$72.63		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unit 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 co	ommittee) re) Indeper	ndent	d) DA OB OC OD			
Name of Payee				Date of Payment	Method of		
BANDERAS LA	TÍN FUSIÓN			8/22/23	O Check	_	
Street Address		City			State	Zip Code	
336 GRANDFIE	LD AVE	BRIDGEPORT			СТ	6610	
Purpose of Expenditure (by code)	Description MEET & GREET AUGUSTANA HOMES	<u> </u>	Event #	¥	\$900.0	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) Organization OA OB OC OD						
		SUBTOTAL Section P -	— Tbis	Page \$1,279.20			

SEEC FORM 20 Revised deceasy 2015

Section P. ADDITIONAL PAGE 26 of 31

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
JOHN GOMES F	FOR MAYOR			7TH DAY PRECE	TH DAY PRECEDING PRIMARY		
5-81	P. Expenses	Paid by Committee	M H	Winsaug xx		COLUMN TO	
Name of Payee			1	Date of Payment	Method of P		
JOBY ROGERS				8/22/23	O Debit (_	
Street Address		City			State	Zip Code	
Purpose of Expenditure (by code)	Description		Event #	-		Amount	
PBA-OTH	PERFORMER AT AUGUSTANA HOMES				# 7 50.6		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	less "None of the below" is	checked	"	\$750.0	Ю	
(4 4)	None of the below (does not involve another candidate or com						
	Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri	. . .	_	OB OC OD			
Name of Payee		O Granica		Date of Payment	Method of P	ayment #2191 Card OEFT Zip Code Amount O ayment #2194 Card OEFT Zip Code Amount OO ayment #2190 Card OEFT Zip Code 6042 Amount OO ayment #2193 Card OEFT	
JON LET				8/22/23	© Check	_	
Street Address		City			O Debit (
Purpose of Expenditure	Description		Event #			Amount	
^(by code) PBA-OT⊢	DJ AT AUGUSTANA HOMES						
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	less "None of the below" is	 checked)	\$150.6	00	
(if applicable)	None of the below (does not involve another candidate or con	•	,	,			
	Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri) Independ		0-0-0-			
Name of Payee	O COOTAINAGE WILLIAM TELINIOUS STREET SOUGH (III-KIII) COINE	Organiza		Date of Payment	Method of P	avment	
RICK O'NEIL				8/22/23	⑥ Check		
Street Address		City			Debit (
345 BUCKLAND	HILL DR	MANCHESTER			СТ	l	
Purpose of Expenditure (by code)	Description		Event #		Amount		
WAGE	CANVASS CORDINATOR				\$310.	00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	nless "None of the below" is	s checke	d)	\$310.	00	
1, 4,	None of the below (does not involve another candidate or co				1		
	Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont			A OB OC OD			
Name of Payee				Date of Payment	Method of I		
JOSHUA MIRAI	NDA			8/23/23	Check		
Street Address		City	<u></u> 1		O Debit	Zip Code	
537 WOOD AVE		BRIDGEPORT			СТ	6604	
Purpose of Expenditure (by code)	Description	_	Event			Amount	
` A	PHOTO & VIDEO				\$1,200	0.00	
Expenditure # #/ 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 OA OB OC OD							
had ever		SUBTOTAL Section P -		100			

Section P. ADDITIONAL PAGE 27 of 31

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	T - STATE OF THE S		
JOHN GOMES	FOR MAYOR		SEPTEMBER 5 F	FILING		
	P. Expenses	Paid by Committee		TO IN IN.		
Name of Payee MIGHTYTEXT Street Address			Date of Payment 8/23/23	Method of Payment Check # Debit Card DEFT		
	ARK PLZ STE 254	SANTA CLARA		CA 2ip Code 25054		
Purpose of Expenditure (by code) WEB	Description Event # TEXT MESSGE SOFTWARE			Amount \$10.19		
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	1 1 1 1 1 1 1 1 1 1				
OPTIMUM	Method of Payment Check # Debit Card DEFT					
Street Address		City	<u> </u>	State Zip Code		
P.O.BOX 70340		PHILADELPHIA		PA 19176		
Purpose of Expenditure (by code) WEB	OFFICE INTERNET		Event #	Amount \$50.00		
Expenditure # (if applicable)						
Name of Payee ALONDRA NIEVES Date of Payment 8/24/23			Ocheck #			
Street Address 429 KENT AVE		BRIDGEPORT		State Zip Code CT 6610		
Purpose of Expenditure (by code) WAGE	OFFICE STAFF		Event #	Amount \$240.00		
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 conti	ommittee) re)	•	\$ \\ \psi \\ \		
Name of Payee BJS WHOLE SA	ALES		Date of Payment 8/24/23	Method of Payment: O Check #_ O Debit Card O EFT		
Street Address 40 BLACK ROC	CK TPKE	FAIRFIELD	•	State Zip Code CT 6825		
Purpose of Expenditure (by code)	Description WATER/SNACK FOR THE OFFICE		Event #	Amount \$83.43		
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					
		SUBTOTAL Section P -	- This Page \$383.62			

SEEC FORM 20 Borted Jensey 2015

Section P. ADDITIONAL PAGE 28 of 31

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
JOHN GOMES	FOR MAYOR			SEPTEMBER 5 F	FILING		
	P. Expenses	Paid by Committee	16.7		NE III		
Name of Payee DAY SHAWN RO	ODRIGUES		- 1	Pate of Payment 8/28/23	Check	Method of Payment: Check # 2205 Debit Card DEFT	
Street Address		City	•		State	Zip Code	
131 WHITNEY	AVE	BRIDGEPORT			СТ	6606	
Purpose of Expenditure (by code) WAGE	Description 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 OrganizationOA OB OC D						
Name of Payee AIDA SANTOS			D	Pate of Payment B/28/23	Method of F Check Debit	# 2204	
Street Address		City			State	Zip Code	
150 WHEELER	AVE	BRIDGEPORT			СТ	6606	
Purpose of Expenditure (by code) WAGE	Description Event # CANVASSER					Amount \$262.50	
Expenditure # 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 GINA VELOZ Date of Payment 8/28/23			Method of F Check Debit	#_2203			
Street Address 37 KENT AVE		BRIDGEPORT			State	Zip Code 6610	
Purpose of Expenditure (by code) WAGE	Description CANVASSER		Event #		Amount \$315.00		
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 control	ommittee) re)	ndent) A О В О С О Д	4010 .	00	
Name of Payee FRANK CASTR Street Address	0		1	8/28/23	Method of I O Check O Debit	#Card OEFT	
29 CEDAR ST		BRIDGEPORT			State	Zip Code 6607	
Purpose of Expenditure (by code)	Description CANVASSER	<u> </u>	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) Section 1 Independent Organization A OB OC D						
		SUBTOTAL Section P -	— This I	Page \$1,417,50		•••	

Section P. ADDITIONAL PAGE 29 of 31

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	YPE OF REPORT				
JOHN GOMES	FOR MAYOR			7TH DAY PRECE	DING PRIMARY			
BULLER	P. Expenses	Paid by Cor	mmittee		Tronge			
	MERICAN COALITION OF CT (LEAD)			Date of Payment 8/28/23	○ Check	Method of Payment Check # Debut Card DEFT		
1021 MAIN ST		BRIDGEPO	ORT		State CT	l ' '		
Purpose of Expenditure (by code)	Description EVENT TICKETS / JOHN GOMES		Ever	ut#	\$281	Amount \$281.91		
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 O B O C O D					•		
Name of Payee Date of Payment 8/28/23					Method of I Check	#_2201		
Street Address		City			State	Zip Code		
345 BUCKLAND		MANCHES			СТ	6042		
Purpose of Expenditure (by code) WAGE						Amount \$230.00		
Expenditure # 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 BJS WHOLESALE Date of Payment 8/30/23				O Check	Method of Payment Check # Debit Card DEFT			
Street Address 40 BLACK ROC	K TPKE	City FAIRFIELI	D		State CT	Zip Code 6025		
Purpose of Expenditure (by code) OFFICE	Description COPY PAPPER/SHARPIE/HIGHLIGHTEF	RS	Ever	at #	Amount			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required used None of the below (does not involve another candidate or concordinated with reimbursement sought (joint expenditus Coordinated without reimbursement sought (in-kind control of the contr	ommittee)	O Independent	OA OB OC OD	4120			
Name of Payee	··	_		Date of Payment	\$230.00 Method of Payment: O Check # O Debit Card OEFT State Zip Code CT 6025			
USPS				8/31/23				
Street Address		Cīty	_	<u> </u>				
115 BOSTON A		BRIDGEP			СТ	6610		
Purpose of Expenditure (by code) POST	Description STAMPS		Eve	nt #	\$396			
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							
		SUBTOTAL S	ection P — Th	is Page \$1,033.99				
	· · · · · · · · · · · · · · · · · · ·							

SEEC FORM 20 Boried Jensey 2015

Section P. ADDITIONAL PAGE 30 of 31

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
JOHN GOMES I	FOR MAYOR			7TH DAY PRECE	DING PE	RIMARY	
	P. Expenses	Paid by Committee	alla.,				
Name of Payee JEFFERSON MA	ARTINS	-		Date of Payment 8/31/23	Check	Method of Payment. Check #_2196_ Debit Card OEFT	
Street Address		City			State	Zip Code	
2626 PARK AVE		BPT			СТ	6604	
Purpose of Expenditure (by code)	PHOTO Event #				Amount \$100		
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 O B O C O D						
Name of Payee JEFFERSON MA	Name of Payee JEFFERSON MARTINS Date of Payment 8/31/23				Method of P Check Debit (<u> 2197</u>	
Street Address		City		···	State	Zip Code	
2626 PARK AVE		BPT			CT	6604	
Purpose of Expenditure (by code)	Description PHOTO		Event	5	Amount \$100		
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 O C O D							
Name of Payee LAMAR Date of Payment 9/1/23				Method of F Check Debit (#		
Street Address 32 MIDLAND S	г	WINDSOR			State CT	Zip Code 6095	
Purpose of Expenditure (by code) A-SIGN	Description AD		Event #	•	Amount \$1050.00		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or ex Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	ommittee) re)	ndent	ed) DA OB OC OD	V 1030		
Name of Payee MAYA WILLIAM	s			9/1/23	Method of I Check Debit	#2199	
Street Address 539 WEST JAC	KSON AVE	BRIDGEPORT			State CT	Zip Code 06604	
Purpose of Expenditure (by code) WAGE	Description CANVASSER		Event	#	\$267	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) \$367.50						
STAND STORE		SUBTOTAL Section P -	— This	Page \$1,617.50			

SEEC FORM 20 Bryind Joseph 2015

Section P. ADDITIONAL PAGE 31 of 31

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
JOHN GOMES F	FOR MAYOR	-))	7TH D	7TH DAY PRECEDING PRIMARY			
	P. Expenses	Paid by Committee		mag III	I Walter	THE IS	
Name of Payee FAIRFIELD COL	JNTY BANK		Date of Pa 07/21/		Method of Po Check	#	
PO BOX 2050	City				State CT	Zip Code 06877	
Purpose of Expenditure (by code) BNK	Description Event # RETURN CHECK FEE				Amount 25.00		
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 OA OB OC D						
Name of Payee FAIRFIELD COU	JNTY BANK		Date of Page 9/25/29	1	Method of Proceed in Check in	#	
PO BOX 2050		RIDGEFIELD			State CT	Zip Code 06877	
Purpose of Expenditure (by code) BNK	Description RETURN CHECK FEE		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) Organization A O B O C O D						,	
Name of Payee			Date of Pa	yment	Method of P Check Debit (#	
Street Address		City			State	Zīp Code	
Purpose of Expenditure (by code)	Description		Event #	.55	\$	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 expenditu Coordinated without reimbursement sought (in-kind conti	ommittee) re) Indepen	,	OC OD			
Name of Payee			Date of Pa	syment	Method of F O Check O Debit	#	
Street Address		City			State	Zip Code	
Purpose of Expenditure (by code)	Description		Event #	ia.	\$	Amount	
Expenditure # (# 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 D						
		SUBTOTAL Section P -	- This Page	\$50			

	TEE (Provide Complete Name as Registered with Filing Repository)	SAME OF THE PARTY		FREPORT	- 3		
JOHN GOMES				DAY PRECE	DING F	PRIMARY	
Name of Creditor	S. Expenses Incurred by Com	nittee but Not Paid	During this	Period			
	TALLID ANT				Date Incur		
O'MANEL RES	IAUHANI				06/09/	5/09/2023	
Street Address	<u>=</u>	City			State	Zip Code	
1909 MAIN STF	REET	BRIDGEPORT			СТ	06604	
Purpose of Expenditure (by code) FNDR	Description FUNDRAISER GALA DINNER	Event # 060923A			Amount Incurred (Estimate or Actual)		
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum S Required of None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind coordinated	Independent t expenditure)			\$3 ,5	500	
Name of Creditor					Date Incur	red	
Street Address		City	<u>.</u>	-	State	Zip Code	
Purpose of Expenditure (by code)	Description		Event #			ount Incurred imate or Actual)	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required at None of the below Coordinated with reimbursement sought (joint expenditude) Coordinated without reimbursement sought (in-kind continue)	Indepo		3 Oc Op			
Name of Creditor				<u>.</u>	Date Incur	red	
Street Address		City			State	Zip Code	
Purpose of Expenditure (by code)	Description		Event #			ount Incurred imate or Actual)	
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum S Required None of the below Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind co	Indepo	•	в Ос Ор			
		SUBTOTAL Section	S-This Page	\$3,500			
The Mark		FOTAL of additional Sec	ction S Pages				
TOTAL OF ALL	EXPENSES INCURRED BY COMMITTEE DURI (Enter total on L	ING THIS PERIOD BUT ine 28, Column A of Summa		\$3,500			
	Previously reported Exp	enses Unpaid and still O	utstanding				
	TOTAL OF ALL EXPENSES INCURRED (Enter total on Lin	D BY COMMITTEE BU	T NOT PAID ary Page Totals)	\$3,500			
0				 .			

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT				
JOHN GOMES FOR MAYOR				$\overline{}$	TH DAY PRECEDING PRIMARY				
T. Itemization of Reimbursements and Secondary Payees									
Last Name of Worker/Consultant			First			мі		ayment to Vendor,	
Smith		Sabrina				Person or 7/22/	Entity /2023		
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant				Payment	to Reimburse	teimburse Committee Worker/Consultant as			
DUNKIN DONUTS						n Section P: ck # <u>2183</u>	O Debit Card OEFT		
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City					State	Zip Code	
285 BOSTON AVE		BRIDGEPORT					СТ	06610	
Purpose of Expenditure Description Description BOX OF COFFE			Event#					Amount	
								\$87.96	
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum T Require	e (Itemization in Addendum T Required unless "None of the below" is checked)							
15 -bhusanna)	None of the below	-							
Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Independent O Organization: O A O B O C O									
Last Name of Worker/Const	· O Organi	zation: o /	ОВ						
Smith		First				MI Date of Payment to Vendor Person or Entity		Entity	
		Sabrina					2/2023		
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant						Payment to Reimburse Committee Worker/Consultant as reported in Section P:			
Stop & Shop						Check #2183 O Debit Card OEFT			
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant			City				State	Zip Code	
4531Main Street			Bridgeport				СТ	06602	
Purpose of Expendature Description			Event #					Amount	
(by code) FOOD FOOD							\$25.98		
Expenditure # Type of Expenditure (Itemization in Addendum T Required			unless "None of the below".	is checked	<u> </u>		ا سدی.ع		
(if applicable)	None of the below	· ·			-				
	inure) Independent O			000					
Coordinated without reimbursement sought (in-kind contribution) Organizati						_	<u></u>		
		Fi	rst			MI	Date of Person o	Payment to Vendor. r Entity	
		L							
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant						to Reimburse in Section P:	Committee \	Worker/Consultant as	
						O Check #		O Debit Card OEFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant			City				State	Zip Code	
Purpose of Expenditure (by code)	Description			Event #			1	Amount	
(by code)									
Expenditure #	unless "None of the below"	is checker	n		1				
(if applicable)	O None of the below								
Coordinated with reimbursement sought (joint expenditure) Independent									
Coordinated without reimbursement sought (in-kind contribution) Organization: o A o						0 C 0 D	·		
SUBTOTAL Section T — This Page \$113.94									
TOTAL of additional Section T Pages									
TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS						13.94			
TIO.57									