SEEC FORM 20

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

RECEIVED FOR RECORD ERIDGEPORT CT.

Page 1 of 17

2024 JAN 10 P 4: 12

TOWN CLERK

Do Not Mark in This Space For Official Use Only

COVER PAGE

I. NAME OF COMMITTEE									
JOHN GOMES FOR MAYOR									
2. TREASURER NAME									,
First		МІ	1.as	it					Suffix
MARIA			FI	IGUE	ROA				
3. TREASURER ADDRESS									
Street Address			City		17 11 11 11 11 11 11 11 11 11 11 11 11 1		State	Zip Ce	ode
281 RIDGEFIELD			BRIDO	GEP	ORT		СТ	066	310
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUG	HT (Complete	e only if Ca	ındidatı	: Committee)			A Company of the Company	RICT NUMBER
(mm/dd/yyyy) 02/27/2024	MAYOR							(if applicable	
7. CANDIDATE NAME (Complete only if	Candidate or Explorator	y Committee)							
First		MI	Las		572-711-727-727-727-727-72-72-72-72-72-72-72-72				Suffix
JOHN			G	OME	is				
8. TYPE OF REPORT (Check One Box)									
O January 10 filing	O7th day preced	ing primary	· (7 th	day preceding referendum	O	nitial Cont	ribution or	Disbursement
April 10 filing	O30 days follow	ing primary	y () 45	days following referendum	A444	Amendmen		
OJuly 10 filing	O7th day preced	ing election	. (O Deficit		V-40	Type of Report:		
October 10 filing	O12th day prece	ding election	on (Ter	mination	_	C#C 02		
O24 Hour Independent Expenditure OPrimary OElection	O45 days follow not held in Nor	ing election							
9. PERIOD COVERED									10 1 100
	Beginning Date	e			Ending Date				
	10/30/2023		- th	ru	12/31/2023				
10. CERTIFICATION									
I hereby certify and state, under positive description of the perturbation of the pert	riod covered is tr	ue, accur	hat all o ate and CCC PRINT NA	COM	Aqueroa	this Iten	nized Can	1/10	nance
A person who is j					lated any provisions of	the camp	aign finai	nce statut	es

SEEC FORM 20

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

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Camplete Name as Registered with Filing Repository)	JANUARY 10 FILING	
	COLUMN A This Period	COLUMN B Aggregate
 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	\$9,217.41	
13. Contributions Received from Individuals (Sections A and B)	\$42,795	\$367,799.11
14. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00
15. Other Monetary Receipts (Sections D through K)	\$756.25	\$756.25
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)	\$700	\$40,400
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	\$44,251.25	\$408,955.36
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	\$53,468.66	\$408,955.36
19. Expenses Paid by Committee (Section P)	\$51,118.39	\$406,605.09
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	\$2,350.27	\$2,350.27
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
7. Expenses Incurred on Committee Credit Card (Section R)	\$0.00	\$0.00
8. Expenses Incurred by Committee During this Period but Not Paid (Section S)	\$0.00	
8a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	\$0.00	

Section B ADDITIONAL PAGE 1 of 47

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT		
JOHN GOMES FOR MAYOR		JANUARY 10 FILING		
A. Total Contributions from Small Contributors-Received th (See instructions for definition of Small Contributor) SUBTO	is Period ONLY OTAL SECTION A	\$		
B. Itemized Contribu	utions from I-di-i			
Last Name		duais		1.0
	ohn			MI
Residential Street Address City	******		State	T2:- C-1
93 Ellsworth Street Bridg	geport		CT	Zip Code 06605
Principal Occupation	Name of Employer			100003
Retired	Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a cano does contributor or business he/she is associvalued at more than \$5,000?	lated with have a contract	officer of a municipality	STANIN SEVAN	ount of Contrib
Is this contribution associated with an event reported in Section I.1? If yes, list Event # 113023A Yes Is contributor a principal of a state confusion of government the contract is with:	ranches _	Contractor? SYes OLegislative	\$50	Ю
Method of Contribution: Cash Personal Check (Condit/Dating of Contribution)	Date Received	Aggregate Contributions	7	
Cash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order	2023-12-02			
ast Name =ggert				MI
Pa	itricia			10/40
OF Montroe out Other			State	Zip Code
95 Montgomery Street Bridge	eport		CT	06605
Retired	Name of Employer			
NAME OF THE PARTY	Retired			
dependent child of a lobbyist? Yes Ves Ves Ves Ves Ves Vo Vo Vo Ves Vo Ves Vo Ves Vo Ves Vo Ves Vo Ves Ves	date for a chief executive of ted with have a contract w Yes • No	officer of a municipality, ith said municipality		int of Contribu
this contribution associated with an reported in Section L1? Yes No Is contributor a principal of a state contributor in Section L1? Yes, list Event # 113023A Is contributor a principal of a state contributor of government the contract is with:	ractor or prospective state	⊙ No	\$100)
dethod of Contribution:		gregate Contributions	-	
Cash OPersonal Check Oredit/Debit Card O'ayroll Deduction OMoney Order	2023-11-25	New Server Commontons		
st Name Pirst				Ts#
hukwu Oni	İ			МІ
sidential Street Address City			State	Zip Code
8 Grovers Avenue Bridge	port	1	CT	06605
ncipal Occupation N	ame of Employer		ÿ. <u> </u>	00003
lanager	Frontiers Acquisition	IS LLC		
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hod of Contribution:		gregate Contributions		
Cash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order 2	023-11-24			
SUBTOTAL S	ection B — This Pa	ge \$1,600		
TOTAL of addit	ional Section B Page	28		-740
TOTAL OF ALL CONTRIBUTIONS FROM INDIVID	STATE OF THE PARTY			
(Enter total on Line 13, Column	A of Summary Page Tota	(s) \$42,795		

Section B ADDITIONAL PAGE 2____

NAME OF COMMITTEE (Provide Complete	Name as Registered with Filing Repository	y .		TYPE OF REPORT		
JOHN GOMES FOR MAYOR				JANUARY 10 F	ILING	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$			
Total Name	B. Itemized C	ontr	ibutions from Indivi	duals		
Last Name Heilmann			First		- 12	MI
Residential Street Address			Niels			
89 GROVERS AVE		City			State	Zip Code
Principal Occupation		Bri	idgeport		СТ	06605
Investor			Name of Employer MPG			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$40 does contributor or business he/sh valued at more than \$5,000?	O to a c	andidate for a chief executive sociated with have a contract	officer of a municipalit with said municipality	y, Am	ount of Contribut
Is this contribution associated with an event reported in Section I.1? If yes, list Event #	Yes Is contributor a principal of a	a state o	contractor or prospective state r branches		\$2	50
Method of Contribution: Cash Personal Check ©Credit/Debit	Card OPayroll Deduction OMone	y Orde	Date Received	Aggregate Contributions		
ast Name		F	irst			MI
leilmann			Callie			MI
esidential Street Address		City			State	Zip Code
39 GROVERS AVE		Bric	dgeport		CT	06605
incipal Occupation			Name of Employer			10000
Co-Director			Bridgeport Genera	tion Now		
contributor a lobbyist, spouse, dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a ca is asso	ndidate for a chief executive	officer of a manistration	1	unt of Contribution
	Yes No Is contributor a principal of a If yes, indicate which bra of government the contra	nch or	ontractor or prospective state branches	⊙ No	\$25	0
ethod of Contribution:	San	Ct Is WI		ggregate Contributions	-	
Cash OPersonal Check OCredit/Debit C	ard O'ayroll Deduction OMoney	Order	12-12-23	specime continuings		
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endez		F	Petronila			МІ
idential Street Address		City			Carre	
0 Hamilton st			geport		State CT	Zip Code 06608
ncipal Occupation			Name of Employer		о. -	00000
peraria			Presicion risauce			
ontributor a lobbyist, spouse, lependent child of a lobbyist?	If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?	o a can s assoc	didate for a chief executive o	fficer of a municipality, th said municipality	10000 71 (1000)	nt of Contribution
nis contribution associated with an nt reported in Section L1? yes, list Event # 113023A		ch or b	ntractor or prospective state or	⊘ No	\$100)
hod of Contribution:				gregate Contributions		
Cash OPersonal Check OCredit/Debit Ca	rd OPayroll Deduction OMoney (Order	2023-11-28			
	SUBTO	OTAI	L Section B — This Pa	gc \$600		
	TOTAL	of ad	ditional Section B Pag	es		***
TOTAL OF AI	L CONTRIBUTIONS FROM	INDI	VIDUALS (Sections A + mn A of Summary Page Tota	B) \$42,795		

Section B ADDITIONAL PAGE 3

NAME OF COMMITTEE (Provide Complete	Name a	s Registered with Filing Repository)			TYPE OF REPORT		
JOHN GOMES FOR MAYOR	ii				JANUARY 10 F	ILING	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$				
		B. Itemized C	ontrit	outions from Indiv	iduals		
Last Name				irst			MI
De la cruz				Adyerin			
77 6th Street			City	1 20 AND		State	Zip Code
Principal Occupation			Brio	geport		СТ	06607
Teacher				Name of Employer Creative kids cen	ter		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	do	contribution is in excess of \$400 cs contributor or business he/should at more than \$5,000?) to a car c is asso	ndidate for a chief executive ciated with have a contract OYes ONO	e officer of a municipalit with said municipality	100 P. 10	ount of Contribut
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes No	Is contributor a principal of a If yes, indicate which bra of government the contra	nch or	ntractor or prospective stat	_ O No	\$5	0
Method of Contribution: Ocash OPersonal Cheek OCredit/Debi	Card (OPayroll Deduction OMone	y Order	Date Received 2023-12-02	Aggregate Contributions		
ast Name			Fir	st		+	МІ
_eite			11	idio			1/25/24/1
esidential Street Address			City			State	Zip Code
79 Coleman St			Bridg	geport		CT	06604
rincipal Occupation				Name of Employer			
Watch polisher				Breitling usa			
contributor a lobbyist, spouse, r dependent child of a lobbyist?	docs	ontribution is in excess of \$400 s contributor or business he/she ed at more than \$5,000?	to a can is assoc	didate for a chief executive inted with have a contract very Yes No	officer of a municipality with said municipality		ount of Contribution
this contribution associated with an vent reported in Section 1.1? Wyes, list Event #	Yes No	Is contributor a principal of a If yes, indicate which bran of government the contract	nch or b	stractor or prospective state	Ō No	\$90	
Method of Contribution: Ocash OPersonal Check Ocredit/Debit				Date Received	Aggregate Contributions	1	
Ocash OPersonal Check Ocredit/Debit	Card (Payroll Deduction OMoney	Order	2023-12-23			
Potter-Henderson			Firs				МІ
sidential Street Address				ову			
350 Hancock Avenue			City Bridg	enort		State	Zip Code
incipal Occupation				Name of Employer		СТ	06605
RN				AVP			
contributor a lobbyist, spouse, dependent child of a lobbyist?	does	ntribution is in excess of \$400 to contributor or business he/she independent of at more than \$5,000?	o a cand s associa	idate for a chief executive	officer of a municipality, ith said municipality	77/20/00/19/00	unt of Contributio
this contribution associated with an ent reported in Section I.1? f.yes, list Event #		Is contributor a principal of a st If yes, indicate which brand of government the contract	ch or br	ractor or prospective state	contractor? Sycs	\$100	00
thod of Contribution: Cash OPersonal Check OCredit/Debit C	ard O				ggregate Contributions		
				Section B — This P	age \$1140		
				itional Section B Pa			
TOTAL OF A	LL C	ONTRIBUTIONS FROM	INDIV		· B)		-

Section B ADDITIONAL PAGE 4_____

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repositi	tory)		TYPE OF REPORT		
JOHN GOMES FOR MAYOR			JANUARY 10 F	EII ING	
A. Total Contributions from Small Contributors-Re- (See instructions for definition of Small Contributor)	eceived t				
D 14	C				
Last Name		butions from Indivi	duals		
Craig	1	Kelly			MI
Residential Street Address	City	rtony			
704 Iranistan Avenue	100	dgeport		State	Zip Code
Principal Occupation		Name of Employer			06605
Retired		Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$ does contributor or business he valued at more than \$5,000?	\$400 to a ca c/she is asso	indidate for a chief executive ociated with have a contract OYes ONo	e officer of a municipal with said municipality	70.00	ount of Contributi
	branch or ontract is wi	ontractor or prospective state branches th: OExecutive	Contractor? Sye No Legislative Aggregate Contributions		50
ast Name	Fi	rst			MI
Harp	17	Toni			155577
tesidential Street Address	City			State	Zip Code
71 Edgewood Way	New	Haven		СТ	06515
rincipal Occupation		Name of Employer		-	
Retired		Retired			
r dependent child of a lobbyist? Yes No Ves Valued at more than \$5,000?	400 to a can she is assoc	didate for a chief executive ciated with have a contract w	officer of a municipality		unt of Contributio
this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of If yes, indicate which to of government the contributor.	branch or t	ntractor or prospective state	⊙ No		00
Acthod of Contribution:		B. B	ggregate Contributions	-	
Cash OPersonal Check OCredit/Debit Card OPayroll Deduction OMon	ney Order	2023-11-06	ereno en en la landa en	1	
ist Name	Fire			_	М
Burgos	E	lizabeth			I MI
sidential Street Address	City			State	Zip Code
51 Kossuth Street	Bridg	eport		CT	06608
incipal Occupation		Name of Employer		<u> </u>	00000
Pharmacy Technician		Main Street Pharm	acv		
contributor a lobbyist, spouse, dependent child of a lobbyist? Yes does contribution is in excess of \$40 does contributor or business he/sh valued at more than \$5,000?	00 to a cand he is associ	lidate for a chief executive of	fficer of a municipalish	E PERMITTAN	int of Contribution
this contribution associated with an ent reported in Section I.1? Yes No Is contributor a principal of a figure, indicate which broad government the contributor of government the contributor.	ranch or br	ractor or prospective state canches	ontractor? SYes	\$900)
ethod of Contribution:			gregate Contributions	1	
Cash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	ey Order	2023-11-03			
SUB	BTOTAL	Section B — This Pa	ge \$1250		
TOTA	L of add	litional Section B Pag	es		
TOTAL OF ALL CONTRIBUTIONS FROM	M INDIV	IDUALS (Sections A + in A of Summary Page Total	B) \$42,795		
19354WV/USIMARA					

Section B ADDITIONAL PAGE 5 of 47

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
JOHN GOMES FOR MAYOR			JANUARY 10 FILING			
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)		nis Period ONLY OTAL SECTION A	s			
THE PART OF THE PA		utions from Indivi	duals			
Last Name Decilio	8.7	rst _ouis			MI	
Residential Street Address		Louis		Leur		
65 Ferry Court	City	tford		State	Zip Code 06615	
Principal Occupation	0.14	Name of Employer		0.	100013	
Registrar of Voters		Town of Stratford				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Under the lobbyist If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Amo	ount of Contribution 50	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 113023A Yes Is contributor a principal of a If yes, indicate which bra of government the contract.	anch or l	h: OExecutive	OLegislative O No			
Method of Contribution: Ocash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	orveousc	Date Received 2023-11-30	Aggregate Contributions			
	St. Herzelt					
Last Name Eaddy	Fir	st Gernard			М	
Residential Street Address	City	Jemaru		State	Zip Code	
69 Quinsey Drive	1000000	geport		CT	06606	
Principal Occupation	J,	Name of Employer		, , , , , , , , , , , , , , , , , , ,	10000	
QNA Analyst		Yale University				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	is assoc	eiated with have a contract Yes O No	with said municipality	\$10	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 113023A Section L1? If yes, indicate which bra of government the contraction of government the contraction.	anch or	branches	C Legislative SYes			
Method of Contribution:	90-75KW-90-C	Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney		2023-11-30				
Last Name	Fir				MI	
Barreto		/laria		Le	I and a second	
Residential Street Address 7 James Street	City Milfo	ard		State	Zip Code 06460	
Principal Occupation	IVIIIIC	Name of Employer		01	00400	
Manager		Barretos Cleaning	LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Amo \$90	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No Is contributor a principal of a section L1? If yes, list Event # of government the contraction of government the contraction of government the contraction.	nch or b	oranches	C Legislative			
Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	Date Received 2023-12-29	Aggregate Contributions			
SUBT	гота	L Section B — This	Page \$440			
TOTAL	Lofad	Iditional Section B P	ages			
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line)		IVIDUALS (Sections A				

Section B ADDITIONAL PAGE 6 of 47

NAME OF COMMITTEE (Provide Complete Nam	ne as Registered with Filing Repository)		TYPE OF REPORT			
JOHN GOMES FOR MAYOR			JANUARY 10 FI	LING		
A. Total Contributions from Small Contributors-Received this Period ONLY (See Instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$			
Last Name	B. Itemized Con	tributions from Indivi	duals			
Silva		First			МІ	
Residential Street Address	Lee	Amallia				
640 Ezra St		ty Bridgeport		State	Zip Code	
Principal Occupation		Name of Employer		СТ	06606	
Homemaker		Homemaker				
s contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?	a candidate for a chief executive	e officer of a municipality	555	unt of Contribut	
	Yes Is contributor a principal of a state If yes, indicate which branch of government the contract is	e contractor or prospective state or branches	Contractor? Yes OLogislative	\$100	00	
Method of Contribution: Cash OPersonal Check OCredit/Debit Cal	rd OPayroll Deduction OMoney Or	Date Received	Aggregate Contributions			
asi Name		First			МІ	
areen		Marie			0.000	
esidential Street Address	City			State	Zip Code	
55 Beachview Ave	В	ridgeport		CT	06605	
Retired		Name of Employer				
		Retired				
dependent entitude a montyfat?	If contribution is in excess of \$400 to a does contributor or business he/she is a valued at more than \$5,000?	candidate for a chief executive ssociated with have a contract v	officer of a municipality, with said municipality		nt of Contributio	
this contribution associated with an //ent reported in Section L1? **Tyes*, list Event # 113023A**		or branches	⊙ No	\$100		
fethod of Contribution: Cash Opersonal Check Ocredit/Debit Card	1 OPayroll Deduction OMoney Ord	Date Received	Aggregate Contributions			
st Name		Pirst			МІ	
ulcano		Diane				
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5 Beachview Ave	Br	idgeport		СТ	06605	
ncipal Occupation Retired		Name of Employer Retired				
Transfer of a topolytist.	contribution is in excess of \$400 to a copies contributor or business he/she is assalued at more than \$5,000?	candidate for a chief executive of sociated with have a contract w	officer of a municipality, ith said municipality	928040000000	t of Contribution	
his contribution associated with an entreported in Section I.1? [yes, list Event # 113023A		contractor or prospective state or r branches	ontractor? Syes	\$100		
thod of Contribution. Cash Personal Check		Date Received A	ggregate Contributions			
	SUBTOT	AL Section B — This Pa	ige \$1200			
		additional Section B Pag				
TOTAL OF ALL	CONTRIBUTIONS FROM INI (Enter total on Line 13, Co	DIVIDUALS (Sections A + dumn A of Summary Page Tot	B) \$42,795			

Section B ADDITIONAL PAGE 7 of 47

NAME OF COMMITTEE (Provide Complete Name as	Registered with Filing Repository)			TYPE OF REPORT		
JOHN GOMES FOR MAYOR				JANUARY 10 F	ILING	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			s			
	B. Itemized Co	ontribut	ions from Indix	viduals		
Last Name		First	one from that	luuais		MI
Fidalgo		Luc	lovina			7.400
Residential Street Address	<u> </u>	City		•	State	Zip Code
587 Colorado avenue		Bridge	port		CT	06605
Principal Occupation Dental assistant		100	ame of Employer Dr. Vayner family	dentistry		
a delicense in a monty str.	ontribution is in excess of \$400 s contributor or business he/she led at more than \$5,000?	to a candid	ate for a chief executi ed with have a contrac	ve officer of a municipality	0.11	ount of Contribut
Is this contribution associated with an event reported in Section L1? Yes No Wyes, list Event #	Is contributor a principal of a s If yes, indicate which bran of government the contract	nch or brar	OYes ONo ctor or prospective sta tches OExecutive	ite contractor?)
Method of Contribution. Cash OPersonal Check OCredit/Debit Card (Payroll Deduction OMoney		ne Received 023-12-29	Aggregate Contributions		
ast Name		First				MI
idalgo		Egíd	dio			17097
esidential Street Address		City			State	Zip Code
585 Colorado avenue		Bridgep	ort		СТ	06605
rincipal Occupation		Na	me of Employer			
Retired		R	etired			
dependent child of a lobbyist? O No does	ntribution is in excess of \$400 to contributor or business he/she is d at more than \$5,000?	o a candida is associated	te for a chief executive with have a contract Yes No	e officer of a municipality with said municipality		unt of Contributio
this contribution associated with an enterported in Section 1.1? Yes, list Event #	Is contributor a principal of a st If yes, indicate which bran of government the contract	ich or bran	tor or prospective sta	C Legislative	_ \$90	e.
lethod of Contribution:	1	Dat	e Received	Aggregate Contributions	-	
Cash OPersonal Check OCredit/Debit Card	Payroll Deduction Money (Order 2	023-12-27	nerver er e		
st Name		First	<u> </u>			MI
leira		Bran	don			
sidential Street Address	120	City			State	Zip Code
89 Lincoln Avenue		Bridgep	ort		CT	06606
neipal Occupation		Nan	ne of Employer			
itudent			udent			
does c	tribution is in excess of \$400 to contributor or business he/she is I at more than \$5,000?	a candidat associated	o for a chief executive with have a contract Yes O No	officer of a municipality with said municipality	\$2000000 \$2000000	int of Contributio
this contribution associated with an entreported in Section L1? Yes No Yes, list Event #	s contributor a principal of a sta If yes, indicate which branch of government the contract i	h or branc	or or prospective state	Contractor? Syes	\$90	
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	SUBTO	OTAL Se	ction B — This l	Page \$280		
	TOTAL	of additio	onal Section B Pa	ages		
TOTAL OF ALL CO	ONTRIBUTIONS FROM I (Enter total on Line 13,	INDIVID	UALS (Sections A	+ B) \$42,795		

Section B ADDITIONAL PAGE 8 of 47

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT		
JOHN GOMES FOR MAYOR		JANUARY 10 F	LING	
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	ed this Period ONLY SUBTOTAL SECTION A	\$		
B. Itemized Cor	ntributions from Indiv	iduolo		
Last Name	First	uuais		[MI
Cameron	Anna			1911
Residential Street Address	City		State	Zip Code
5440 Netherland Avenue	Bronx		СТ	10471
Principal Occupation	Name of Employer			
Registered Nurse	Visiting Nurse of			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?	o a candidate for a chief executive sassociated with have a contract	e officer of a municipality with said municipality		unt of Contribu
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ast Name	First			MI
Kavier	Jose			(3300 A
5.4.7. Coloured - A.	ity		State	Zip Code
547 Colorado Avenue	Bridgeport		CT	06605
Custodian	Name of Employer			
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SUBTO	FAL Section B — This P	age \$225		
TOTAL of	additional Section B Pag	ges		
TOTAL OF ALL CONTRIBUTIONS FROM IN	NDIVIDUALS (Sections A + Column A of Summary Page To	B) \$42,795		

Section B ADDITIONAL PAGE 9____

A. Total Contributions from Small Contributors-Received this Period ONLY (See Instructions for definition of Small Contributors) B. Itemized Contributions from Individuals Substitute
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) B. Itemized Contributions from Individuals Provided Received Provided Re
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37 Wood Ave Bridgeport State Zip Code CT 06604
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SUBTOTAL Section B — This Page \$1190
TOTAL of additional Section B Pages
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) \$42,795

Section B ADDITIONAL PAGE 10

	Name as Registered with Filing Repository)		TYPE OF REPORT		
JOHN GOMES FOR MAYOR				JANUARY 10 F	ILING	
A. Total Contributions from (See instructions for definition of Small)	Small Contributors-Rece all Contributor)	eived t SUBT	his Period ONLY OTAL SECTION A	s		
	B. Itemized C	ontril	outions from Indivi	duals		
Last Name Speaker		I-	irst			MI
Residential Street Address			Kaitlyn			
464 Woodlawn Avenue Ext		City			State	Zip Code
Principal Occupation		Bric	geport		СТ	06606
Director			Name of Employer University of Con	pacticut		
s contributor a lobbyist, spouse, or dependent child of a lobbyist?	does contributor or business he/sh	0 to a ca ne is asso	ndidate for a chief executive ciated with have a contract	a officer of a municipality	ly, Amo	ount of Contributi
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Section B ADDITIONAL PAGE 11 of 47

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	,	TYPE OF REPORT	
JOHN GOMES FOR MAYOR	THE STATE OF THE PROPERTY AND THE STATE OF T		
A. Total Contributions from Small Contributors-Rece	JANUARY 10 F	ILING	
(See instructions for definition of Small Contributor)	SUBTOTAL SECTION A		
B. Itemized C	ontributions from Indi	viduals	
Last Name	First		MI
Evangelista	Jacinto		in actions
Residential Street Address	City		State Zip Code
4300 Main Street	Stratford		CT 06614
Principal Occupation	Name of Employer		
Manager	State Farm		
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/sh valued at more than \$5,000?	ie is associated with have a contra	ct with said municipality	
William the control of the control o	a state contractor or prospective st	late contractor? Ryes	
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ast Name	First		
Fidalgo	Baltazar		МІ
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435 Vincellette Street	Bridgeport		State Zip Code
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sidential Street Address	City		
5 East Eaton Street	Bridgeport		State Zip Code
ncipal Occupation	Name of Employer		CT 06604
Director	The state of the s	onderskie leette te	
contributor a lobbyist, spouse. • Yes I If contribution is in excess of \$400 to		eadership Institute	
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SUBT	OTAL Section B — This	Page \$240	
TOTAL	of additional Section B Pa	ages	
TOTAL OF ALL CONTRIBUTIONS FROM			

Section B ADDITIONAL PAGE 12

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repo	ository)		TYPE OF REPORT				
JOHN GOMES FOR MAYOR				JANUARY 10 FILING			
A. Total Contributions from Small Contributors-R	Contributions from Sman Contributors-Received this Period ONLY		\$				
		ID OLIO TROIT A					
R Itemize	ed Contributi	ons from Indiv					
Last Name	First	ons from Indiv	iduals				
DePina Cameron	Ann	а			MI		
Residential Street Address	City				12.		
3901 Independence Avenue	Bronx			State	Zip Code 10463		
Principal Occupation	Na	me of Employer		1,74	10403		
Registered Nurse	V	isiting Nurse of	Westchester				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess o does contributor or business valued at more than \$5,000?	f \$400 to a candida	te for a chief executiv I with have a contract	o officer of a municipal	ty, Am	ount of Contributi		
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desidential Street Address	City			State	Zip Code		
4 Green Street	Trumbull			CT	06611		
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thod of Contribution;	Date R		Legislative ggregate Contributions	1			
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SU	BTOTAL Sect	tion B — This Pa	age \$700	-			
тот	AL of addition	al Section B Pag	zes		-		
TOTAL OF ALL CONTRIBUTIONS FRO	OM INDIVIDU	ALS (Sections A +	· R)				
(Enter total on Li	ne 13, Column A q	f Summary Page Tota	(als) \$42,795				

Section B ADDITIONAL PAGE 13 of 47

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Reposit	torv)		TYPE OF REPORT		
JOHN GOMES FOR MAYOR					
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A		JANUARY 10 FILING			
			- 1		
B. Itemized	Contri	butions from Indivi	duals		
Last Name		First			IMI
Feliz		Fidel			110000
Residential Street Address	City			State	Zip Code
369 Bunnell Street	Bri	dgeport		СТ	06607
Principal Occupation		Name of Employer		- 12	
Retired		Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$\frac{1}{2}\$ does contributor or business he valued at more than \$\frac{1}{2}\$,000?	\$400 to a c c/she is ass	andidate for a chief executive ociated with have a contract OYes ONo	e officer of a municipali with said municipality	0.0000	ount of Contributi
A CONTRACT OF THE PROPERTY OF	branch or	ontractor or prospective state branches	OLegislative Sym	s	000
Method of Contribution:			Aggregate Contributions	-	
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ast Name	200	irst			
Dintron	1	Jorge			MI
esidential Street Address	City	borge			
38 Ann Street	1.0	gatuck		State	Zip Code
rincipal Occupation	1,440	Name of Employer		СТ	06770
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lethod of Contribution;		-	ggregate Contributions	4	
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ietrantuono	F	Raechael			(1248)
sidential Street Address	City			State	Zip Code
53 Dover Street	Bridg	geport		СТ	06610
ncipal Occupation		Name of Employer			
detired		Retired			
dependent child of a lobbyist? Solution is in excess of \$40 does contribution or business he/sh valued at more than \$5,000?	00 to a can he is assoc	didate for a chief executive of iated with have a contract wi	fficer of a municipality, th said municipality	23/26	nt of Contribution
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thod of Contribution			gregate Contributions	-	
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SUB	BTOTAL	Section B — This Pa	ge \$1255		
ТОТА	L of add	ditional Section B Pag	es		
TOTAL OF ALL CONTRIBUTIONS FRO	M INDI		R)		
Management and Aller And	ari willing	of Summary Fage 100	iny in the Table		

Section B ADDITIONAL PAGE 14 of 47

NAME OF COMMITTEE (Provide Complete Name as R	egistered with Filing Repository)			TYPE OF REPORT		
JOHN GOMES FOR MAYOR				JANUARY 10 F	ILING	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			s			
	B. Itemized Co	ntril	outions from Indiv	iduala		
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Brito			Evanilda			l Mi
Residential Street Address		City		-	State	Zip Code
33 Edna Avenue		Bric	lgeport		СТ	6610
Principal Occupation			Name of Employer	· · · · · · · · · · · · · · · · · · ·	(F)(4)	55.0
Manager			Evanilda Brito			
aspendent cities of a footbytst. O 140 does o	ntribution is in excess of \$400 contributor or business he/she d at more than \$5,000?	to a ca is asso	ndidate for a chief execution in the contraction of	ve officer of a municipal t with said municipality	DECK PERM	ount of Contrib
	Is contributor a principal of a s If yes, indicate which bran of government the contrac	ich or	ontractor or prospective sta branches	OLegislative		0
Method of Contribution:			Date Received	Aggregate Contributions		
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ast Name		Fi	rst		_	MI
Nina		(Cesar			130448.1
esidential Street Address	(City			State	Zip Code
34 Crestview Lane		Dan	bury		СТ	06810
incipal Occupation			Name of Employer			2
Educator			City of Norwalk			
dependent child of a toboyist?	ribution is in excess of \$400 to ontributor or business he/she is at more than \$5,000?	o a can s assoc	didate for a chief executive inted with have a contract Yes No	officer of a municipality with said municipality	1.0	ount of Contribu
this contribution associated with an Vent reported in Section 1.1? Tyes, list Event # 113023A	s contributor a principal of a st If yes, indicate which bran- of government the contract	ch or l	ntractor or prospective stat	C Contractor? SYes		J
Method of Contribution:				Aggregate Contributions	-	
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st Name		Fire	st			MI
'Neil		R	ick			18(80)
sidential Street Address	C	ity	- 1 		State	Zip Code
45 Buckland Hills Drive		Man	chester		СТ	06042
neipal Occupation			Name of Employer			
CEC			State of CT			
valued i	ibution is in excess of \$400 to ntributor or business he/she is at more than \$5,000?	a cano associ	lidate for a chief executive ated with have a contract v	officer of a municipality with said municipality	. Amoi	unt of Contribut
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thed of Contribution:		T		Aggregate Contributions	+	
Cash Personal Check OCredit/Debit Card OPa	yroll Deduction OMoney O	rder	2023-11-20	energia anno 1773 e esta como esta e en esta esta del esta esta esta esta el esta el esta el esta el esta el e		
	SUBTO	TAL	Section B — This F	age \$130		
	TOTAL o	f ado	litional Section B Pa	ges		
TOTAL OF ALL CON	NTRIBUTIONS FROM I (Enter total on Line 13,	NDIV	IDUALS (Sections A on A of Summary Page To	+ B) (tals) \$42,795		

Section B ADDITIONAL PAGE 15 of 47

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	MI		
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	1011		
State Z	Zip Code		
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Section B ADDITIONAL PAGE 16 of 47

NAME OF COMMITTEE (Provide Complete Name as	Registered with Filing Repository)			TYPE OF REPORT		
JOHN GOMES FOR MAYOR				JANUARY 10 F	ILING	
A. Total Contributions from Small Contributors-Received this Period ONLY (See Instructions for definition of Small Contributor) SUBTOTAL SECTION A			S			
	P Itania I G					
Last Name	B. Itemized Co		butions from Indivi	duals	1 1	
Beney		- F	Pirst Doug			МІ
Residential Street Address		City			Te	In a
218 West Rock Avenue		10000	w Haven		CT	Zip Code 06515
Principal Occupation		10000000	Name of Employer			1 00010
CEO			FloeMedia, LLC			
aspendent character at the boyster.	ontribution is in excess of \$400 s contributor or business he/she led at more than \$5,000?	to a ca is asso	Indidate for a chief executiv	e officer of a municipali with said municipality	765	ount of Contribu
Is this contribution associated with an event reported in Section L1? If yes, list Event # 113023A Method of Contribution:	Is contributor a principal of a If yes, indicate which bra of government the contra	nch or	ontractor or prospective state branches ith: OExecutive	OLegislative SYes		00
Ocash OPersonal Check Ocredit/Debit Card (Deveral Deduction O		Date Received	Aggregate Contributions		
ast Name	J. Ayron Deduction (Money	-	RESERVE THE RESE.			
Lindsay			rst Marlon			MI
esidential Street Address		City	Viariori		T and a second	
260 S Sunset Drive		(5)	eyard		State	Zip Code
rincipal Occupation		NO INC.	Name of limployer		01	84059
Technology			Marlon Lindsay			
value	ntribution is in excess of \$400 t contributor or business he/she at at more than \$5,000?	is assoc	ididate for a chief executive ciated with have a contract v	vith said municipality	/. Amo	unt of Contributi
this contribution associated with an vent reported in Section L1? [yes, list Event #	Is contributor a principal of a s If yes, indicate which bran of government the contrac	ich or	branches	⊘ No		
Aethod of Contribution:				Aggregate Contributions	-	
Cash OPersonal Check OCredit/Debit Card	Payroll Deduction Money	Order	2023-11-02			
st Name		Fir	st			MI
reenberg		N	Maxine			MACA.
sidential Street Address 65 Balmforth St		lity			State	Zip Code
ncipal Occupation		Bridg	geport		CT	06605
Retired			Name of Employer			
contributor a lobbyist, spouse. Yes If con	tribution is in success of \$400 c.	Marca 478000 V 200	Retired			
dependent child of a lobbyist? No does of value	tribution is in excess of \$400 to contributor or business he/she is I at more than \$5,000?	associ	iated with have a contract with the contract with have a contract with have a contract with the contra	officer of a municipality, ith said municipality	\$100	int of Contribution
his contribution associated with an entreported in Section L1? [yes, list Event # 113023A]	s contributor a principal of a sta If yes, indicate which brane of government the contract	h or b	ranches	ontractor? Syes Legislative		7.
thod of Contribution.		T	Date Received A	ggregate Contributions	1	
Cash OPersonal Check OCredit/Debit Card O	Payroll Deduction OMoney C	order	2023-11-29			
	SUBTO	TAL	Section B — This Pa	age \$1200		
	TOTAL	of add	ditional Section B Pag	ges		
TOTAL OF ALL CO	ONTRIBUTIONS FROM	INDIV	VIDUALS (Sections A +	B)		
	(Enter total on Line 13,	Colun	nn A of Summary Page Tot	(als) \$42,795		

Section B ADDITIONAL PAGE 17 of 47

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
JOHN GOMES FOR MAYOR			JANUARY 10 FILING			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$			
7 2						
B. Itemized (Contri	butions from Indivi	duals			
Last Name		First			MI	
LOPES		CARLOS				
Residential Street Address	City			State	Zip Code	
20 JOANNE DRIVE	MIL	LFORD		CT	06460	
Principal Occupation		Name of Employer		72		
Financial analysts		Sikorsk	ky Aircr	aft	-	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$4 does contributor or business he/s valued at more than \$5,000?	she is ass	sociated with have a contract Oyes ONo	e officer of a municipalit with said municipality		ount of Contribution	
Is this contribution associated with an event reported in Section I.1? If yes, list Event # Section I.1? Is contributor a principal of If yes, indicate which to of government the con	oranch or		Chegislative SYes			
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMo	ney Orde	er 2023-11-04				
Last Name	F	First		_	MI	
SILVA		ANTONIO				
Residential Street Address	City	A		State	Zip Code	
2006 North Ave	Brid	dgeport		CT	06604	
Principal Occupation		Name of Employer		2		
Engineer		Marriott				
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?				y, Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 113023A Section L1? If yes, list Event # 113023A	oranch o		e contractor? SYes			
Method of Contribution:			Aggregate Contributions	-		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMor	ney Order					
Last Name	P	First		_	MI	
Garcia		Juan			1100-24	
Residential Street Address	City			State	Zip Code	
202 Alfred St	Brid	dgeport		CT	06605	
Principal Occupation	_	Name of Employer			1	
Train operator		Nyct transit				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$40 does contributor or business he/s valued at more than \$5,000?				y, Amo	unt of Contribution	
event reported in Section L1? If yes, list Event # ONO If yes, indicate which b of government the cont	ranch or	ith: O Executive	OLegislative ONo			
Method of Contribution:	= 0		Aggregate Contributions	1		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMon	ney Order	2023-11-03				
SUI	втот	AL Section B — This	Page \$1150			
тота	AL of a	dditional Section B P	ages			
TOTAL OF ALL CONTRIBUTIONS FRO (Enter total on Lin		DIVIDUALS (Sections A Jumn A of Summary Page T				

Section B ADDITIONAL PAGE 18 of 47

NAME OF COMMITTEE (Provide Complete N	Name as Registered with Filing Repository	,		TYPE OF REPORT			
JOHN GOMES FOR MAYOR			JANUARY 10 FILING				
A. Total Contributions from	Small Contributors-Rece	ived	this Period ONLY				
(See instructions for definition of Sma	ll Contributor)		TOTAL SECTION A	\$			
			W				
Last Name	B. Itemized C	ontri	butions from Indivi	iduals			
Franklin			First			MI	
Residential Street Address			Christopher				
190 Little Brook Drive		City			State	Zip Code	
Principal Occupation		INE	wington		СТ	06111	
Business Analyst			Name of Employer Voya Financial			10/2	
Is contributor a lobbyist, spouse, Yes	If contribution is in excess of \$40	() to a c		A			
or dependent child of a lobbyist? No	does contributor or business he/sh valued at more than \$5,000?	e is ass	sociated with have a contract OYes ONo	e officer of a municipality with said municipality	200	ount of Contributi	
detected increased and the Constitute 7.40	Yes Is contributor a principal of a No If yes, indicate which bra	state c	contractor or prospective state			10	
If yes, list Event # 113023A	 No If yes, indicate which bri of government the contra 	anch of act is w	ith: OExecutive	OLegislative No			
Method of Contribution:			Date Received	Aggregate Contributions			
Ocash OPersonal Cheek Ocredit/Debit C	Card OPayroll Deduction OMone	y Orde	r 2023-11-30				
ast Name			irst			MI	
Williams			Dennis			MI	
desidential Street Address		City	A CONTROL OF CONTROL		State	Zip Code	
198 Platt Lane		Milf	ord		CT	06461	
rincipal Occupation			Name of Employer			00401	
Physician			Hartford Health				
contributor a lobbyist, spouse, Yes	If contribution is in excess of \$400	to a car	The state of the s	officer of a municipality		AND THE RESERVE OF THE PROPERTY OF THE PROPERT	
dependent child of a lobbyist? ONO	does contributor or business he/she valued at more than \$5,000?	is asso	Ciated with have a contract v	vith said municipality	17886	ount of Contributio	
	Yes Is contributor a principal of a	state co	ontractor or prospective state	contractor? OYes		000	
rent reported in Section L1?	No If yes, indicate which bra of government the contra	nch or	branches	⊘ No			
Method of Contribution:	or government the contra	ct is wi		Legislative Aggregate Contributions	4		
Cash OPersonal Check OCredit/Debit Co	ard OPayroll Deduction OMoney	Order		aggregate Contributions			
ast Name			rst		1	15.5	
Bertrand			lames			MI	
esidential Street Address		City			w	1	
991 North Avenue		100000000000000000000000000000000000000	geport		State	Zip Code 06604	
incipal Occupation		= 100.00	Name of Employer		O1	06604	
Manager			Shisha co				
contributor a lobbyist, spouse, Yes	If contribution is in excess of \$400 t	0.0.000	Provide the account of the state of the stat	per e : i			
dependent child of a lobbyist? O No	does contributor or business he/she i	is assoc	ciated with have a contract w	ith said municipality	25250.5	unt of Contribution	
this contribution associated with an QY	es Is contributor a principal of a s	tate cor		Contractor? OYes	\$10	00	
ont reported in Section I.1? fyes, list Event #	of government the contract	ch or b	oranches _	■No			
thod of Contribution:	of government the contract	is with	· · · · · · · · · · · · · · · · · · ·) Legislative	-		
Cash OPersonal Check OCredit/Debit Ca	rd OPayroll Deduction OMoney	Order	2023-12-05	ggregate Contributions			
	SUBT	OTA	L Section B — This P	age \$2050			
	TOTAL	of ad	ditional Section B Pag	zes			
TOTAL OF AL	LL CONTRIBUTIONS FROM	INDI	VIDUALS (Sections A +	- B)			
	(Enter total on Line 13	3, Colui	mn A of Summary Page To	(als) \$42,795			

Section B ADDITIONAL PAGE 19 of

NAME OF COMMITTEE (Provide Complete Na	me as Registered with Filing Repository)			TYPE OF REPORT		
JOHN GOMES FOR MAYOR				JANUARY 10 F	ILING	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$	ILING		
Last Name	B. Itemized Co		outions from Indiv	iduals		
Santos		120	^{Tirst} Julia			MI
Residential Street Address	-		Julia			
1610 Laurel Avenue		City	lgeport		State	Zip Code
Principal Occupation		Dire	Name of Employer		СТ	06604
RN			Hartford Health C	are		
ls contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?) to a ca e is asso	ndidate for a chief executive ciated with have a contract	e officer of a municipali	1,7507 II 170,0006	ount of Contribut
12 S. J.	Yes Is contributor a principal of a No If yes, indicate which bra of government the contra	inch or	branches	_ O No	\$1	00
Method of Contribution:			Date Received	Aggregate Contributions	-	
Cash Personal Check Ocredit/Debit Ca	ard OPayroll Deduction OMoney	y Order	2023-11-23	- 320 E.		
ast Name		Fir	rst		_	Тмі
Mason		L	ouis.			137.6
esidential Street Address		City			State	Zip Code
17 Old Farm Road		Trum	nbull		СТ	06611
rincipal Occupation			Name of Employer		22.5	
Owner			Midtown Auto bod	y inc		
dependent entite of a topolytet?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a cand is assoc	didate for a chief executive inted with have a contract Ves No	officer of a municipality with said municipality	(6) (4) (4) (6) (6)	ount of Contributio
this contribution associated with an vent reported in Section L1? Tyes, list Event #		nch or b	ntractor or prospective state	Ø No	\$10	00
fethod of Contribution.				Aggregate Contributions	-	
Cash OPersonal Check OCredit/Debit Car	d OPayroll Deduction OMoney	Order	2023-11-15			
st Name		Firs				MI
PePina		A	ntonio			W#5
sidential Street Address		City	(A)		State	Zip Code
7 Pine Needle Drive		Stratf	ford		СТ	06614
incipal Occupation			Name of Employer			
Parole Supervisor			State of CT, Dept of	of Correction		
V	f contribution is in excess of \$400 to loss contributor or business he/she is alued at more than \$5,000?	o a cand s associa	idate for a chief executive	officer of a municipality	Amou \$100	ant of Contributio
this contribution associated with an entreported in Section I.1? No No Pres, list Event # 113023A		ch or br	anches _	Ontractor? Syes	3100	J
thed of Contribution:			Date Received	ggregate Contributions	1	
Cash Personal Check OCredit/Debit Card	OPayroll Deduction OMoney C	Order	2023-11-30			
	SUBTO	TAL	Section B — This P	age \$300		
	TOTAL	of add	litional Section B Pa	ges		
TOTAL OF ALI	CONTRIBUTIONS FROM	INDIV		· R)		

Section B ADDITIONAL PAGE 20 of 47

	LIVE OF DEDOM
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) JOHN GOMES FOR MAYOR	TYPE OF REPORT
A. Total Contributions from Small Contributors-Received this Period	JANUARY 10 FILING
(See instructions for definition of Small Contributor) SUBTOTAL SECT	IONA S
B. Itemized Contributions from	1 Individuals
Last Name First	MI
Estrada Catalina	
Residential Street Address City	State Zip Code
1388 North Avenue Bridgeport	CT 06604
Principal Occupation Name of Emple	YEAR
Assistant Norwalk E	OCE
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of does contribution is in excess of \$400 to a candidate for a child does contributor or business he/she is associated with have	of executive officer of a municipality, Amount of Contribute a contract with said municipality
Is this contribution associated with an event reported in Section I.1? Yes Is contributor a principal of a state contractor or prospective forms of the section I.1? Yes Is contributor a principal of a state contractor or prospective forms of the section I.1?	ON0 \$150
13023A of government the contract is with:	executive OLegislative
Method of Contribution: Date Received	Aggregate Contributions
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order 2023-11-3	0
ast Name First	MI
Hanks Dr. Shanté	
Residential Street Address City	State Zip Code
145 Cloverhill Avenue Bridgeport	CT 06606
rincipal Occupation Name of Employ	
Sr Advisor Departmen	t of Housing
contributor a lobbyist, spouse, dependent child of a lobbyist? Yes No Yes If contribution is in excess of \$400 to a candidate for a chief does contributor or business he/she is associated with have a valued at more than \$5,000? Yes	executive officer of a musical life I
this contribution associated with an vent reported in Section L1? If yes, list Event # 1130223A Yes No Is contributor a principal of a state contractor or prosper If yes, indicate which branch or branches of government the contract is with:	ctive state contractor? SYes Recutive O Legislative
Aerhod of Contribution: Date Received	Aggregate Contributions
Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney Order 2023-11-0	6
ist Name First	М
Edmilson	10000F
sidential Street Address City	State Zip Code
54 Summerfield Avenue Bridgeport	CT 06610
incipal Occupation Name of Employer	
Shipper Superior Pl	atinf
contributor a lobbyist, spouse, dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate for a chief does contributor or business he/she is associated with have a	executive officer of a municipality, ontract with said municipality
this contribution associated with an entreported in Section I.1? Yes No Is contributor a principal of a state contractor or prospectifives, indicate which branch or branches of government the contract is with:	1 400
thod of Contribution: Date Received	Aggregate Contributions
Cash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order 2023-12-23	
SUBTOTAL Section B —	This Page \$330
TOTAL of additional Section	on B Pages
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sec	

Section B ADDITIONAL PAGE 21 of 47

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT				
JOHN GOMES FOR MAYOR		JANUARY 10 FILING			
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	\$				
				,,	
B. Itemized Co	ntributions from Indivi	duals			
Last Name	First			MI	
Hall	Johnel				
Residential Street Address	City	WHILE - 1/2	State Z	ip Code	
122 Madison Terrace	Bridgeport		CT (06606	
Principal Occupation	Name of Employer				
Barber	Johnel Hall				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a candidate for a chief executiv is associated with have a contract Yes ONo	e officer of a municipality with said municipality	. Amount	Amount of Contribution	
Is this contribution associated with an event reported in Section I.1? Yes No If yes, indicate which bra of government the contra		OLegislative			
Method of Contribution:	Date Received	Aggregate Contributions	-		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 2023-12-10				
Last Name	First			MI	
Ramirez	Israel				
Residential Street Address	City		State Zip	p Code	
126 Oak Avenue	Shelton		CT 0	6484	
Principal Occupation	Name of Employer			*(CA10-018-9A	
Sales	Ricks agency				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Special If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			Amount \$1000	of Contribution	
Is this contribution associated with an event reported in Section L.1? If yes, list Event # Section L.1? If yes, list Event #		C Legislative			
Method of Contribution:	Date Received	Aggregate Contributions	1		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 2023-12-05				
Lust Name	First			MI	
Gerald	Anna				
Residential Street Address	City		State Zip	p Code	
1320 Sylvan Avenue	Bridgeport		CT 0	6606	
Principal Occupation	Name of Employer	*			
Business owner	Project Pardon LL	C			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Valued at more than \$5,000?			Amount	of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? If yes, list Event # Section L1? If yes, list Event # Section L1?	20 44 TO 12 MARIO 10 10 22 TO 12 MARIO 11 1 APR 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	contractor? SYes O Legislative	30000000000000000000000000000000000000		
Method of Contribution		Aggregate Contributions	1		
Cash Personal Check OCredit/Debit Card Payroll Deduction OMoney	Order 2023-11-04				
SUBT	OTAL Section B — This l	Page \$1950	·		
TOTAL	of additional Section B Pa	ages			
TOTAL OF ALL CONTRIBUTIONS FROM	INDIVIDUALS (Sections A 3, Column A of Summary Page T				
Applied to the second s	e, seament of Summing a age 1				

Section B ADDITIONAL PAGE 22 of 47

NAME OF COMMITTEE (Provide Complete No.	ame as Registered with Filing Repository,)		TYPE OF REPORT			
JOHN GOMES FOR MAYOR	OHN GOMES FOR MAYOR			JANUARY 10 FILING			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$				
Last Name	B. Itemized C		butions from Indivi	duals			
Lindquist		ľ	Wendy			MI	
Residential Street Address		lew	vvenuy				
119 Midland Street		City	dgeport		State	Zip Code	
Principal Occupation		-	Name of Employer		01	06605	
Landscape Designer			Wendy Lindquist				
s contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/sh valued at more than \$5,000?	0 to a ca e is assa	andidate for a chief executiv	e officer of a municipalit with said municipality	oci i saes	ount of Contribut	
Is this contribution associated with an event reported in Section L1? Myes, list Event # 1130223A	Yes Is contributor a principal of a No Upes, indicate which bra of government the contra	anch or	ontractor or prospective state branches	CLegislative	\$10	00	
Method of Contribution: Ocash	ard OPayroll Deduction OMone	y Order	Date Received	Aggregate Contributions			
ast Name		_	irst				
DosSantos		1	Antonio			MI	
exidential Street Address		City	no gardioansa		State	Zip Code	
12 Wigwam Drive		She	lton		CT	06484	
incipal Occupation			Name of Employer				
Retired			Retired				
contributor a lobbyist, spouse, dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a car is assoc	ndidate for a chief executive ciated with have a contract v Yes • No	officer of a municipality with said municipality	i ocernia	unt of Contributio	
this contribution associated with an cut reported in Section L1? Syes, list Event #	Is contributor a principal of a If yes, indicate which bra of government the contract	nch or	intractor or prospective state	⊘ No	\$20	10	
ethod of Contribution:				Aggregate Contributions	-		
Cash OPersonal Check OCredit/Debit Car	rd OPayroll Deduction OMoney	Order	2023-10-30	₩ .			
st Name		Fir	st		_	MI	
Imonte			isanna			19987	
sidential Street Address		City			State	Zip Code	
217 Iranistan Avenue		Bridg	jeport		CT	06605	
lanager			Name of Employer				
			Junco				
	If contribution is in excess of \$400 to does contributor or business he/she in valued at more than \$5,000?	o a cano s associ	didate for a chief executive of intention and intention in the chief executive of the chief	officer of a municipality, ith said municipality	Amou \$100	nt of Contribution	
his contribution associated with an nt reported in Section L1? No yes, list Event #	Is contributor a principal of a st If yes, indicate which brane of government the contract	ch or br	ranches _	⊙ No	φ10c	,0	
thod of Contribution:				Legislative gregate Contributions			
Cash Personal Check OCredit/Debit Care	d OPayroll Deduction OMoney (Order	2023-12-07	nann mattan matta e control de co			
	SUBTO	OTAL	Section B — This Pa	age \$1300			
	TOTAL	of ado	litional Section B Pag	tes			
TOTAL OF AL	L CONTRIBUTIONS FROM	INDIV	/IDUALS (Sections A + nn A of Summary Page Tot	B) \$42,795			

Section B ADDITIONAL PAGE 23 of 47

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
JOHN GOMES FOR MAYOR		JANUARY 10 FI	LING
A. Total Contributions from Small Contributors-Rece	ived this Davied ONLY	JANUARY 10 FI	LING
(See instructions for definition of Small Contributor)	SUBTOTAL SECTION A	S	
Last Name B. Itemized C	ontributions from Indiv	iduals	
Khan	First Farhad		MI
Residential Street Address	a service services		
1015 Fairfield Ave	Bridgeport		State Zip Code
Principal Occupation	Name of Employer		
Manager	Farhad Khan		
The land of a modylate of the land of the	to a candidate for a chief executive is associated with have a contract	ve officer of a municipality with said municipality	Amount of Contributio
valued at more than \$5,000?	state contractor or prospective statement or branches	te contractor? Yes OLegislative	\$1000
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney		Aggregate Contributions	
Last Name	First		
McLaughlin	Kim		MI
Residential Street Address	City		State Zip Code
110 Hale Terrace	Bridgeport		State Zip Code CT 06610
rincipal Occupation	Name of Employer		01 00010
Retired	Retired		
s contributor a lobbyist, spouse, redependent child of a lobbyist? No Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a candidate for a chief executive is associated with have a contract of Yes No	officer of a municipality, with said municipality	Amount of Contribution
s this contribution associated with an event reported in Section L1? If yes, list Event # 113023A Section L1? Yes No Is contributor a principal of a section L1? If yes, list Event # 113023A	state contractor or prospective state	⊘ No	\$100
Method of Contribution:	Date Received	Aggregate Contributions	1
Cash OPersonal Check OCredit/Debit Card Orayroll Deduction OMoney	Order 2023-11-30		
ast Name	First		MI
Fraber	Robert		100%
esidential Street Address 110 Hale Terrace	City	1	State Zip Code
rincipal Occupation	Bridgeport		CT 06610
Retired	Name of Employer	-	
	Retired		
dependent child of a lobbyist? Yes does contributor or business he/she is valued at more than \$5,000?	o a candidate for a chief executive is associated with have a contract with have a No	officer of a municipality, ith said municipality	Amount of Contribution
f yes, list Event # 113023A / J. yes, indicate which brane of government the contract	ate contractor or prospective state och or branches	Contractor? Syes	\$100
ethod of Contribution:	Date Received	ggregate Contributions	
Cash Personal Check Ocredit/Debit Card Payroll Deduction Money C	Order 2023-11-30		
SUBTO	OTAL Section B — This P	age \$1200	
TOTAL	of additional Section B Pa	one.	
TOTAL	or additional Section B Par	ges	I

Section B ADDITIONAL PAGE 24 of 47

NAME OF COMMITTEE (Provide Complete Name as R	egistered with Filing Repository)			TYPE OF REPORT		
JOHN GOMES FOR MAYOR				JANUARY 10 F		
A. Total Contributions from Small (See instructions for definition of Small Contri	Contributors-Recei	ived tl SUBT	nis Period ONLY OTAL SECTION A	\$		
	B. Itemized Co	ontrib	utions from Indiv	iduale		
Last Name		- Transmitter	rst	Iduais		МІ
Ramirez		١	Miguel			
Residential Street Address		City			State	Zip Code
103 Eaton st		Brid	geport		СТ	06604
Principal Occupation			Name of Employer			200-000000000
Business Manager			Yayas kitchen			
value.	ntribution is in excess of \$400 contributor or business he/she d at more than \$5,000?) to a car e is assoc	ididate for a chief executive stated with have a contract OYes ONo	e officer of a municipality	1* APOLIT	ount of Contrib
Is this contribution associated with an event reported in Section I.1? Yes No No If yes, list Event #	s contributor a principal of a If yes, indicate which bra of government the contra	nch or b	ntractor or prospective sta	te contractor? SYe		000
Method of Contribution:	WX DATE BOOK		Date Received	Aggregate Contributions		
Cash Personal Check OCredit/Debit Card	Payroll Deduction OMoney	Order (2023-12-05			
ast Name		Fire	ı			MI
Griggs		C	harles			1.744
esidential Street Address		City			State	Zip Code
06 Grovers Avenue		Bridg	eport		СТ	06605
incipal Occupation			Name of Employer		, , , , , , , , , , , , , , , , , , ,	00000
Fund Development & Communications			Building Neighbor	hoods Together		
	ribution is in excess of \$400 to ontributor or business he/she at more than \$5,000?	o a cand is associ	idate for a chief executive		100 mm (100 mm)	ant of Contribu
	contributor a principal of a s If yes, indicate which bran of government the contrac	ich or bi	tractor or prospective state	⊘ No		0
fethod of Contribution:				Legislative Aggregate Contributions	-	
Cush OPersonal Check OCredit/Debit Card OP	ayroll Deduction Money	Order	2023-12-12	- agregate Contributions		
st Name		First	THREE PART OF THE PARTY			TVC
arcia		Mi	guel			MI
sidential Street Address	le	lity	3.0 2.080		State	Zin Coule
1 Swanson Drive		Milford	d		CT	Zip Code 06461
neipal Occupation		Ti	Name of Employer		<u> </u>	00401
tore manager		1	Bob's Discount Fu	rniture		
t and the state of	bution is in excess of \$400 to tributor or business he/she is it more than \$5,000?	a candi	date for a chief executive	officer of a municipality		nt of Contribut
to Representation of the Comment of	contributor a principal of a str If yes, indicate which brane of government the contract	h or bra	actor or prospective state	contractor? SYes	\$100	U
thod of Contribution:		11		ggregate Contributions	-	
Cash OPersonal Check OCredit/Debit Card OPa	yroll Deduction OMoney C	order	2023-11-03	omentus v 1967 i i seco e conseverada de la Calada de La Calada (Calada de La Calada (Calada de La Calada (Cal		
	SUBTO	TAL	Section B — This P	age \$2200		
	TOTAL (of addi	tional Section B Pa	ges		
TOTAL OF ALL CON	TRIBUTIONS FROM	INDIVI	DUALS (Sections A -	- B)		
	(Enter total on Line 13,	Column	A of Summary Page To	(als) \$42,795		

Section B ADDITIONAL PAGE 25

NAME OF COMMITTEE (Provide Complete Name as Regist	ered with Filing Repository,	,		TYPE OF REPORT		
JOHN GOMES FOR MAYOR				JANUARY 10 F	EII ING	
A. Total Contributions from Small Co	ontributors-Rece	ived t	his Paried ONLY	JANUART 10 P	ILING	
(See instructions for definition of Small Contribute	or)	SUB	TOTAL SECTION A	\$		
Last Name	B. Itemized C	_	outions from Indiv	iduals		
Ramirez		1/2	^{irst} Blendy			MI
Residential Street Address		City	Bieridy			
1000 Maplewood		(A)	lgeport		State	Zip Code
Principal Occupation		10.10	Name of Employer	*	СТ	06605
Medical Assistent			NYVC & CO			
does cont	ributor or business he/sh) to a ca	ndidate for a chief execution ciated with have a contract	ve officer of a municipal	ity, An	ount of Contribu
Is this contribution associated with an event reported in Section I.1? Yes Is converged in Section I.1?	note than \$5,000? Intributor a principal of a figure of the state of government the contract of government the government the government the government the government the government the government that government the g	state co anch or act is wi	ontractor or prospective state branches th: OExecutive	te contractor?	s	000
ast Name	Toll Deduction OMone		Chicagos and Austral Present			
Arias		Fi				MI
esidential Street Address			Romer			
1000 Maplewood Avenue		City			State	Zip Code
rincipal Occupation		Bridg	geport		CT	06605
Sastre			Name of Employer Rowsert fashion			
this contribution associated with an Yes Is con	outor or business he/she nore than \$5,000? stributor a principal of a	is assoc	didate for a chief executive inted with have a contract Yes No No	with said municipality c contractor? OYes	\$10	ount of Contributi
	ves, indicate which brain figovernment the contract	nch or t et is with		O Legislative No		
Method of Contribution:		WALLES THE THE	Date Received	Aggregate Contributions	-	
Cash OPersonal Check Ocredit/Debit Card OPayro	Il Deduction Money	Order	2023-12-06			
st Name		Firs				М
han		F	aisal			C-971.694
exidential Street Address		City			State	Zip Code
015 Fairfield Ave		Bridg	eport		CT	06605
incipal Occupation			Name of Employer			
Manager			Farhad Khan			
THE MAN THE STATE OF THE MICES CONTINUE	on is in excess of \$400 to outer or business he/she it ore than \$5,000?	o a cand s associ	idate for a chief executive ated with have a contract v	officer of a municipality with said municipality	1.0	ant of Contributio
	ributor a principal of a st es, indicate which bran- government the contract	ch or br	ractor or prospective state anches	_ © No	\$100	<i>.</i>
thod of Contribution:		T		Logislative	-	
Cash Personal Check Credit/Debit Card Payrol	Deduction OMoney (Order	2023-11-06	0046 1009 1007 1017 146 146 146 166 166 166 166 166 166 166		
	SUBTO	OTAL	Section B — This I	age \$3000		
	TOTAL	of add	litional Section B Pa	ges		
TOTAL OF ALL CONTR	RIBUTIONS FROM	INDIV	TDUALS (Sections A	+ B)	_	
	(Enter total on Line 13	, Colun	m A of Summary Page To	tals) \$42,795		

Section B ADDITIONAL PAGE 26 of 47

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repo	ositoryi		TYPE OF BEDONE		
JOHN GOMES FOR MAYOR	conory)		TYPE OF REPORT		
			JANUARY 10 F	ILING	
A. Total Contributions from Small Contributors-I (See instructions for definition of Small Contributor)	Received SUE	this Period ONLY STOTAL SECTION A	\$		
B. Itemize	ed Contr	ibutions from Indivi	duals		
Last Name		First			MI
Villacis		Kathy			1
Residential Street Address	City			State	Zip Code
64 Hawkins Street	De	erby		СТ	06418
Principal Occupation		Name of Employer		7 - 27	7,850,50 5480
Insurance		New Insight Eyec	are		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Valued at more than \$5,000?	s ne/she is ass	candidate for a chief executive sociated with have a contract	officer of a municipali with said municipality	1.50	ount of Contribut
Window and a reversion as interactions and another than the property of the pr	oal of a state of		CLegislative		0
Method of Contribution:		Date Received	Aggregate Contributions	-	
Cash OPersonal Check OCredit/Debit Card OPayroll Deduction O	Money Orde	r 2023-12-30	- WHINNEY		
ast Name		irst			
Santos		Lidio			MI
osidential Street Address	City			City	[a: a) t
100 Daniels Farm Road		mbull		State	Zip Code 06611
rincipal Occupation	2 8 7	Name of Employer		01	100011
RETIRED		RETIRED			
contributor a lobbyist, spouse, dependent child of a lobbyist? Yes No Valued at more than \$5,000?	f\$400 to a ca he/she is asso	ndidate for a chief executive	officer of a municipality ith said municipality	40 5500	ount of Contributio
this contribution associated with an enterported in Section L1? Yes, list Event # 113023A Yes No Is contributor a principal fyes, indicate which of government the contributor is principal fyes.	ch branch or	ontractor or prospective state	⊙ No	\$10	00
Acthod of Contribution:		Date Received	ggregate Contributions	4	
Cash OPersonal Cheek OCredit/Debit Card OPayroll Deduction O	Money Order	2023-12-02			
st Name	Fi	rsi			MI
mith		OD			N. S.
sidential Street Address	City			State	Zip Code
000 Lafayette Boulevard	Brid	geport		СТ	06604
ncipal Occupation		Name of Employer			
etired		Retired			
contributor a lobbyist, spouse, dependent child of a lobbyist? Yes If contribution is in excess of 3 does contributor or business he valued at more than \$5,000?	\$400 to a can e/she is assoc	didate for a chief executive of stated with have a contract with the contract with t	fficer of a municipality, th said municipality	73775575	unt of Contribution
his contribution associated with an entreported in Section L1? Yes No Is contributor a principal figure, indicate which of government the co	branch or b	ntractor or prospective state coranches	ontractor? SYes	\$250	O
thod of Contribution:			gregate Contributions	1	
Cash Personal Check OCredit/Debit Card Payroll Deduction OM	loney Order	2023-11-03	77		
st	UBTOTA	L Section B — This Pa	ge \$440		
тот	TAL of ad	ditional Section B Pag	es		
TOTAL OF ALL CONTRIBUTIONS FR	ROM INDI	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	B)		-
	A CHAIN		16)		

Section B ADDITIONAL PAGE 27 of 47

NAME OF COMMITTEE (Provide Complete N	iame as Registered with Filing Repositor	2)	TYPE OF REPORT	r
JOHN GOMES FOR MAYOR			JANUARY 10	FILING
A. Total Contributions from (See instructions for definition of Sma	Small Contributors-Reco	eived this Period SUBTOTAL SEC	ONLY TION A S	
	D Itania I	1 1 1	× 11.	
Last Name	B. Itemized C	Contributions fro	m Individuals	
Monteiro		Nanda		МІ
Residential Street Address		City		
1 Strawberry Hill Avenue		Stamford		State Zip Code
Principal Occupation		- Washington Spores	rawa sa	CT 06902
Retired		Name of Emp Retired	loyer	
s contributor a lobbyist, spouse, or dependent child of a lobbyist?	does contributor of business he/si	00 to a candidate for a ch	ief executive officer of a municipa e a contract with said municipality	ality, Amount of Contril
Is this contribution associated with an event reported in Section I.1? If yes, list Event # Method of Contribution: Of Cash Of Personal Cheeks Of Contribution:	Yes Is contributor a principal of No If yes, indicate which br of government the contr	a state contractor or pros ranch or branches ract is with:	Spective state contractor? Executive OLogislative Aggregate Contributions	\$150 Yes No
Cash OPersonal Check OCredit/Debit C	Card OPayroll Deduction OMone	ey Order 2023-11-	29	
Blocum		First		MI
and the state of t		Melodie		
PO Box 321		City		State Zip Code
A CONTRACTOR OF THE PARTY OF TH		Bridgeport		CT 06601
Retired		Name of Emplo	yer	
contributor a lobbyist, spouse, dependent child of a lobbyist? Wes No this contribution associated with an ent reported in Section 1.1?		state contractor or pros	a contract with said municipality No Dective state contractor?	\$100
(yes, list Event # 113023A	No. If yes, indicate which bra of government the contra		Executive O Legislative	0
ethod of Contribution:		Date Received	Aggregate Contributions	-
Cash OPersonal Check OCredit/Debit Ca	ard OPayroll Deduction Money	Order 2023-11-0		
t Name		First		MI
ollins		Javan		N.S.
idential Street Address		City		State Zip Code
12 Paces Lookout Lane Southeas	at	Atlanta		GA 30339
icipal Occupation Ptired		Name of Employ	er	
ependent child of a lobbyist? To No	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a candidate for a chie is associated with have a	executive officer of a municipality ontract with said municipality No	ty, Amount of Contribu
nis contribution associated with an nt reported in Section L1?		ich or brunches	ective state contractor? No No No	
hod of Contribution:		Date Received	Aggregate Contributions	-
Cash OPersonal Check OCredit/Debit Car	d OPayroll Deduction OMoney	Order 2023-12-31		
	SUBT	OTAL Section B -	- This Page \$500	
	TOTAL	of additional Sect	ion B Pages	
TOTAL OF AL	L CONTRIBUTIONS FROM	INDIVIDUALS (Se	ctions A + B)	
	(Enter total on Line 1.	3, Column A of Summa	ry Page Totals) \$42,795	

Section B ADDITIONAL PAGE 28 of 47

NAME OF COMMITTEE (Provide Complete Na	ame as Registered with Filing Repository))		TYPE OF REPORT		
JOHN GOMES FOR MAYOR				January 10 FILI	NG	
A. Total Contributions from S (See instructions for definition of Small	Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			IVG		
				*		
Last Name	B. Itemized C		utions from Indivi	duals		
Soto		2.5	Pedro			МІ
Residential Street Address			edio			
225 Vine st		City	geport		State	Zip Code
Principal Occupation		Dilo	Name of Employer		Ct	6604
Manager			Vine Stree Apt			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/sh valued at more than \$5,000?	0 to a can e is assoc	didate for a chief executive	e officer of a municipalit with said municipality	500 NO.000	ount of Contribut
	Yes Is contributor a principal of a No If yes, indicate which bre of government the contra	anch or b	ntractor or prospective state oranches	contractor? Yes	\$50	00
Method of Contribution:			Date Received	Aggregate Contributions	\dashv	
Cash Personal Check Ocredit/Debit Co	ard OPayroll Deduction OMone	y Order	10/30/23	TAL ST		
ast Name		Firs	it		-	МІ
Ramos		М	laria			s
esidential Street Address		City	X2041525 W		State	Zip Code
50 Greenhouse Rd		Bridg	eport		Ct	6606
incipal Occupation			Name of Employer		-	
Treatment coordinator			Allure Dental			
rependent citie of a topoyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a cand is associ	lidate for a chief executive ated with have a contract v	officer of a municipality with said municipality	Mill Common	unt of Contribution
this contribution associated with an contribution associated with an contribution L1? Your reported in Section L1?	es Is contributor a principal of a	nch or b	tractor or prospective state	(i) No	\$1,0	000
Method of Contribution:	or government the contract			Aggregate Contributions	-	
Cash Personal Check Credit/Debit Car	rd Orayroll Deduction OMoney	Order	10/31/23	-ag- gar-		
st Name		First				МІ
affitte		Ra	aul			A
sidential Street Address		City	2000 2000		State	Zip Code
25 Interrale Rd		Trumb	oull	1	Ct	6611
incipal Occupation		- 1	Name of Employer			0011
Retired			- N			
	If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?	to a candi is associa	date for a chief executive of ted with have a contract with Yes No	officer of a municipality, ith said municipality	1,00	unt of Contributio
this contribution associated with an entroperted in Section L1? (ves. list Event #		ch or bra	inches _	ontractor? Yes No Legislative	1,00	
thed of Contribution:		1.		ggregate Contributions	1	
Cash Personal Check Ocredit/Debit Card	Payroll Deduction OMoney (Order	11/1/23			
	SUBTO	OTAL	Section B — This Pa	age \$2,500		
	TOTAL	of add	itional Section B Pag	ges		
TOTAL OF AL	L CONTRIBUTIONS FROM	INDIV		B)	_	
	(ismer total on take 13	, comm	a A of Summary Page Tol	ais) + 12,100		

Section B ADDITIONAL PAGE 29 of 47

NAME OF COMMITTEE (Provide Complete Name as Registered with Fill	ling Repository)			TY	PE OF REPORT			
JOHN GOMES FOR MAYOR					nuary 10 FILI	NG		
A. Total Contributions from Small Contribut (See instructions for definition of Small Contributor)			is Period ONLY OTAL SECTION A					
n 4								
Last Name	emized Co	ntrib	utions from Indiv	/idua	ls			
Lazar		180	eth				MI	
Residential Street Address		City		_		State	Tale Code	
1241 Main st			geport			Ct	Zip Code 6604	
Principal Occupation Retired			Name of Employer			1 30		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in e does contributor or b valued at more than 3	usiness he/she	to a can is assoc	lidate for a chief execution intensity of the contraction of the contr	at with s	er of a municipality		ount of Contribut	
Is this contribution associated with an event reported in Section I.1? If yes, list Event # Yes Is contributor a If yes, indication of government of g		ich or b	tractor or prospective sta	ite cont	ractor? Yes		00	
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction:	ion O Money	Order	Date Received 10/30/23	Aggre	gate Contributions			
Lazar Lazar		Firs					MI	
cesidential Street Address		В	eth					
1241 Main st	11.0	Date				State	Zip Code	
rincipal Occupation		Bridg				Ct	6604	
Retired			Name of Employer				**	
s this contribution associated with an vent reported in Section I.1? No does contribute or but valued at more than \$2 sthis contribution associated with an vent reported in Section I.1? Yes No Is contributor a part of the part of th	siness he/she is 5,000?	s associa		with sa	actor? SYes	\$10	ount of Contribution	
Method of Contribution:	ant the contract		Date Received		gislative ate Contributions	-		
Cash Personal Check Credit/Debit Card Payroll Deduction	on OMoney C		11/4/23	v stature &	are contributions			
nst Name	300 3	First	0 10 302080	_			М	
luepa		An	gel				1.77	
esidential Street Address	C	ity				State	Zip Code	
51 James st		Bridge	port			Ct	06604	
Sales			Name of Employer A&B Carting LLC					
valued at more than \$5,	iness he/she is	a candid associal	late for a chief executive ed with have a contract Yes No	officer with sai	of a municipality, d municipality	Amor	unt of Contributio	
f yes, list Event # No If yes, indicate of governmen	rincipal of a sta c which brancl at the contract i	h or bra			ctor? Yes	1 450	v	
ethod of Contribution: Cash	n OMoney O				te Contributions			
	SUBTO	TAL	Section B — This l	Page	\$700			
			tional Section B Pa					
TOTAL OF ALL CONTRIBUTIO (Enter tot	NS FROM I	NDIVI Columi	DUALS (Sections A A of Summary Page T	+ B) otals)	\$42,795			

Section B ADDITIONAL PAGE 30

NAME OF COMMITTEE (Provide Complete Name as	Parameter 1 D. C. T.		AGE	01		
JOHN GOMES FOR MAYOR	rsegisterea with Filing Repository)			TYPE OF REPORT		
STATE OF THE PROPERTY ASSESSMENT OF THE STATE OF			1/2	January 10 FILI	NG	<u> </u>
A. Total Contributions from Sma (See instructions for definition of Small Cont	II Contributors-Rece	ived th SUBT	nis Period ONLY OTAL SECTION A	\$		
	P 74					
Last Name	B. Itemized C		utions from Indiv	riduals		
Pena		13.7	Angela			D
Residential Street Address		City			State	Zip Code
1215 North Ave		Brid	geport		Ct	6604
Principal Occupation			Name of Employer	37.4 — — 7 ——	2374	7.5056416
Home Attendant			Emerest Home C	Care		
as between summer of a roughlet:	ontribution is in excess of \$400 s contributor or business he/shed at more than \$5,000?	0 to a can e is assoc	ididate for a chief execution and the contraction of the contraction o	ve officer of a municipalit t with said municipality	841	unt of Contribu
Is this contribution associated with an event reported in Section L1? **If yes, list Event # 113023A** Yes No	Is contributor a principal of a If yes, indicate which bra of government the contra	anch or b	ntractor or prospective sta oranches	_ (No	\$10	0
Method of Contribution: Cash Personal Check Occedit/Debit Card		250 250 1000	Date Received 11/30/23	Aggregate Contributions		
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esidential Street Address		City	- 54		State	Zip Code
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rincipal Occupation			Name of Employer		E 102 703	
Billing Assitant			New Insight Eye	care		
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dethod of Contribution:	or government the contrac			Legislative Aggregate Contributions	4	
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st Name		First	The management		-	MI
leyes		W	endy			0.00
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	tribution is in excess of \$400 to contributor or business he/she is at more than \$5,000?	o a candi s associa	date for a chief executive ted with have a contract v	officer of a municipality, with said municipality		t of Contributi
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	SUBTO	OTAL	Section B — This P	age \$250		
	TOTAL	of addi	itional Section B Pa	ges		
TOTAL OF ALL CO	ONTRIBUTIONS FROM	INDIV		+ B)		7

Section B ADDITIONAL PAGE 31 of 47

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
JOHN GOMES FOR MAYOR			January 10 FILIN	vG		
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)		his Period ONLY FOTAL SECTION A	s			
B. Itemized Co	ontrib	butions from Indivi	duals			
Last Name	F	First				MI
Hernandez		Jamirys				
Residential Street Address	City	,		State	Zip	Code
555 Trumbull ave	Bric	dgeport		Ct	66	606
Principal Occupation		Name of Employer	- 1,41			
Driver		Amazon				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No does contributor or business he/she valued at more than \$5,000?	e is assc	ociated with have a contract OYes No	with said municipality	\$10		of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 113023A Yes Is contributor a principal of a If yes, indicate which bra of government the contra	anch or	branches _	e contractor? Yes OLegislative			
If yes, list Event # 113023A of government the contra	ict is wi	Date Received	Aggregate Contributions	-		
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Last Name	Fi	irst				MI
Reyes	(Grace				
Residential Street Address	City	Programme		State	PARTIE	Code
6 AutumRidge Rd	Oxfo	ord		Ct	64	178
Principal Occupation		Name of Employer				
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?				% Amo		f Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 113023A Section L1? No of government the contral of a section L1?	anch or	branches	C Legislative			
Method of Contribution:		Date Received	Aggregate Contributions	7		
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Residential Street Address	City	N 9		State	1100000	Code
32 Wood Ave	Brid	igeport		ct	66	504
Principal Occupation	8	Name of Employer				
Business owner		B.M.C Corp				
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?				B 18894	ount o	f Contribution
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TOTAL	L of a	dditional Section B P	ages			
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line)		IVIDUALS (Sections A lumn A of Summary Page 1				

Section B ADDITIONAL PAGE 32 of 47

NAME OF COMMITTEE (Provide Complete Name as Registered with I	Filing Repository)	TYPE OF REPORT		
JOHN GOMES FOR MAYOR		January 10 FILI	NG	
A. Total Contributions from Small Contribution (See instructions for definition of Small Contributor)	utors-Received this Period ONLY SUBTOTAL SECTION A			
	Itemized Contributions from Indi	viduals		
Last Name Crespo	First			MI
Residential Street Address	Luis			R
3001 San Leo Dr	Orlando		State FI	Zip Code 32820
Principal Occupation	Name of Employer	-		32820
Retired	and the contract of the contra			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Valued at more than	n excess of \$400 to a candidate for a chief executive business he/she is associated with have a contrain \$5,000?	ct with said municipality	02250000	nt of Contributio
Is this contribution associated with an event reported in Section L1? Yes Is contributor If yes, ind	a principal of a state contractor or prospective staticate which branch or branches oment the contract is with:	ate contractor? Yes	\$250).
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Dedu	Date Received 11/30/23	Aggregate Contributions		
Last Name	First			МІ
Michaca Lesidential Street Address	Jessica			
98 Emerald St	City		200	Cip Code
rincipal Occupation	Bridgeport		Ct	6610
Accounts Payable	Name of Employer North East Bldg S	Supply		
r dependent child of a lobbyist? Yes No If contribution is in does contributor or ly valued at more than	excess of \$400 to a candidate for a chief executive business he/she is associated with have a contract	o officer of a municipality		t of Contribution
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Method of Contribution:	Date Received	Aggregate Contributions	1	
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esidential Street Address	Donna			M
224 Pearsall Pl	Bridgeport			ip Code
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contributor a lobbyist, spouse, dependent child of a lobbyist? Yes No does contributor or by valued at more than \$	excess of \$400 to a candidate for a chief executive usiness he/she is associated with have a contract \$5,000? Yes No	officer of a municipality, with said municipality		of Contribution
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ethod of Contribution: Cash	Date Received	Aggregate Contributions		
	SUBTOTAL Section B — This	Page \$550		
	TOTAL of additional Section B Pa	ages		
TOTAL OF ALL CONTRIBUTE	ONS FROM INDIVIDUALS (Sections A total on Line 13, Column A of Summary Page T	+ B)		· · · · · · · · · · · · · · · · · · ·

Section B ADDITIONAL PAGE 33

A. Total Contributions from Small Contributors-Received this Period ONLY SUBTOTAL SECTION A B. Itemized Contributions from Individuals Law Name B. Itemized Contributions from Individuals Law Name B. Itemized Contributions from Individuals Law Name For	NAME OF COMMITTEE (Provide Complete Name as Registered with Film	ng Repository	Trype or pupopr		
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B. Itemized Contributions from Individuals Foot	TOTO CONTROL OF SPENIS AND STANSAN P.	P	January 10 FILI	NG	
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Mote			iduals		
Security Special Decembrance Special Contribution Special Decembrance Special	Mota	2-1000 VIII.			MI
Total Decompose Prince of Employee Mota Sewer Services	Residential Street Address			1	
Name of Employee Mola Sewer Services	100 Walnut Ave	A300		12 Table 1	
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Carry Carr	Last Name	First			I MI
State City Code City Code City Code City Code City		Susie			5000
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contributor a lobbyist, spouse, 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 have a contract with said municipality valued at more than \$5,000? This contribution associated with an ent reported in Section L1? Tyes, list Event # 113023A Tyes, list Event # 113023A Tyes, indicate which branch or branches of government the contract is with: Executive OLegislative Date Received Aggregate Contributions Total of additional Section B Pages Total of ALL Contributions FROM INDIVIDUALS (Sections A + B)					
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Section B ADDITIONAL PAGE 34 of 47

NAME OF COMMITTEE (Provide Complete Na	ame as Registered with Filing Repository)		TYPE OF REPORT		
JOHN GOMES FOR MAYOR			January 10 FILIN	NG	
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$	**************************************	
	B. Itemized Co	ontributions from Indiv	iduals		
Last Name		First	iduais		MI
Halstead		Robert			1
Residential Street Address		City		State	Zip Code
55 Sterling PI		Bridgeport		Ct	06604
Principal Occupation Retired		Name of Employer			
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 candidate for a chief executive is associated with have a contract OYes No	e officer of a municipality with said municipality	C 1 0000000000	nt of Contribut
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Valentino		First			MI
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President		Name of Employer			
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ethod of Contribution: Cash Personal Check Ocredit/Debit Card	d OPayroll Deduction OMoney (Date Received A	ggregate Contributions		
	SURTO	OTAL Section B — This P	age \$1,600		-
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		of additional Section B Pa	ges		

Section B ADDITIONAL PAGE 35 of 47

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository	ער		TYPE OF REPORT			
JOHN GOMES FOR MAYOR			January 10 FILING			
A. Total Contributions from Small Contributors-Rece (See instructions for definition of Small Contributor)		this Period ONLY TOTAL SECTION A	\$	NG .		
B. Itemized C	Contri	butions from Indivi	iduals			
Last Name		First	duais		MI	
Connelly		James			A	
Residential Street Address	City			State	Zip Code	
42 Ridgewood Ct	Hu	ntington		Ct	06484	
Principal Occupation Retired		Name of Employer	-			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No does contributor or business he/sl valued at more than \$5,000?	00 to a ca she is ass	andidate for a chief executive ociated with have a contract	c officer of a municipalit with said municipality	500 10 5000	ount of Contributi	
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Method of Contribution: Cash Personal Check Occidit/Debit Card Payroll Deduction Omone	ncy Order	Date Received 11/30/23	Aggregate Contributions			
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Huepa		Angel				
Residential Street Address 151 James st	City			State	Zip Code	
Trincipal Occupation	Brid	geport		Ct	06604	
Sales		Name of Employer			W	
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contributor a lobbyist, spouse, dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	0 to a car ic is asso	ndidate for a chief executive ciated with have a contract v Yes No	officer of a municipality with said municipality	50 H80000 50 H800000	unt of Contributio	
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TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1	A INDIV	VIDUALS (Sections A + nn A of Summary Page Tot	B) \$42,795			

Section B ADDITIONAL PAGE 36 of 47

NAME OF COMMITTEE (Provide Complete Name as Registered with File	ine Repository)		TYPE OF REPORT		
JOHN GOMES FOR MAYOR	,		January 10 FILI	NG	
A. Total Contributions from Small Contribute	ors-Received	this Period ONLY	A STATE OF THE PARTY OF THE PAR	NG -	
(See instructions for definition of Small Contributor)	SU	BTOTAL SECTION A	\$		
		7.			
Last Name	emized Conti	ributions from Indiv	duals		
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Residential Street Address 485 Hart St	City			State	Zip Code
Principal Occupation	B	ridgeport		Ct	06606
Retired		Name of Employer		7/	-
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in expendent child of a lobbyist? If contributor or by valued at more than \$\frac{1}{2}\$	usiness he/she is a	candidate for a chief executi	ve officer of a municipalit t with said municipality	1 900000	ount of Contribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a period of the section L1? If yes, indicates the section L1?		contractor or prospective sta	No.	\$20	00
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	on OMoney Ord	Date Received	Aggregate Contributions		
ast Name Teixeira		First			MI
esidential Street Address	City	Manuel			
560 Amsterdam Ave	C. C	dgeport		State	Zip Code 06606
rincipal Occupation	25. 10.0	Name of Employer		O.	100000
Retired		100-40-100-40-100-100-100-100-100-100-10			
contributor a lobbyist, spouse, dependent child of a lobbyist? Yes No Valued at more than \$5	siness he/she is ass	andidate for a chief executive cociated with have a contract Yes No	e officer of a municipality with said municipality	900	unt of Contribution
on reported in Section Life	rincipal of a state te which branch o at the contract is v	contractor or prospective stater	c contractor? Yes	\$10	00
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alho		Rist Gamaliel			М
sidential Street Address	City	Garrianei			M
71 Martone St	8	terbury		State	Zip Code 06708
neipal Occupation		Name of Employer		-	00100
ngeneer		Quament Inc			
dependent child of a lobbyist? Yes Uf contribution is in execution to the does contributor or busing valued at more than \$5,	mess ne/sne is asso	undidate for a chief executive ociated with have a contract v	officer of a municipality, vith said municipality		nt of Contribution
yes, indicate	incipal of a state or which branch or t the contract is wi	ontractor or prospective state branches	contractor? Syes	\$100	,
sthod of Contribution: Cash Personal Check Ocredit/Debit Card Payroll Deduction		Date Received	Aggregate Contributions		
	SUBTOTA	L Section B — This I	Page \$400		
	TOTAL of a	dditional Section B Pa	ges		
TOTAL OF ALL CONTRIBUTION	NS FROM IND	IVIDUALS (Sections A	+ B) \$42,795		

Section B ADDITIONAL PAGE 37 of 47

NAME OF COMMITTEE (Provide Complete Name as Registered with I	Filing Repository)			TYPE OF REPORT		
JOHN GOMES FOR MAYOR				January 10 FILING		
A. Total Contributions from Small Contributors (See instructions for definition of Small Contributor)	utors-Recei	ved th SUBT	is Period ONLY OTAL SECTION A	\$		
В. 1	Itemized Co	ntrib	utions from Indiv	iduals		
Last Name		Fir	ut .	All and the second seco		MI
Gomes Residential Street Address		k	atherine			
80 Woodbridge Ave		City	- 194		State	Zip Code
Principal Occupation		Anso			Ct	06401
Social Worker			Name of Employer			-
1446634414 (14464414414)			Dep. Social Serv			
or dependent child of a lobbyist? No does contributor or valued at more than	business he/she	to a cand is assoc	lidate for a chief executi ated with have a contrac OYes ONo	ve officer of a municipali t with said municipality	2700 PARAVIO	ount of Contrib
Trem reported in Section 1.1?	ment the contrac	nch or bi	ractor or prospective sta anches OExecutive Date Received	No No		,000
nst Name	ction Ovioney		11/30/23			
Cruz		First				МІ
esidential Street Address			aria			Ļ
883 Brook st		^{City} Bridge	port		State	Zip Code
incipal Occupation			Name of Employer		CT	06608
Retired			value of Employer			
this contribution associated with an ent reported in Section L1? No descentibutor of to valued at more than the reported in Section L1? If yes, indi	\$5,000?	s associa	ted with have a contract Yes No No ractor or prospective state		\$10	ount of Contribu
othod of Contribution:		TI.	Inte Received	Aggregate Contributions	-	
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t Name		First			_	М
erre		A'h	laiti			
idential Street Address		ity			State	Zip Code
34 SoundView ave		Bridge	port		CT	06606
ommunity Engagement Officer		1	ame of Employer	2 - 22 V X2 V V V		
			Housatonic Comm			
ontributor a lobbyist, spouse, lependent child of a lobbyist? Yes No does contributor or by valued at more than \$\frac{1}{2}\$	usiness he/she is	a candid associat	ate for a chief executive ed with have a contract v Yes No	officer of a municipality, vith said municipality	III workwood	unt of Contribut
nis contribution associated with an nt reported in Section L1? yes, list Event # 113023A Yes No If yes, indicate of government of government is contributor and the section of government is contributor.		h or brai	ctor or prospective state	contractor? Yes	\$10	U
thod of Contribution:			ite Received /	Aggregate Contributions	1	
Cash Personal Check Ocredit/Debit Card Payroll Deducti	on OMoney O	rder 1	1/30/23			
	SUBTO	TALS	Section B — This P	age \$1,200		
	TOTAL	f addi	ional Section B Pa	ges		
TOTAL OF ALL CONTRIBUTION	The same of the sa			4 R)		
(Enter to	otal on Line 13,	Column	A of Summary Page To	tals) \$42,795		

Section B ADDITIONAL PAGE 38

of 47

	00 to a candidate for a chief executive he is associated with have a contract Yes No	officer of a municipality, with said municipality	Amour \$100	at of Contribu
Settred contributor a lobbyist, spouse. O Yes If contribution is in excess of \$40				71. /2497
neipal Occupation	Name of Employer		СТ	06605
06 Dewey st	City Bridgeport	MI.	The state of the s	Zip Code
Arsons sidential Street Address	Eve	<u> </u>		
st Name	First			М
Cash Personal Check Credit/Debit Card Payroll Deduction Mor	ney Order 11/29/23	- SO TON S CHAIRMINE		
dethod of Contribution:	Date Received	Aggregate Contributions	-	
this contribution associated with an ent reported in Section L1? Yes, list Event # Section L1? Yes Is contributor a principal of If yes, indicate which I of government the contributor of government the contributor aprincipal of government the government that gove		No No		
dependent child of a lobbyist? No does contributor or business he/s valued at more than \$5,000?	she is associated with have a contract Yes No	with said municipality	\$30	int of Contribu
contributor a lobbyist, spouse. Yes If contribution is in excess of \$4	00 to a candidate for a chief executiv	o officer of the second of the	T	
rincipal Occupation	Name of Employer			3 7/2
47 Ash St	Bridgeport		СТ	06605
esidential Street Address	City		State	Zip Code
Grodon	Yuonne			IVII
ast Name	First			MI
Cash Personal Check Ocredit/Debit Card Payroll Deduction OMe		- ABBY SOME COMMIDMENTS		
Method of Contribution:	ntract is with: OExecutive	Aggregate Contributions	-	
event reported in Section L1? Where the section L1? No in the section of government the control of government the gover	branch or branches	_ (No		
Is this contribution associated with an Yes Is contributor a principal of	OYes ONo of a state contractor or prospective sta		\$20	
a dependent entition of a lobbyist? We like a contributor or business he	400 to a candidate for a chief execution is associated with have a contract	ive officer of a municipality	/, Amo	unt of Contril
Principal Occupation	Name of Employer			
124 Dewey St	Bridgeport		Ct	06605
Residential Street Address	City		State	Zip Code
Housey	Coretta			MI
Last Name	Contributions from Indi	viduals		Trans.
P 14	C 1 11 11 2 2 1			
, January	SOBIOTAL SECTION A			_
A. Total Contributions from Small Contributors-Re- (See instructions for definition of Small Contributor)	ceived this Period ONLY SUBTOTAL SECTION A	s		
		January 10 FILI	VG	

SEEC FORM 20 Revised January 2012

Section B ADDITIONAL PAGE 39 of 47

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repo	ository)		TYPE OF REPORT		
JOHN GOMES FOR MAYOR			January 10 FILIN	NG	
A. Total Contributions from Small Contributors-F (See instructions for definition of Small Contributor)		d this Period ONLY UBTOTAL SECTION A	\$		
R Itemize	ed Cont	tributions from Indiv	iduala		
Last Name	eu Com	First	iduais		IMI
Hennessy		Jack			F
Residential Street Address	Ci	ity		State	Zip Code
556 Savoy St	E	Bridgeport		Ct	06606
Principal Occupation		Name of Employer			11111
Retired		e. Vitter in Hotel Checks thereon American			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Yes does contributor or business valued at more than \$5,000?	s he/she is	a candidate for a chief executive associated with have a contract Yes	e officer of a municipality with said municipality	y, Ame	ount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 113023A Yes No If yes, indicate which of government the	iich brancl		_ No		5
Method of Contribution:	1 =14/	Date Received	Aggregate Contributions		
●Cash Personal Check Ocredit/Debit Card Payroll Deduction C	Money O	rder 11/30/23	1		
Last Name		First		_	MI
Jorge		Josue			E
Residential Street Address	Cit	у		State	Zip Code
1411 E Main st	В	Bridgeport		Ct	06608
Principal Occupation	•	Name of Employer			
Director of Communications		Habitad for Huma	nity CFC		
s 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 a	a candidate for a chief executive associated with have a contract Yes No	e officer of a municipality with said municipality	Amo	unt of Contribution
s this contribution associated with an event reported in Section L1? If yes, list Event # 113023A Yes Is contributor a principal of government the	ich branch	te contractor or prospective stat n or branches	e contractor? Yes	\$10	O
Method of Contribution:		Date Received	Aggregate Contributions	7	
Cash OPersonal Check OCredit/Debit Card OPayroll Deduction O	Money Or	der 11/30/23			
ast Name		First			МІ
Jithu		Sayeevan			
Residential Street Address	City			State	Zip Code
18 Surrey Drive	В	ristol		Ct	06010
rincipal Occupation		Name of Employer			
Director of Operations		Dig Inc			
r dependent child of a lobbyist? Yes No If contribution is in excess of does contributor or business I valued at more than \$5,000?	f \$400 to a he/she is a	candidate for a chief executive ssociated with have a contract of Yes No	officer of a municipality, with said municipality	\$100	nt of Contribution
s this contribution associated with an vent reported in Section I.1? If yes, list Event # 113023A Is contributor a principa If yes, indicate which of government the contributor of government the contributor apprincipal in the contribution apprincipal in th	ch branch		_ (No		
Aethod of Contribution:	5000.5547.05547.4547.15	Date Received	Aggregate Contributions	1	
Cash OPersonal Check OCredit/Debit Card OPayroll Deduction ON	Money Ord	ler 11/30/23			
s de la	SUBTOT	TAL Section B — This l	Page \$220		
то	TAL of	additional Section B Pa	iges		
TOTAL OF ALL CONTRIBUTIONS F. (Enter total on	ROM IN	DIVIDUALS (Sections A Column A of Summary Page T	+ B) \$42,795		

Section B ADDITIONAL PAGE 40 of 47

NAME OF COMMITTEE (Provide Complete A	dame as Registered with Filing Repository)		TYPE OF REPORT	
JOHN GOMES FOR MAYOR			January 10 FILI	NG
A. Total Contributions from (See instructions for definition of Small	Small Contributors-Recei	ved this Period ONLY SUBTOTAL SECTION A	\$	
	B. Itemized Co	ontributions from Indiv	idnale	
Last Name		First	iuuais	Гмі
Pelletier		Dan		100
Residential Street Address 48 Norfield Rd		City		State Zip Code
Principal Occupation		Weston	of the latest and the	Ct 06883
President		Name of Employer Dig Inc		
s contributor a lobbyist, spouse, r 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 candidate for a chief executive is associated with have a contract	e officer of a municipalit with said municipality	100 100 100 100 100 100 100 100 100 100
s this contribution associated with an event reported in Section L1? Wyes, list Event # 113023A		state contractor or prospective stat neh or branches	e contractor? Yes OLegislative	\$100
Method of Contribution: Cash OPersonal Check OCredit/Debit (Card OPayroll Deduction OMoney	Order 11/30/23	Aggregate Contributions	
ast Name Dukes		First		МІ
		Keyonda		
sidential Street Address 3 Wild Cherry Drive		City		State Zip Code
incipal Occupation		Naugatuck		CT 6776
ngineer		Name of Employer ASML		
	If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000? Yes No If yes, indicate which bran of government the contract	is associated with have a contract very session of the contractor or prospective state and or branches	vith said municipality contractor? Yes	\$100
ethod of Contribution: Cash OPersonal Check OCredit/Debit C		Date Received	Aggregate Contributions	
st Name		First		I IMI
outhall		Carole		
idential Street Address		ity	- 20	State Zip Code
Freshwater Lane		Wilton		Ct 06897
ncipal Occupation esigner		Name of Employer Rings End		
ontributor a lobbyist, spouse, dependent child of a lobbyist?	If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?	a candidate for a chief executive of associated with have a contract w	officer of a municipality, ith said municipality	Amount of Contributio
nt reported in Section I.1? O N yes, list Event # 113023A	ls contributor a principal of a sta If yes, indicate which brane of government the contract	nte contractor or prospective state of the or branches	contractor? Syes No Legislative	\$100
thed of Contribution: Cash OPersonal Check OCredit/Debit Ca	rd OPayroll Deduction OMoney C	Date Received A	ggregate Contributions	
	SUBTO	OTAL Section B — This P	age \$300	
		of additional Section B Pag		
TOTAL OF AI	LL CONTRIBUTIONS FROM 1 (Enter total on Line 13,	INDIVIDUALS (Sections A + Column A of Summary Page Tot	- B) (tals) \$42,795	

Section B ADDITIONAL PAGE 41 of 47

NAME OF COMMITTEE (Provide Complete Name as Registered with Filir	ng Rapository)	TYPE OF REPORT			
JOHN GOMES FOR MAYOR			January 10 FILING		
A. Total Contributions from Small Contributor (See instructions for definition of Small Contributor)	ors-Received this Period ON SUBTOTAL SECTIO	LY S			
B. Ite	mized Contributions from I	ndividuals			
Last Name	First		MI		
Dagraca Residential Street Address	Carlos				
12 Maria Alicia dr	City		State Zip Code		
Principal Occupation	Shelton		CT 06484		
Manager	Name of Employer O&C Improv	ernnt			
s contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No locs contribution is in experimental structure of the contribution of the contribution of the contribution of the contribution is in experimental structure.	scess of \$400 to a candidate for a chief exisiness he/she is associated with have a co	ecutive officer of a municipali entract with said municipality	SWAR TO CONTRACTORS FROM The Action of the Contractor of the Contr		
Is this contribution associated with an event reported in Section I.1? If yes, list Event # 113023A Yes No Is contributor a p If yes, indicated of governments of governments.	rincipal of a state contractor or prospective which branch or branches and the contract is with:	ve state contractor? Yes			
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Date Received 11/30/23	Aggregate Contributions			
ast Name	First		МІ		
Solano	Denise		Ì		
48 Wheeler Drive	City	10-	State Zip Code		
incipal Occupation	Bridgeport		Ct 06606		
Retired	Name of Employer				
this contribution associated with an entreported in Section L1? No lise contributor or bus valued at more than \$5, this contribution associated with an entreported in Section L1? If yes, indicate the section of the	rincipal of a state contractor or prospective which branch or branches	tract with said municipality No	\$100		
ethod of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction	Date Received	Aggregate Contributions	1		
st Name	First		IM.		
igueroa	Edward		М		
sidential Street Address	City		State Zip Code		
48 Wheeler Drive	Bridgeport		Ct 06606		
neipal Occupation	Name of Employer		AD 1		
round Keeper	Oaklawn Cem				
contributor a lobbyist, spouse, dependent child of a lobbyist? Yes No loss contributor or busing valued at more than \$5,0	ess of \$400 to a candidate for a chief executes he/she is associated with have a concoo?	ract with said municipality			
yes, list Event # 113023A No government	ncipal of a state contractor or prospective which branch or branches the contract is with:	state contractor? Yes	\$100		
thed of Contribution: Cash Personal Check Ocredit/Debit Card Payroll Deduction	OMoney Order Date Received 11/30/23	Aggregate Contributions			
	SUBTOTAL Section B — T	his Page \$700			
	TOTAL of additional Section				
TOTAL OF ALL CONTRIBUTION	NS FROM INDIVIDUALS (Section	s A + B) ge Totals) \$42,795			

Section B ADDITIONAL PAGE 42 of 47

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository	אני		TYPE OF REPORT		
JOHN GOMES FOR MAYOR			January 10 FILIN	NG.	1
A. Total Contributions from Small Contributors-Reco		this Period ONLY TOTAL SECTION A	\$		
B. Itemized C	Contri	ibutions from Indivi	duals		
Last Name		First			MI
Shostak		Jackson			D
Residential Street Address	City			State	Zip Code
138 Figlar Ave	Fa	irfield		Ct	06824
Principal Occupation		Name of Employer			- W-11
consultan		Shostak Jackson			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No Valued at more than \$5,000?				sy, Ame	ount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 113023A Yes Is contributor a principal of If yes, indicate which be of government the contributor.	branch o		e contractor? Yes OLegislative		
Method of Contribution:		Date Received	Aggregate Contributions	=	
Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMor	ney Orde	er 11/30/23			
Last Name		First			МІ
Santos		Aida			
Residential Street Address	City			State	Zip Code
150 Wheeler Ave	Bri	dgeport		Ct	06606
Principal Occupation Retired		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contribution is in excess of \$40 does contributor or business he/s valued at more than \$5,000?				y. Amo \$10	ount of Contribution
Is this contribution associated with an event reported in Section L17 If yes, list Event # 113023A Is contributor a principal of If yes, indicate which to of government the contributor apprincipal of If yes, indicate which the of government the contributor apprincipal of If yes, indicate which the of government the contributor apprincipal of If yes, indicate which the of government the contributor apprincipal of If yes, indicate which the of government the contributor apprincipal of If yes, indicate which the of government the contributor apprincipal of If yes, indicate which the of government the contributor apprincipal of If yes, indicate which the of government the contributor apprincipal of If yes, indicate which the of government the contributor apprincipal of If yes, indicate which the of government the contributor apprincipal of If yes, indicate which the of government the contributor apprincipal of If yes, indicate which the of government the contributor apprincipal of If yes, indicate which the of government the contributor apprincipal of If yes, indicate which the of government the contributor apprincipal of If yes, indicate which the of government the contributor apprincipal of If yes, indicate which the of government the contributor apprincipal of If yes, indicate which the of government the contributor apprincipal of If yes, indicate which the of If	branch o		e contractor? Yes		
Method of Contribution:		Date Received	Aggregate Contributions	7	
●Cash OPersonal Check OCredit/Debit Card OPayroll Deduction OMor	ney Orde	er 11/30/23			
Last Name		Pirst			МІ
Gomes		Janet			
Residential Street Address	City		-1	State	Zip Code
150 Alpine St	Bri	dgeport		Ct	06610
Principal Occupation	- 3	Name of Employer			
Clerk		Bridgeport Hospit	al		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No If contribution is in excess of \$44 does contributor or business he/s valued at more than \$5,000?				y, Amo \$10	ount of Contribution
Is this contribution associated with an event reported in Section 1.1? If yes, list Event # 113023A Section 1.1? No lf yes, indicate which be of government the contribution of government the contribution associated with an event reported in Section 1.1?	oranch of		C Legislative	1	
Method of Contribution:		Date Received	Aggregate Contributions		
OCash Personal Check OCredit/Debit Card OPayroll Deduction OMor	ney Orde	11-30-23			
sui	втот	AL Section B — This	Page \$300		
тот	AL of	additional Section B P	ages		
TOTAL OF ALL CONTRIBUTIONS FRO		DIVIDUALS (Sections A			
(Enter total on Lin	.e 15, C	Jaminary Fage 1	Simo)		

Section B ADDITIONAL PAGE 43 of 47

NAME OF COMMITTEE (Provide Complete Name as	Registered with Filing Repository)			TYPE OF REPORT		
JOHN GOMES FOR MAYOR				January 10 FIL	ING	
A. Total Contributions from Sma (See instructions for definition of Small Con-			is Period ONLY OTAL SECTION A	\$		
	B. Itemized Co	ntrib	utions from Indiv	viduals	Thu 5	
ast Name		Fir		Audens	_	MI
Cruz		J	orge			s
Residential Street Address		City	70.		State	Zip Code
249 Black Rock Ave #2L		Bridg	jeport		Ct	06605
Recovery Support Specialist			Name of Employer	una siakon makan maka		
			Dep. Mental Hea			
r dependent child of a lobbyist? No doe valu	ontribution is in excess of \$400 is contributor or business he/she ued at more than \$5,000?	to a cand is assoc	didate for a chief executi interest with have a contract of the contract of th	ve officer of a municipal it with said municipality	200	nount of Contrib
s this contribution associated with an event reported in Section L1? Yes No fyes, list Event #	Is contributor a principal of a s If yes, indicate which brar of government the contrac	ich or bi	tractor or prospective sta	_ () N	ıs	0
Method of Contribution:			Date Received	Aggregate Contributions	=	
Cash OPersonal Check OCredit/Debit Card	Payroll Deduction OMoney	Order	12/02/23			
set Name Jeves		First				MI
esidential Street Address		Si	mone			
4 Oakview Circle Apt 203	9	City			State	Zip Code
incipal Occupation		Bridge			Ct	06604
leaning			Name of Employer			
and the second	multiple in its control of the contr		Neves Simone			
dependent child of a lobbyist? No does value	ntribution is in excess of \$400 to contributor or business he/she is ed at more than \$5,000?	s associa	ted with have a contract Yes No	e officer of a municipalit with said municipality	y, Am \$1	ount of Contribe
this contribution associated with an ent reported in Section L1? (ves., list Event # 113023A	Is contributor a principal of a st If yes, indicate which bran of government the contract	ch or br	anches	C Legislative		00
ethod of Contribution:		I	Date Received	Aggregate Contributions		
Cash OPersonal Check Ocredit/Debit Card	Payroll Deduction	Order	11/30/23			
st Name Ofez		First				MI
idential Street Address		An	gel			
746 Fairfield Ave	List of the second seco	ity Detelese	0.000 5.000		State	Zip Code
ncipal Occupation		Bridge	- (A)		Ct	06605
arber		1.23	Smort Cut II C			
ontributor a lobbyist, spouse. Yes If con	tribution is in average -P\$400.		Smart Cut LLC			
dependent child of a lobbyist? No does of value	stribution is in excess of \$400 to contributor or business he/she is d at more than \$5,000?	a candic	ed with have a contract of Yes No	officer of a municipality with said municipality	510	unt of Contribu
yes, list Event # 113023A	is contributor a principal of a sta If yes, indicate which branch of government the contract i	h or brai	nches	contractor? Yes O Legislative		
thod of Contribution:		D	ate Received	Aggregate Contributions	1	
Cash OPersonal Check OCredit/Debit Card O	Payroll Deduction OMoney O	rder	11/30/23	350		
	SUBTO	TAL S	Section B — This I	Page \$300		
	TOTAL o	f addi	tional Section B Pa	nges		

Section B ADDITIONAL PAGE 44 of 47

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository,		TYPE OF REPORT	
JOHN GOMES FOR MAYOR		January 10 FILI	NG
A. Total Contributions from Small Contributors-Rece (See instructions for definition of Small Contributor)	ived this Period ONLY SUBTOTAL SECTION A	\$	NG .
R Itamized C	ontributions from Indiv		
Last Name	First First	iduals	
Feliz	Guido		MI
Residential Street Address	City		Ta 15 1
275 Garfield Ave	Bridgeport		State Zip Code Ct 06606
Principal Occupation	Name of Employer		Ct 06606
Barber	Evolutions Barbe	r Shop	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No lf contribution is in excess of \$40 does contributor or business he/sh valued at more than \$5,000?	0 to a candidate for a chief executive is associated with have a contract	ve officer of a municipality	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 113023A Yes Is contributor a principal of a If yes, indicate which bra of government the control	a state contractor or prospective state	No.	
Method of Contribution:	Date Received	Aggregate Contributions	
Ocash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order 11/30/23		
ast Name	First		MI
Villavicencio	David		[N]
esidential Street Address	City		State Zip Code
550 North Ave	Bridgeport		Ct 06604
rincipal Occupation	Name of Employer		
_ada Auto Sale	Manager		
contributor a lobbyist, spouse, dependent child of a lobbyist? Yes No If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a candidate for a chief executive is associated with have a contract of Yes No	officer of a municipality with said municipality	
this contribution associated with an gent reported in Section I.1? If yes, list Event # 113023A Yes No Yes No Is contributor a principal of a If yes, indicate which bra of government the contra	state contractor or prospective state neh or branches	C contractor? Yes No	\$100
fethod of Contribution:	Date Received	Aggregate Contributions	4
Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney	Order 11/30/23	2000	
st Name	First		MI
thacon	Lauro		
sidential Street Address	City		State Zip Code
50 North Ave	Bridgeport	1	Ct 06604
ncipal Occupation	Name of Employer		0. 00004
ada Auto Sale	MAnager		
dependent child of a lobbyist? Yes Valued at more than \$5,000?	o a candidate for a chief executive	officer of a municipality, vith said municipality	Amount of Contribution
Tyes, list Event # 113023A No of government the contract	tate contractor or prospective state ch or branches	_ (i) No	\$100
shod of Contribution:	Date Received	Aggregate Contributions	1
Cash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 11/30/23		
SUBT	OTAL Section B — This P	age \$300	
TOTAL	-6-44W16-4 BB	ges .	
TOTAL	of additional Section B Pa	g to	

Section B ADDITIONAL PAGE 45 of 47

NAME OF COMMITTEE (Provide Complete	Name as Registered with Filing Repository)	,	2. N. M. W.	TYPE OF REPORT		
JOHN GOMES FOR MAYOR				January 10 FILI	NG	
A. Total Contributions from (See instructions for definition of Sm	a Small Contributors-Rece		this Period ONLY	s s	ING .	
	B. Itemized C	ontr	butions from Indiv	iduale		
Last Name	2. Homzeu C	OHE!	First	iduais	_	l Mi
Gomes			Eteciana			100000
Residential Street Address		City		-	State	Zip Code
17 Gotham PI		Tru	ımbull		Ct	06611
Principal Occupation			Name of Employer	· · · · · · · · · · · · · · · · · · ·		
Executive Director			LHC Group			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		0 to a c	andidate for a chief executive sociated with have a contract	e officer of a municipali with said municipality	ty, Am	ount of Contributio
Is this contribution associated with an event reported in Section I.1? If yes, list Event # 113023A	Yes Is contributor a principal of a If yes, indicate which bra of government the contre	anch o	contractor or prospective stat r branches	e contractor? Syes		00
Method of Contribution: Cash Personal Cheek Ocredit/Debit	t Card OPayroll Deduction OMone	y Orde	Date Received 11/30/23	Aggregate Contributions	7	
Last Name		F	First			МІ
Perez			Victor			
Residential Street Address		City			State	Zip Code
464 Huntington TPK		Brid	dgeport		Ct	06610
Principal Occupation Business owner			Name of Employer		//	
			MVP Barber Shop			
s contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a ca	indidate for a chief executive ociated with have a contract to Yes No	officer of a municipality with said municipality	/, Amo	ount of Contribution
s this contribution associated with an event reported in Section 1.17 If yes, list Event # 113023A	Yes Is contributor a principal of a If yes, indicate which bra of government the contra	nch or	branches	No.		JO
Method of Contribution: Ocash OPersonal Check Ocredit/Debit (Card OPayroll Deduction Money		Date Received	Aggregate Contributions		
ast Name		F	irst			М
Rodriguez			Maria			С
esidential Street Address		City			State	Zip Code
572 Dewey st		Brid	geport		Ct	06605
rincipal Occupation Retired			Name of Employer			
contributor a lobbyist, spouse, r dependent child of a lobbyist?	If contribution is in excess of \$400 t does contributor or business he/she valued at more than \$5,000?	to a car is asso	ndidate for a chief executive ciated with have a contract w	officer of a municipality with said municipality	Amo	unt of Contribution
	Yes Is contributor a principal of a s If yes, indicate which bran of government the contract	ich or	branches	contractor? Yes	"-"	
tethod of Contribution:	ALLWAY (- NOTWARD TRANSPAN, THE LOCAL MARKETER)			Aggregate Contributions	1	
Cash OPersonal Check OCredit/Debit C	Card OPayroll Deduction OMoney	Order	12/12/23			
	SUBT	ОТА	L Section B — This P	age \$220		
	TOTAL	of ac	Iditional Section B Pa	ges		
TOTAL OF A	ALL CONTRIBUTIONS FROM (Enter total on Line 1:	INDI	VIDUALS (Sections A -	+ B) stats) \$42,795		

Section B ADDITIONAL PAGE 46 of 47

A The same and the	_			January 10 FIL	ING	
A. Total Contributions from See instructions for definition of Small	Small Contributors-Rece Il Contributor)		eriod ONLY L SECTION A	\$		
Last Name	B. Itemized C	ontributio	ns from Indiv	iduals		7107
Ramirez		First	NEW CONTRACTOR			MI
Residential Street Address		Sheil	a			
572 Dewey st		City			State	Zip Code
Principal Occupation		Bridgepo			Ct	06605
Student		Nan	ne of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/sh valued at more than \$5,000?	0 to a candidate e is associated	o for a chief executive with have a contract	ve officer of a municipalit t with said municipality	1861	ount of Contri
Is this contribution associated with an event reported in Section L1? If yes, list Event #		inch or branch	or or prospective stat	_ (i) No		
Method of Contribution:			Received	Aggregate Contributions	-	
Cash OPersonal Check OCredit/Debit C	Card OPayroll Deduction OMone	y Order 12	/12/23	40.00		
ast Name		First				МІ
Santos		Orlan	dina			F
esidential Street Address 260 Edgemoor Rd		City	·		State	Zip Code
rincipal Occupation		Bridgepo			Ct	06606
Dental assistance			of Employer			
	<u>- y y y y y y y y y y y y y y y y y y y</u>		ıre Dental			
contributor a lobbyist, spouse, Yes dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	is associated v	for a chief executive with have a contract Yes No	officer of a municipality with said municipality	221 V A01518	unt of Contrib
3.0cm/17.0cm/17.0cm/17.0cm/17.0cm/17.0cm/17.0cm/17.0cm/17.0cm/17.0cm/17.0cm/17.0cm/17.0cm/17.0cm/17.0cm/17.0cm	/es Is contributor a principal of a If yes, indicate which bra of government the contra	nch or branch	r or prospective state	e contractor? SYcs O Legislative	\$40	
fethod of Contribution:		Date B		Aggregate Contributions	┥	
Cash Personal Check Credit/Debit Ca	ard OPayroll Deduction OMoney	Order 11/	30/23			
		First				MI
ist Name		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1				
st Name Naszkifwicz		Darius	z			18,52.8
st Name V&SZKifWiCZ sidential Street Address		Darius	z		State	Zip Code
st Name Naszkifwicz sidential Street Address 5 Sunset Cir		1,000,000,000			State CT	Zip Code 06515
st Name Naszkifwicz sidential Street Address 5 Sunset Cir incipal Occupation		City Woodbrid	ge of Employer		100000	
st Name Naszkifwicz sidential Street Address 5 Sunset Cir incipal Occupation Construction Manager		City Woodbrid	ge	ration LLc	100000	
sst Name Naszkifwicz sidential Street Address 5 Sunset Cir incipal Occupation Construction Manager contributor a lobbyist, spouse, dependent child of a lobbyist?	If contribution is in excess of \$400 t does contributor or business he/she i valued at more than \$5,000?	Name Ct H o a candidate f s associated w	ge of limployer Housing Restor	officer of a municipality	CT Amou	06515
st Name Naszkifwicz sidential Street Address 5 Sunset Cir incipal Occupation Construction Manager contributor a lobbyist, spouse, dependent child of a lobbyist? Chis contribution associated with an ent reported in Section L1? Tyes, list Event #	If contribution is in excess of \$400 t does contributor or business he/she i valued at more than \$5,000?	Name Ct H o a candidate f s associated w tate contractor	ge of Employer Housing Restor or a chief executive ith have a contract w Yes No or prospective state	officer of a municipality vith said municipality contractor?	СТ	06515
sidential Street Address 5 Sunset Cir incipal Occupation Construction Manager contributor a lobbyist, spouse, dependent child of a lobbyist? Whis contribution associated with an ent reported in Section L1? Tyes, list Event #	If contribution is in excess of \$400 t does contributor or business he/she is valued at more than \$5,000? Is contributor a principal of a st if yes, indicate which bran of government the contract	Name Ct H o a candidate f s associated w tate contractor ch or branches is with:	ge of Employer Housing Restor or a chief executive ith have a contract w Yes No or prospective state s Executive	officer of a municipality vith said municipality contractor?	CT Amou	06515
st Name Naszkifwicz sidential Street Address 5 Sunset Cir incipal Occupation Construction Manager contributor a lobbyist, spouse, dependent child of a lobbyist? Chis contribution associated with an ent reported in Section L1? Tyes, list Event #	If contribution is in excess of \$400 t does contributor or business he/she is valued at more than \$5,000? Is contributor a principal of a st if yes, indicate which bran of government the contract	Name Ct H o a candidate f s associated w tate contractor ch or branches is with:	ge of Employer Housing Restor or a chief executive ith have a contract w Yes No or prospective state s Executive	officer of a municipality vith said municipality contractor? O Legislative	CT Amou	06515
sidential Street Address 5 Sunset Cir incipal Occupation Construction Manager contributor a lobbyist, spouse, dependent child of a lobbyist? Whis contribution associated with an ent reported in Section L1? Tyes, list Event #	If contribution is in excess of \$400 t does contributor or business he/she is valued at more than \$5,000? Is contributor a principal of a st If yes, indicate which bran of government the contract OPayroll Deduction OMoney O	Name Ct H o a candidate f s associated w late contractor ch or branches is with: Date Ro	ge of Employer flousing Restor or a chief executive ith have a contract w Yes No or prospective state s Executive	officer of a municipality vith said municipality contractor? No Legislative Aggregate Contributions	CT Amou	06515
sidential Street Address 5 Sunset Cir incipal Occupation Construction Manager contributor a lobbyist, spouse, dependent child of a lobbyist? Whis contribution associated with an ent reported in Section L1? Tyes, list Event #	If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000? Is contributor a principal of a state of figures, indicate which brane of government the contract of OPayroll Deduction OMoney (SUBT)	Name Ct H o a candidate f is associated w tate contractor ch or branche: is with: Date Ro	ge of Employer Housing Restor or a chief executive ith have a contract w Yes No or prospective state S Executive (12/23	officer of a municipality vith said municipality contractor? O Legislative Aggregate Contributions age \$1,405	CT Amou	06515

Section B ADDITIONAL PAGE 47

of 47

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository		TYPE OF REPORT				
JOHN GOMES FOR MAYOR			January 10 FILING			
A. Total Contributions from Small Contributors-Rece (See instructions for definition of Small Contributor)		his Period ONLY TOTAL SECTION A	\$			
		A F. Walley and Development an				
B. Itemized C		outions from Indiv	iduals			
Esteves	100	Alfredo			MI	
Residential Street Address		Alliedo				
5 Kimberly Dr	City	ntington		State	Zip Code	
Principal Occupation	100	Name of Employer		Ct	06484	
Manager		Madison Auto				
s contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$40 does contributor or business he/sh valued at more than \$5,000?	00 to a ca ne is asso	ndidate for a chief executive sciated with have a contract	e officer of a municipali with said municipality	72"	ount of Contribu	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Method of Contribution: Yes Is contributor a principal of a lfyes, indicate which broof government the contribution:	anch or	ontractor or prospective state branches th: OExecutive	OLegislative No		00	
Cash Personal Check Ocredit/Debit Card Payroll Deduction OMone	ev Orden	Date Received 12/12/23	Aggregate Contributions			
ast Name	-					
Pos Santos	Fin	st Antonio			MI	
esidential Street Address	City	(TROTILO			J	
2 Wigwam Dr	Shel	ton		State	Zip Code	
incipal Occupation		Name of Employer		Ci	06484	
contributor a lobbyist, spouse, dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she	to a can	didate for a chief executive	officer of a municipality	, Amo	ount of Contribut	
this contribution associated with an ent reported in Section 1.1? [Insert Press, list Event # 113023A] Valued at more than \$5,000? Yes No Is contributor a principal of a If yes, indicate which brateful of government the contral of government the contral interpretation.	state co	ortractor or prospective state	contractor? SYes	\$50	00	
ethod of Contribution:			Aggregate Contributions	-		
Cash Personal Check Credit/Debit Card Payroll Deduction Money	Order	11/30/23	-565			
st Name	Firs				MI	
steves	C	arlos			1411	
	City			State	Zip Code	
46 Grand st	Bridg	eport		Ct	06604	
ncipal Occupation		Name of Employer		(303)		
lanager		C.S Mansory				
contributor a lobbyist, spouse, dependent child of a lobbyist? Yes No Valued at more than \$5,000?	to a cand is associ	idate for a chief executive of ated with have a contract w	officer of a municipality, ith said municipality	Amo:	unt of Contribution	
his contribution associated with an mr reported in Section L1? Yes, list Event # 113023A Yes No Yes No If yes, indicate which bran of government the contract	ich or br	anches	Contractor? Syes No Legislative		J	
thod of Contribution:		Date Received A	ggregate Contributions	1		
Cash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	11/30/23				
SUBT	OTAL	Section B — This Pa	age \$1,100			
TOTAL	of add	litional Section B Pag	ges			
TOTAL OF ALL CONTRIBUTIONS FROM						

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COM	AME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) OHN GOMES FOR MAYOR				JANUARY 10 F	III ING		
A STATE OF THE STA	M. Carrier M. H. Stormer Whee	C1.	Contributi	ons from (Other Committ		ILING	
Name of Committee	a a	विक्रमीय ॥व	- Contraction	OHO II OH	Name of Treasurer	ccs		-
Address				Is this con	ntribution associated worted in Section L1? If yes, list E	vith an OYes ONo	Amount	of Contribution
City		State	Zip Code	Date Re		ggregate Contributions		
Name of Committee					Name of Treasurer			177
Address				Is this con event repo	orted in Section L1?	ith an OYes ONo	Amount	of Contribution
City		State	Zip Code	Date Re	Contract Annual Contract Annua	ggregate Contributions		
Name of Committee	# 1 1 4 5 D				Name of Treasurer			
Address				Is this cont	tribution associated wi rted in Section L1? If yes, list Ev		Amount o	f Contribution
City		State	Zip Code	Date Rec		ggregate Contributions		
	C2.	Reimbursemen	ts or Surpl	lus Distrik	outions from ot	her Committees		
Name of Committee					Name of Treasurer			
Address				City			State	Zip Code
Date Received	Expenditure # (if applicable)	Payment Type OReimbursem	nent for shared c	expense O	Surplus Distribution		Amount	t of Receipt
Description								
Name of Committee		10-24-16			Name of Treasurer			
Address				City		M	State	Zip Code
Date Received	Expenditure # (if applicable)	Payment Type Reimburse	ement for shared	d expense (Surplus Distribution	1817	Amount	of Receipt
Description								
		ABILLIE	SUBTO	TAL Section	on C — This Pag	ge		
			TOTAL	of addition:	al Section C Page	es		
		F ALL COMMIT as C1 + C2) (Enter to						
				/	- - 4:			

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Res	nstered with Filing Repos	ttory)		TY	TYPE OF REPORT			
JOHN GOMES FOR MAYOR				JA	ANUA	ARY 10 FILIN	G	
	D. Loans	Recei	ived this Perio	d				
Name of Lender			Source of Loan: OBank OC		dividu		Date of Receipt	
Street Address	City			Sta	ite	Committee Zip Code	Is there a Cosigner or Guarantor of this loan? O Yes O No	
Name of Cosigner/Guarantor (if applicable)	151					•	Amount Received	
Street Address	City			Ste	nte	Zip Code		
Name of Lender	7.00		Source of Loan: OBank OCa	andidate O Ind	lividue	Other Committee	Date of Receipt	
Street Address	City					Zip Code	Is there a Cosigner or Guarantor of this loun? Yes No	
Name of Cosigner/Guarantor (if applicable)	**					•	Amount Received	
Street Address	City			Sta	ile	Zip Code		
Name of Lender			Source of Loan: OBank OCa	andidate O Ind	lividus	Other Committee	Date of Receipt	
Street Address	City			Star	te	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No	
Name of Cosigner/Guarantor (if applicable)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		774			Amount Received	
Street Address	City			Sta	ite	Zip Code		
	***		TOTAL SECT	TION D		·		
E. Receipts from Entities o	ther than Indiv	iduale	or Other Com	mittees (P.	o Caran	dum Camulita	e ONLV	
Name of Entity	ther than murv	Iduais	or other com	inittees (A	geren	aum Committee	s ONLI)	
Street Address				Date Receiv	ved		Amount Received	
Sity		State	Zip Code	Aggregate	Contrib	utions		
Jame of Entity								
treet Address				Date Receiv	red		Amount Received	
ity	State			Aggregate (Contrib	utions		
laine of Entity								
treet Address			***	Date Receiv	/ed	Ī	Amount Received	
ity		State	Zip Code	Aggregate (Contrib	utions		
			TOTAL SECT	TION E				

I. MONETARY RECEIPTS (Sections A—K)

	TEE (Provide Complete Name as Regi		TYPE OF REPORT	
JOHN GOMES	FOR MAYOR			JANUARY 10 FILING
	F. Amount Transferred	d from Affiliated Bu	siness Treasury (Busin	ess Entity Committees ONLY)
Date of Receipt	Is this transaction asso event reported in Secti		If yes, list Event #	Amount
Date of Receipt	Is this transaction asso event reported in Secti	TYCE (TO COME A CONTROL OF THE COME AND A CO	If yes, list Event #	Amount
Date of Receipt	Is this transaction asso- event reported in Section		If yes, list Event #	Amount
Date of Receipt	Is this transaction associated in Section	ction associated with an Section L1? Yes If yes, list Event #		Amount
			TOTAL SECTION	(F
So = 8 = 5 = 1 = 1	NAMES OF THE STATE	V		
	Transferred from Affilia		Other Organization	Treasury (Organization Committees ONLY)
ate of Receipt		Date of Receipt		Date of Receipt
	Amount	Δ.	nount	Amount
		350		Charles and
			TOTAL SECTION O	
	H. Personal Funds of	the Candidate Rece	eived this Period (Cana	didate Committees ONLY)
ite of Receipt	Method of payment;		*****	Amount
	OCash	O Personal Chec	ek Credit/Debit C	ard
ate of Receipt	Method of payment:	1972 19 000 1981 1981 1980	The second secon	Amount
	O Cash	O Personal Chec	k Credit/Debit C	ard
te of Receipt	Method of payment:			Amount
	O Cash	O Personal Chee	k Credit/Debit C	ard
te of Receipt	Method of payment:			Amount
	OCash	O Personal Chec	k Credit/Debit C	ard
		100	TOTAL SECTIO	NH
			1500 1700 1800 1800 1800 1800 1800 1800 18	
		I Anonymous	Contributions	

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

I. MONETARY RECEIPTS (Sections A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repastiory)			TYPE OF REPORT			
		VII				
	J. Interest from Deposits in Author	ized Accoun	s			
Name of Institution			Date Re	ceived	Amount	
Street Address	City	S	ate	Zip Code		
Name of Institution			Date Re	ceived	Amount	
Street Address	City	St	nte	Zip Code		
	тот	AL SECTION	J			
K. Miscel	laneous Monetary Receipts not Cor	nsidered Cor	trib	itions		
Name The Lamar Companies			11 1120	ate of Transaction 2/16/23	Amount Received	
Street Address	City		State	Zip Code	\$756.25	
P.O Box 66338	Baton Rouge		LA			
Description Over payment of invoices						
Name	The state of the s		D	nte of Transaction	Amount Received	
Street Address	City		State	Zip Code		
Description						
Name			Di	te of Transaction	Amount Received	
Street Address	City		State	Zip Code		
Description						
Name	1-14-14		Di	te of Transaction	Amount Received	
Street Address	City		State	Zip Code		
Description		1.44.7				
	TOTAL SE	CTION	Г			
anna i nu a		E 30 00 E 18 0 TOO				
	F OTHER MONETARY RECEIP	TS (Sections	D th	rough K)		
Total Loans Received this Period (Section D			77			
Fotal Receipts from Entities other than Indiv	78 88 99 5 5		+			
Total Amount Transferred from Affiliated B	usiness Treasury (Section F)		+			
Total Amount Transferred from Affiliated L	abor Union or Other Organization Treasu	ry (Section G)	+		100	
Fotal Amount of Personal Funds of the Cano	lidate Received this Period (Section II)		+			
Total Amount of Interest from Deposits in A	uthorized Accounts (Section J)		+			
Total Miscellaneous Monetary Receipts not	Considered Contributions (Section K)		+			
(Add Section	Total of Other as D through K) (Enter total on Line 15, Column					

				TYPE OF REPORT					
JOHN GOMES FO	OR MAYOR	3400-10		JANUARY 10 F	FILING				
		Li. Ever	nt Information						
Event # Date of Event Lette 11/30/202: A		UNDRAISER THE M	OVEMENT CONTINUES		Was this a fu	indraising event			
Location: Street Address			City		State	Zip Code			
1909 MAIN ST		50.08	Bridgeport		СТ	06604			
Subpart 1: (All Comm. Was this event hosted	nittees) at a personal residence?		OYes (If yes, go to Section L5 Associated with a Hous purchases made by host	se Party and complet	te required info	rmation for any			
	ude goods or services dor donated by an individual o		Yes (If yes, go to Section 1.4 In-Kind Donations not Considered Contributions and complete required information)						
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?			OYes (If yes, enter Total Recei	ipts here.)	s				
Were there purchases of sign associated with the	of advertising space in a pr is fundraiser?	lidates and Political Com- rogram book or on a	mittees other than Exploratory C Oyes (If yes, go to Section L3 or on a Sign and compl ONo	Purchases of Advert		ı Program Book			
	nmitteex ONLY) Il food or beverage at a fa the state with this fundraise		OYes (If yes, enter Total Recei	ipts here.)	S				
Event # Date of Event Letter	Description				Was this a fu	ndraising event			
Location: Street Address		. <u>1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1</u>	City		State	Zip Code			
Subpart 1: (All Comm Was this event hosted a			Yes (If yes, go to Section L5 Associated with a House purchases made by host(s	e Party and complete	e required infor	mation for any			
	ide goods or services don lonated by an individual o		Yes (If yes, go to Section L4 and complete required in No		iot Considered	Contributions			
	g sale, auction, or other so individual of up to \$100?		O Yes (If yes, enter Total Recei	pts here.)	\$				
Subpart 2: (Party Com Were there purchases o sign associated with thi	fadvertising space in a pr	idates and Political Comm ogram book or on a	nittees other than Exploratory C OYes (If yes, go to Section L3 I or on a Sign and comple	Purchases of Adverti		Program Book			
	mittees ONLY) food or beverage at a fair e state with this fundraise		OYes (If yes, enter Total Receip	pts here)	\$				
SUBTOTAL Sect	on L1—Subpart 1 (All Com	mittees) Total Receipts fr	om Sale of Donated Items — T	his Page \$0.00)				
		SUBTOTAL Secti	ion L1—Subpart 3 <i>(Town Committe</i> ipts from Food Purchases — Tl	es ONLY) CO OC					
			TOTAL of additional Section I	1 Pages \$0.00)	17			
	то		IPTS FROM SMALL PURC Line 16a, Column A of Summary P)				

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repusitory)					E OF REPORT		
	L3. I	Purchases of Advertis	ing in a Prog	ram Book or on a	Sign		
Name of Purchaser					Puro	hase Made By: Business Entity Individual/Sole	Proprietorship
Street Address			City			State	Zip Code
Date Received	Event #	Aggregate Purchase	es for All Events	Amount of Program	Ad Purchase	Amount of S	Sign Purchase
Name of Purchaser	1			THE STATE OF THE S	0	hase Made By: Business Entity Individual/Sole	(E)
Street Address	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		City			State	Zip Code
Date Received	Event #	Aggregate Purchase	s for All Events	Amount of Program	Ad Purchase	Amount of S	ign Purchase
Name of Purchaser					0	hase Made By: Business Entity Individual/Sole	O Other Proprietorship
Street Address			City			State	Zip Code
Date Received	Event #	Aggregate Purchases	s for All Events	Amount of Program	Ad Purchase	Amount of S	ign Purchase
Name of Purchaser					O	hase Made By: Business Entity Individual/Sole	Other Proprietorship
Street Address			City			State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program	Ad Purchase	Amount of S	ign Purchase
Name of Purchaser				· · · · · · · · · · · · · · · · · · ·	O.	ase Made By: Business Entity ndividual/Sole I	Other
treet Address			City			State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program	Ad Purchase	Amount of Si	gn Purchase
	SUBTOTAL Sec	tion L3 Total Purchases of	Advertising in	Program Book — This	Page		
	SUBTOT	AL Section L3 Total Pure	hases of Adver	tising on a Sign — This	Page		
				additional Section L3			
TO	OTAL OF ALL PURCE	HASES OF ADVERTISIN (Enter total on)		RAM BOOK or ON A in A of Summary Page 1			

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT			
			The same of the sa		7			
	L4	. In-Kind Donation	ons Not Cons	idered Contribu	tions	15.5		
Name of Donor								
Street Address			City				State	Zip Code
Donation Given By:	Description of Donation		- 165L			Fair I	Market Va	lue of Donation
OBusiness Entity	3					827475		
Olndividual	Date Received	Event #	201.00	Aggregate Value fo	r this Event	_		
O Sole Proprietorship	Date Received	I I Veille #		Aggregate value to	i tilis Event			
Name of Donor								
Street Address	- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10		City			- A	State	Zip Code
Donation Given By: OBusiness Entity	Description of Donation					Fair A	vlarket Va	lue of Donation
Olndividual OSole Proprietorship	Date Received	Event #	Event # Aggregate Value for this Event					
Name of Donor	<u> </u>		-(")				- 12 - 2	
Street Address			City				State	Zip Code
Donation Given By:	Description of Donation					Vois N	Analos Va	lue of Donation
OBusiness Entity					Alle ka		tarket va	ide of Donation
OIndividual OSole Proprietorship	Date Received	Event #		Aggregate Value for	this Event			
Name of Donor		,		•				
Street Address			City				State	Zip Code
Donation Given By: Business Entity	Description of Donation	===			=======================================	Fair N	Iarket Val	ue of Donation
O Individual O Sole Proprietorship	Date Received	Event #		Aggregate value for	this Event			
		Si	UBTOTAL Sect	ion L4 — This Page			190	
		то	OTAL of addition	nal Section L4 Page				
тот	AL OF ALL IN-KIND	DONATIONS NOT (Enter total on Line 2						
			.	***************************************				

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			7	TYPE OF REPORT		
	L5. In-Kind Donations Not Consid	lered Contributions As	sociated with a He	ouse Party		
Name of Host			committee?	pporting more than Yes O No plete Itemization in A		
Street Address		City		State	Zip Code	
Description of Donation				Fair Market Valu	e of Donation	
Event #	Aggregate Value of this Event — all hosts	Aggregate Value of all Events-	—this host/candidate			
Name of Host			committee?	pporting more than of Yes O No plete Itemization in A		
Street Address		City	7	State	Zip Code	
Description of Donation				Fair Market Value	e of Donation	
Event #	Aggregate Value of this Event — all hosts	Aggregate Value of all Events-	this host candidate			
Name of Host			committee?	pporting more than o Yes O No plete Itemization in Ac		
Street Address		City		State	Zip Code	
Description of Donation				Fair Market Value	of Donation	
Event #	Aggregate Value of this livent —all hasts	Aggregate Value of all Events—	-this hosi/candidate			
Name of Host			committee?	pporting more than o Yes ONo plete Itemization in Ad		
Street Address		City	000 00000000000000000000000000000000000	State	Zip Code	
Description of Donation				Fair Market Value	of Donation	
Event#	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—	-this host candidate			
		SUBTOTAL Section L5	5 — This Page			
		TOTAL of additional Sec	tion L5 Pages			
	TAL OF ALL IN-KIND DONATIONS NO VITH A HOUSE PARTY (Enter total on	OT CONSIDERED CON' Line 22, Column A of Summ				

III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE (Provide Complete	ME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT			
			M. In-Kind Con	ıtri	ibutions	Ш.			
Name									
Street Address				City	у			State	Zip Code
Type of contributor: Committee	Date Rece	ived	Aggregate Contributions	_	Description of In-Kind C	ontributio	n		
Olndividual / Sole Proprietorship Oother	10	Austion is in	avecas of \$400 to a condi	doto	for a chief evenution of	Con of a	isi-slite		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	does cor		excess of \$400 to a candi business he/she is associa \$5,000?						Aarket Value Contribution
Is this contribution associated with an event reported in Section L17 If yes, list Event #	8 Yes No	If yes,	utor a principal of a state of indicate which branch of ernment the contract is wit	r bra		ON0			
Name	aller and						· · · · · · · · · · · · · · · · · · ·		
Street Address				City	,			State	Zip Code
Type of contributor: OCommittee OIndividual / Sole Proprietorship OOther	Date Recei	ved	Aggregate Contributions		Description of In-Kind Co	ontributio	1		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	does co		n excess of \$400 to a cand business he/she is associan \$5,000?	ated					Market Value Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	8 Yes No	If yes,	itor a principal of a state co indicate which branch or rument the contract is with	bra	actor or prospective state nches Executive		ONo		
Name									
Street Address				City				State	Zip Code
Type of contributor: OCommittee OIndividual / Sole Proprietorship OOther	Date Receiv	ved	Aggregate Contributions		Description of In-Kind Co	ontribution			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co		excess of \$400 to a candi business he/she is associant \$5,000?	ited :					Inrket Value Contribution
Is this contribution associated with an event reported listed in Section L1? If yes, list Event #	8 Yes No	If yes,	tor a principal of a state or indicate which branch or rument the contract is with	brai			O No		
			SUBTOTAL	Sec	tion M — This Page				
			TOTAL of add	itio	nal Section M Pages				17-2-12-12-11-11
TOTAL OF ALL IN-KIND CON	TRIBUT	TONS (E	nter total on Line 23, Colu	mn z	A of Summary Page Tota	ls)			
	N.	Refund	lable Deposit to T	ele	phone Company				
Last Name of Individual			First				МІ	Date Deposit	Made
Residential Street Address			City		S	tate	Zip Code	A	mount of Deposit
Name of Telephone Company							10		
street Address			City	_	S	tate	Zip Code	1	
TOTAL SE	CTION	N (Enter 1	otal on Line 24, Column	A oj	Summary Page Totals				

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Section P. ADDITIONAL PAGE 1___ of 20__

NAME OF COMMIT	NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
JOHN GOMES	FOR MAYOR			January 10 Filing	<u> </u>			
	P. Expenses	Paid by Committee	e					
Name of Payee				Date of Payment	Method of	1 837		
CELL TOUCH			1	10/30/23	Check Debit	*U.U		
Street Address		City			State	Zip Code		
2127 BOSTON	AVE	Bridgeport			Ct	06610		
Purpose of Expenditure (by code) EFV	Office phone		Event #		Amount \$107.00			
Expenditure # (if applicable)	None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Independent OrganizationOA OB OC OD							
Name of Payee				Date of Payment	O Check #			
Minuteman Pres	3S			10/31/23	Debit Card OEFT			
Street Address		City			State	Zip Code		
42 Bridgeport Av	ve	Shelton			Ct	06484		
Purpose of Expenditure (by code) A-sign	ov code)				Amount \$2,389.05			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or cor Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contri	ommittee)	ndent sation O A	л ОвОс Ов		980779-20		
Name of Payee Frances Kulpow	vich			Date of Payment 11/2/23	Method of P Check Debit C	# 2259		
Street Address		City			State	Zip Code		
8 Franklin st		Ansonia	Ansonia			6401		
Purpose of Expenditure (by code) Wage	Description CANVASSER COORDINATOR		Event #		Amount \$858.00			
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 control of the control	ommittee)	endent zation Q	л ©в О с Ор		3558		
Name of Payer Aida Santos				Date of Payment	Method of P Check Debit C	#2241		
150 Wheeler Av	ve	City Bridgeport			State Ct	Zip Code 06606		
Purpose of Expenditure (by code) Wage	Description Canvasser		Event #		\$210.0	Amount 00		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contr	onmittee) re) O Indepen	ndent	A OB OC OD	Media se			
	s in the same of t	SUBTOTAL Section P -	— This I	Page \$3,564.05				

Section P. ADDITIONAL PAGE 2___ of 20_

NAME OF COMMIT	NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT			
JOHN GOMES	FOR MAYOR			January 10 Filing				
	P. Expenses	Paid by Committee	e					
Name of Payee			T	Date of Payment	Method of			
Gina Veloz				11/3/23	O Check	# 2257 Card O EFT		
Street Address		City		Was	State	Zip Code		
37 Kent Ave		Bridgeport			Ct	06610		
Purpose of Expenditure (by code) Wage	Description Canvasser		Event #		Amount - \$225.00			
Expenditure # (if applicable)	None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization OA OB OC OD							
Name of Payee Frank Castro			1	Date of Payment	Method of Payment: Check #_2256			
Street Address		City		MANAGER L	O Debit of	Card OEFT Zip Code		
29 Cedar St		Bridgeport			Ct	06608		
Purpose of Expenditure (by code) Wage Canvasser					Amount \$547.50			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or con Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri	nmittee)	ndent ration () A	ОвОсОр				
USPS Post Master Date of Payment 10/30/23					Method of F Check Debit 0	# 2254		
Street Address		City			State	Zip Code		
Purpose of Expenditure (by code)	Description Stamps		Event #		Amount \$7,200.00			
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 expenditus Coordinated without reimbursement sought (in-kind control	ommittee) re) O Indepe	endent	() а ⊚ в Ос Ор				
Name of Payee			ī	Date of Payment	Method of I			
Google Suite				11/3/23	O Debit			
Street Address 1600 Amphithea	tre	Mountain View			State	Zip Code 94043		
Purpose of Expenditure (by code) A-web	Description Google apps	<i>y</i>	Event #		\$45.94	Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or cor Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri	mmittee)	ndent	OB OC OD				
	s	UBTOTAL Section P -	— This P	age \$8,018.44				
		CII						

Section P. ADDITIONAL PAGE 3___ of 20__

NAME OF COMMIT	ITEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
JOHN GOMES	FOR MAYOR			January 10 Filing		
	P. Expenses	Paid by Committe	e			
Name of Payee				Date of Payment	Method of	S 175
Cross Road Piz	za			11/3/23	Check Debit	
Street Address		City			State	Zip Code
2065 E. Main st		Bridgeport			Ct	06610
Purpose of Expenditure (by code) Food	Description HQ Volunteer meeting		Event /	1	\$142.	Amount
Expenditure # (ij applicable)	None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditur	ommittee)	endent ization O	A OB OC OD		
Name of Payee				Date of Payment	Method of I	Payment: : # 2255
IIII.aceoversa naireira				11/6/23		Card OEFT
Expenditure # (t) applicabile) Expenditure # (t) applicabile) 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 (ionit expenditure) Coordinated without reimbursement sought (in-kind contribution) Name of Payce Rick O'Neil Date of Pay Type of Expenditure Purpose of Expenditure Description Canvasser 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 (ionit expenditure) Coordinated with reimbursement sought (ionit expenditure) Coordinated with reimbursement sought (ionit expenditure) Coordinated without reimbursement sought (in-kind contribution) Name of Payce Doingitlocal Type of Expenditure Date of Pay Type of Expenditure Date of Pay City Fairfield Type of Expenditure Description Online banner Ad Event # Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) City Fairfield 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)			State	Zip Code		
345 Buckland H	ill Dr	Manchester			Ct	6042
Purpose of Expenditure (by code) Wage	w code)			Amount \$370.00		
(if applicable)	None of the below (does not involve another candidate or con Coordinated with reimbursement sought (joint expenditure	mmittee)	ndent zatior O A	4 О в О с О р		
Doingitlocal				Date of Payment	Method of I Check Debit	# <u>2252</u>
Street Address	020	POST N. CV. COMP.			State	Zip Code
229 Jennigns R	d	Fairfield			Ct	6825
Purpose of Expenditure (by code) A-web	Age to Charles and Accompany of the I		Event#		\$1,00	Amount
Expenditure # ((f applicable)	, <u>74</u> 9 - 7,	ommittee) (re) O Indepe	endent ization.	Д ⊚в Ос Ор		
Name of Payee				Date of Payment	Method of F O Check	
Trans Ad-outdoo	or		$_{\perp}$	11/6/23	Debit 0	Card OEFT
Street Address		City	- Dit		State	Zíp Code
13 Pond View Te	errace	Brandford	14		СТ	6405
Purpose of Expenditure (by code) A-sign	Description Bus Ad		Event #		\$4,108	Amount
Expenditure # if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or cor Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri	minittee)	endent	A OB OC OD		
	s	UBTOTAL Section P -	— This I	Page \$5,620.99		

Section P. ADDITIONAL PAGE 4__ of 20

NAME OF COMMI	TTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
JOHN GOMES	FOR MAYOR		January 10 Fili	ng
	P. Expenses	Paid by Committe	ee	
Name of Payee Trans Ad-outdo			Date of Payment 11/6/23	Method of Payment: O Check # Debit Card OEFT
13 Pond View	Terrance	Brandford		State Zip Code Ct 6405
Purpose of Expenditure (by code) A-sign Expenditure #	Description Bus-ad		Event #	Amount \$4,108
(if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate or et Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	ommittee)		
Name of Payee Meta platforms			Date of Payment 11/6/23	Method of Payment: O Check # Debit Card OEFT
Name of Payee Date of Payment 11/6/23 Street Address City 1601 Willow Rd Menlo Park Purpose of Expenditure Description Event #				State Zip Code CA 94025
(by code) A-web Facebook Ad Expenditure # (If applicable) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				Amount \$400
3000 454940 70270000450	Coordinated with reimbursement sought (joint expenditur	re) O Indepe	zationOAOBOCOD	
Name of Payee BJ's Whole sale	е		Date of Payment 11/6/23	Method of Payment: Check # Debit Card DEFT
Street Address 40 Black Rock	TPKE	City Fairfield	·	State Zip Code CT 6825
Purpose of Expenditure (by code) Food	Description Snacks/water/bath paper for the office	1100	Event #	Amount \$186.17
Expenditure # ((f applicable)	Type of Expenditure (Itemization in Addendum P Required to None of the below (does not involve another candidate or e Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind com	ommittee)	is checked) endent ization OA	1800-1900 FIG. 100-10
Name of Payee Meta Platforms			Date of Payment 11/7/23	Method of Payment: O Check # Debit Card OEFT
Street Address 1601 Willow Rd		Menlo Park	A. Maria	State Zip Code CA 94025
Purpose of Expenditure (by code) A-web	code)			
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 of the cont	enmittee) re) O Indepe		\$400
		SUBTOTAL Section P	— This Page \$5,094.17	

SEEC FORM 20 Builted January 2015

Section P. ADDITIONAL PAGE 5 of 20

NAME OF COMMI	TTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT			
JOHN GOMES	FOR MAYOR			January 10 Filing			
	P. Expenses	Paid by Committe	e	The state of			
Name of Payee		NH	I	Date of Payment	Method of		
Minuteman Pre	SS			11/7/23	Chec Debit		
Street Address		City	-		State	Zip Code	
42 Bridgeport A	ve	Shelton	,		Ct	06484	
Purpose of Expenditure (by code) A-sign	Description Postcard print		Event #		# 605	Amount \$635.77	
Expenditure li (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)	ndent	Ов Ос Ор	- \$035.77		
Name of Payer	***************************************		D	ate of Payment	Method of	CVANCE OF THE COMPLETE OF THE CONTRACTOR	
Frances Kulpow	vich			11/8/23	Check	# <u>2264</u> Card O EFT	
Street Address	Idress Inklin st City Ansonia City Ansonia Ct Ct Ct Ct Ct Ct Ct Ct Ct C			Zip Code			
8 Franklin st	*	Ansonia			Ct	06401	
(hy code)				Amount \$1,221			
Expenditure # (if applicable)	None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditur	mmittee) e) O Indepen	ndent cation OA				
Name of Payee EZ politix			1	ate of Payment 11/8/23	Method of I Check	#	
Street Address 314 N 115th st		City Omaha			State NE	Zip Code 68154	
Purpose of Expenditure (by code) A-atm	Description Automated content advertising	Į.	Event #		\$1,50	Amount	
Expenditure # ((f applicable)	Type of Expenditure (Itemization in Addendum P Required use None of the below (does not involve another candidate or expenditure) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control of the control	ommittee)	endent	• В Ос Ор	4 1,50	3.12	
Name of Payee	· · · · · · · · · · · · · · · · · · ·	_ 5% - 10		ate of Payment	Method of i		
Crossroad Pizza	i		9	11/8/23	Check Debit		
Street Address		City			State	Zip Code	
2065 E.Main st		Bridgeport			Ct	06610	
Purpose of Expenditure by code) Food	Description Event #			0	Amount		
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contra	mmittee) e) O Indepen	ndent	® в Ос Ор	\$135.4	.7	
	s	UBTOTAL Section P -	— This Pa	ige \$3,495.36			
			1000				

Section P. ADDITIONAL PAGE 6___ of 20__

NAME OF COMMIT	TTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT		
JOHN GOMES	FOR MAYOR		January 10 Filin	ig	
	P. Expenses	Paid by Committee	ė		
Name of Payee Frank Castro			Date of Payment 11/9/23	(Chec	ck
Street Address 29 Cedar st		City Bridgeport		Method of Paym Check # 2 Debit Card State	Zip Code 6608
Purpose of Expenditure (by code) Wage	Description Canvasser		Event #	\$615	Amount 5.00
Expenditure # (if applicable)	None of the below (does not involve another candidate or con Coordinated with reimbursement sought (joint expenditure	ommittee) re) O Indepen	ndent sationOA OB OC OD	W. W. S.	3500-0094
	euve		11/10/23	(Chec	k #_2265
None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (in-kind contribution) Name of Payce Direury Saint Preuve Date of Payment 11/10/23					Zip Code
375 A Trumbull A	Ave	Bridgeport		Date of Payment 11/9/23 Debit Card State Ct 66 Check # 22 Debit Card State Ct 66 The state Ct Ct 66 The state Ct Ct Ct Ct Ct Ct Ct Ct Ct	
(by code) Wage Canvasser			\$150	Amount \$150.00	
(if applicable)	None of the below (does not involve another candidate or con Coordinated with reimbursement sought (joint expenditure	mmittee)	dent ationOAOBOCOD		940 YOMA
Aida santos			The control of the co	Chec Debit	k # <u>2262</u> t Card
	е				Zip Code 6606
	1200 November 2		Event #	\$28!	Amount
Expenditure # (f applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contr	ommittee) (Independent	III 2		400000
Name of Payee Aida santos			110000000000000000000000000000000000000	Chec	k # <u>2260</u> t Card O EFT
Street Address 150 Wheeler Ave	е	Bridgeport			Zip Code 6606
Purpose of Expenditure (by code) Wage	Description Canvasser		Event #	\$330.	Amount
Expenditure # ((f applicable)	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	mmittee)		23-ETEVICINE	
	s	SUBTOTAL Section P -	- This Page \$1,380		

Section P. ADDITIONAL PAGE 7____ of 20_

NAME OF COMMIT	ITEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
JOHN GOMES	FOR MAYOR	ı		January 10 Filing		
	P. Expenses	s Paid by Committee	e			
Name of Payee				Date of Payment		f Payment:
Dropbox				11/13/23	O Chec	
Street Address		City			© Debit	Zip Code
333 BRANNAN	ST	SAN FRANCISCO)		CA	94197
Purpose of Expenditure (by code) WEB	Description Web-Cloud Drive sub		Event	#	Amount \$95.72	
Expenditure # (if applicable)	None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditur	finated with reimbursement sought (joint expenditure) Independent OrganizationOA OB OC OD				
Name of Payee	1−			Date of Payment	Method of	Dieli in annual
TracFone				11/13/23	Check Debit	The state of the s
Street Address		City			State	Zip Code
9700 NW 12th A	\ve	Miami			FL	33178
Purpose of Expenditure (by code) EFV	hy code)				\$16.8	Amount
Expenditure # (tf 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 contra	ommittee) re) O Indepen	ndent	A O B O C O D		
Name of Payee Date of Payment TracFone 11/13/23				Method of Check	k#	
Street Address		City			State	Zip Code
9700 NW 12th A	Ave	Miami			FL	33178
Purpose of Expenditure (by code)	Description Phone bill		Event h	V	9.3	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required to None of the below (does not involve another candidate or ec Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	rommittee) ure) O Indepe	endent	ed) Da © b Oc Od	. \$16.8	37
Name of Payee		The Silver Lover		Date of Payment	Method of	A 773.5
TracFone				11/13/23	Check Debit	The second of th
Street Address		City			State	Zip Code
9700 NW 12th A	4ve	Miami			FL	33178
Purpose of Expenditure (by code) EFV	Description Phone bill		Event /		616.0	Amount
Expenditure # ((f applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or con Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contr	omunittee) ore) O Indeper	ndent	а) Ол Ов Ос Ор	\$16.8	<i>(</i>
		SUBTOTAL Section P -	— This	Page \$146.33		
				The state of the s		

Section P. ADDITIONAL PAGE 8 of 20

NAME OF COMMIT	TTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
JOHN GOMES	FOR MAYOR			January 10 Filin	ıg		
	P. Expenses	Paid by	Committee				
Name of Payee				Date of Payment		of Payment:	
Trans Ad-outdoo	or			11/15/23	Chec Deb		
Street Address		City		(Alter de proposition)	State	Zip Code	
13 Pond View T	errace	Brandfo	ord		Ct	6405	
Purpose of Expenditure (by code) A-SIGN	Description Bus Ad		E	event #	\$4.10	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) re)	O Independer	SES	100 8	\$4,108	
Name of Payee			, and the second	Date of Payment	Method o	f Payment:	
Creative Outdoo	ors			11/15/23	Chec Debi		
Street Address		City			State	Zip Code	
8875 Hidden Riv	ver PKwy	Tampa			FI	33637	
Purpose of Expenditure (by code) A-sign Description Event #					\$186	Amount \$186.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or cor Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri	mmittee) v)	O Independen	t Юл ОВОС ОD		5965 8 498 Y	
Name of Payee				Date of Payment	Method of Chec	Payment:	
Creative Outdoo	or .			11/16/23	Debit		
Street Address		City			State	Zip Code	
8875 Hidden Riv	ver Parkway	Tampa			FI	33637	
Purpose of Expenditure (by code) A-SIGN	Description Trans Bind ad		Ev	vent #	\$348	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control	ommittee) ire)	O Independer		10000000		
Name of Payee				Date of Payment	Method of	f Payment:	
USPS P.O.BOX				11/16/23	Chec O Debit		
Street Address		City			State	Zip Code	
934 E Main St		Bridgep	ort		Ct	06608	
Purpose of Expenditure (by code) POST	P.O.BOX CHANGE	-1-1-1	Ev	vent #	\$45.0	Amount	
Expenditure # (f applicable)	Type of Expenditure (Itemization in Addendum P Required units None of the below (does not involve another candidate or core Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contribution).	mmittee) re)	O Independen		AU and a com		
	s	UBTOTA	L Section P — T	his Page \$4,687			

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NAME OF COMMI	TTEE (Provide Complete Name as Registered with	Filing Repository)	1	YPE OF REPORT		
JOHN GOMES	FOR MAYOR			January 10 Filing	3	
	P	. Expenses Paid by Comm	ittee			
Name of Payee			D	ate of Payment	Method of	al National Calculation
Joshua Miranda	a		3	1/17/23	ODebit	k# <u>2269</u> Card O EFT
Street Address		City			State	Zip Code
537 Wood Ave		Bridgeport			Ct	6604
Purpose of Expenditure (by code)	Description Photo & video		Event #		0075	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum None of the below (does not involve another Coordinated with reimbursement sough Coordinated without reimbursement sough	her candidate or committee) t (joint expenditure)	ndependent rganization O A	Ов Ос Ор	\$675	
Name of Payer Meta Platforms				te of Payment 1/17/23	Method of I O Check	: H
Street Address 1601 Willow Rd		City Menlo Park	- I SHIRAN		State	Zip Code 94025
Purpose of Expenditure (by code) A-web)				Amount \$220	
Expenditure # ((f applicable)	Type of Expenditure (Itemization in Addendum None of the below (does not involve anoth Coordinated with reimbursement sought Coordinated without reimbursement sou	er candidate or committee) (joint expenditure) O Inc	dependent ganizatior O A	ОвОс Ор	03789017010101	
Minuteman Pre	SS			te of Payment 1/17/23	Method of F Check Debit 6	#
Street Address 42 Bridgeport a	ve	Shelton			State	Zip Code 6484
Purpose of Expenditure (by code)	Description		Event #			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendary None of the below (does not involve anot) Coordinated with reimbursement sough Coordinated without reimbursement sou	her candidate or committee) t (joint expenditure)	ndependent	® в Ос Ор	_ \$207.	02
Name of Payee Media Hearst			4,0	te of Payment 1/20/23	Method of F O Check Debit O	#
Street Address		City	, , , , , , , , , , , , , , , , , , ,		State	Zip Code
301 Merritt 7 Su	57E-W	Norwalk			Ct	6851
Purpose of Expenditure (by code) Web	Ct Post subscription		Event #		\$19.96	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum None of the below (does not involve anoth Coordinated with reimbursement sought Coordinated without reimbursement sou	er candidate or committee) (joint expenditure) O Inc	dependent	Ов Ос Оп	, , , , ,	;
		SUBTOTAL Section	n P — This Pa	ge \$1,121.98		
			- Am 2	ANNUATION PROPERTY		

Section P. ADDITIONAL PAGE 10 of 20

MAINTE OF COMMIT	ITEE (Provide Complete Name as Registered with Filing Repository)	1	TYPE OF REPORT		
JOHN GOMES	FOR MAYOR			January 10 Filing	g	
	P. Expenses	Paid by Committe	ee			
Name of Payee Shawntel Dalto	ń			Pate of Payment 11/21/23	Method of Check	# 2267
Street Address 205 ANTHONY	St BLD 20 APT 209	Bridgeport	- 10		State	Zip Code 06605
Purpose of Expenditure (by code) Wage	Election Day worker		Event #		\$100	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 OC OD					
Name of Payce Gina Veloz				nte of Payment 1/21/23	Method of I Check Debit	# 2261_
Street Address 37 Kent Ave	Kent Ave Bridgeport		State	Zip Code 06610		
Purpose of Expenditure (by code) Wage	Description Event # Canvasser				Amount \$450	
Expenditure # (tf applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind control	mmittee)	endent	ОвОсОв	#E == 0.55(#E)	
Name of Payee Frances Kulpow	vich		1,000	tle of Payment 1/22/23	Method of F Check Debit	# 2271
Street Address 8 Franklin st	10 9/9	Ansonia Ansonia			Ct	2ip Code 06401
or Expenditure by code) Wage	Description Canvasser coordinator		Event #		\$484	Amount
Expenditure # (f applicable)	Type of Expenditure (Itemization in Addendum P Required used None of the below (does not involve another candidate or expenditused to the Coordinated with reimbursement sought (joint expenditused Coordinated without reimbursement sought (in-kind control to the Coordinated with reimbursement sought (in-kind control to the Coordinated with reimbursement sought (in-kind control to the Coordinated with reimbursement sought (in-kind control to the Coordinated without reimbursement sough	ommittee) re) O Indepe	endent	⊕в Ос Ор	26 (26.0)	
Name of Payee Optimum			5010	te of Payment 1/24/23	Method of P Check Debit	#OEFT
P.O.Box 70340		Philadelphia			PA	Zip Code 19176
Purpose of Expenditure by code) OVHD	Office Internet		Event #		\$50	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	nunittee) e) O Indepen	endent	Ов Ос Ор	*****	
	- 140.		— This Pa	ge \$1,084		

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NAME OF COMMIT	TTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPO	ORT	
JOHN GOMES	FOR MAYOR			January 10	Filing	
	P. Expenses	Paid by	Committee			
Name of Payee		***		Date of Payment	0.00	f Payment: ck # 227 5
Aida Santos				11/27/23	O Debi	t Card OFFT
Street Address		City	MOUNTE		State	Zip Code
150 Wheeler Av	/e	Bridgep	ort		Ct	06606
Purpose of Expenditure (by code) Wage	Description Canvasser			Event #	\$420	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate or ea Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	ommittee) ire)	O Independ		2	
Name of Payee Maria Águeda				Date of Payment 11/28/23	1200	Payment: k # <u>2274</u> t Card O EFT
Street Address 97A Yaremich D	rive	City Bridgep	ort		State Ct	Zip Code 06606
Purpose of Expenditure (by code) Food	y code)				\$235	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind control	mmittee) re)	O Independe			
Name of Payee Linda Bruce				Date of Payment	Method of Check Debit	k#2266_
Street Address 174 Louisiana A	ve	Bridgep	ort		State	Zip Code 06610
Purpose of Expenditure (by code) Wage	Description Election Day worker		1	ëvent#	\$40	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required at None of the below (does not involve another candidate or expenditure). Coordinated with reimbursement sought (joint expenditure). Coordinated without reimbursement sought (in-kind control of the control	ommittee) ire)	O Independ		N\$ (389)	
Name of Payee Blessed Keys In	С			Date of Payment	Method of Cheel Debit	k# :Card OEFT
Street Address		City			State	Zip Code
Purpose of Expenditure (by code)					\$169.	Amount
Expenditure # ((f applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contra	ommittee) re)	O Independe		8-010W868	7.07
		SUBTOTAL	Section P —	This Page \$864.0	2	
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NAME OF COMMIT	TTEE (Provide Complete Name as Registered with Filing Repository,			TYPE OF REPORT					
JOHN GOMES	FOR MAYOR			January 10 Filin	g)			
	P. Expenses	Paid by Committe	e						
Name of Payee Frank Castro		1	11173	Pate of Payment	Character Control of the	FPayment: k # <u>2272</u> t Card			
Street Address 29 Cedar st		City Bridgeport	= #//		State Ct	Zip Code 06608			
Purpose of Expenditure (by code) Wage	Description Canvasser		Event #		\$0.47	Amount \$247.50			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required units None of the below (does not involve another candidate or ec Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control in the c	ommittee)	ndent	Ов Ос Ор	ΨΣ47	.50			
Name of Payee Happy Dollar				ate of Payment	Method of O Check Debit	k#			
Street Address 4581 Main st		Bridgeport			State	Zip Code 06606			
Purpose of Expenditure (by code) MISC	Description Event # Balloons weights				\$12.3	Amount \$12.35			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or con Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contr	mmittee)	ndent	ОвОс Ор	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	27/169			
Apply Dollar			D	ate of Payment	Method of O Check Debit	c# Card OEFT			
Street Address 4581 Main st		Bridgeport			State	Zip Code 06606			
Purpose of Expenditure (by code) MISC	Description Balloons for fundraiser		11302	23A	\$44.4	Amount			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required at None of the below (does not involve another candidate or ex Coordinated with reimbursement sought. (joint expenditus Coordinated without reimbursement sought (in-kind cont	ommittee)	ndent	⊕в Ос Ор		B.5			
Name of Payee Google Gsuite			1	2/1/23	Method of Check Debit	Card OEFT			
Street Address 1600 Amphithea	atre PKWY	Mountain View			CA	Zip Code 94043			
Purpose of Expenditure hy code) A-WEB	Google apps		Event #		\$46.28	Amount 3			
Expenditure (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or con Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contra	mmittee)	ndent	Ов Ос Ор	124 005-805	9/			
	s	UBTOTAL Section P -		The second second					
	√ 8	4.							

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NAME OF COMMIT	TTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
JOHN GOMES	FOR MAYOR			January 10 Filing		
	P. Expenses	Paid by Committe	ee			
Name of Payee Gina Veloz				Date of Payment 12/5/23	Method of Check	# 2276
Street Address 37 Kent Ave		City Bridgeport			State Ct	Zip Code 06610
Purpose of Expenditure (by code) Wage	Description Canvasser		Event #		\$465	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) None of the below (does not involve another candidate or committee) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Independent Organization A B C D				Ψ403	
Name of Payee Cell Touch				Date of Payment 12/5/23	Method of F O Check O Debit (#Card OEFT
Street Address 2127 Boston Av	е	City Bridgeport			State Ct	Zip Code 06610
Purpose of Expenditure (by code) EFV				\$107	Amount	
Expenditure # ((f applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contr	e) (Indepen	ndent	ОвОсОр		
Name of Payee Rick O'Neil	V			12/6/23	Method of P Check Debit C	# <u>2273</u>
Street Address 345 Buckland H	fill Dr	Manchester			State	Cip Code 6042
Purpose of Expenditure (by code) Wage	Description Canvasser		Event #		\$940	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required use None of the below (does not involve another candidate or co-Coordinated with reimbursement sought (joint expendituse) Coordinated without reimbursement sought (in-kind control of the con	ommittee)	endent) . © в Ос Ор	950 TALL (S)	
Name of Payee Discountmugs				12/6/23	Method of P Check Debit C	#Err
Street Address 12610 NW 115t	h Ave	Miami			State FI	Zip Code 33178
Purpose of Expenditure (by code) MISC	Description wine gift bags for Christmas give away		Event #		\$419.0	Amount 2
Expenditure # ((f applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contra	mmittee) © Indepen	endent	Ов Ос Ов	1900 T 1840	
	S	UBTOTAL Section P -	— This P	age \$1,931.02		

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JOHN GOMES	TEE (Provide Complete Name as Registered with Filing Repository	9	TYPE OF REPOR	T		
JOHN GOMES	FOR MAYOR		January 10 F	iling		
W Wilson	P. Expenses	Paid by Committ	lee			
Name of Payee BBI			Date of Payment 12/6/23	OChec	k#	
Street Address P.O.BOX 3680		City Milford		Method of Payr Check # Debit Ca State Z CT 6 Au \$1,993.7 Method of Payr Check # Debit Car State Zi CT 6 Au \$1,486.3 Method of Payr Check # Debit Car State Zi CT 0 Au \$1,486.3	Zip Code 6460	
Purpose of Expenditure (by code)	Description Copier lease		Event #		Amount - \$1,993.71	
Expenditure # iif applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below (does not involve another candidate or ce Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	ommittee) O Indep	rendent	4		
Name of Payee Minuteman Pres	ss		Date of Payment 12/8/23	Method of O Chec	k#	
Street Address 42 Bridgeport Av			State	Zip Code 6484		
Purpose of Expenditure (by code) A-sign 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					Amount \$1,486.39	
Name of Payer BJ'S Whole sale street Address 40 Black Rock T		City Fairfield	Date of Payment 1211/23	Method of Check Debit State	c#	
turpose of Expenditure by code) MISC	Description Water/copy paper/ snacks		Event#	\$306	Amount	
Expenditure # if applicable)	Type of Expenditure (Itemization in Addendum P Required u. None of the below (does not involve another candidate or co- Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	ommittee)	= 3		./4	
Name of Payee Dropbox		E-2	12/11/23	Check Debit	# Card O EFT	
itreet Address 333 BRANNAN S	ST	San Francisco		11000000	2ip Code 94197	
turpose of Expenditure by code) Web	Ure Description Event # Cloud drive subscription			\$95.72	Amount	
f applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or con Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control	nmittee) o) O Indepe	7			

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NAME OF COMMIT	TTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	F REPORT					
JOHN GOMES	FOR MAYOR			January 10 Filing	g				
	P. Expenses	Paid by Co	mmittee						
Name of Payee				Date of Payment	Control of the second	f Payment:			
Tracfone			1	12/11/23	OChec				
Street Address		City			© Debi	it Card OEFT Zip Code			
9700 NW 12th	Δνα	Miami			FI	33178			
The center of the test of the second services	Table 100 -	Wildim			17.7.	33170			
Purpose of Expenditure (by code)	Phone bill		Event :	#	\$163	Amount			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contra	ommittee) ire)	O Independent	A OB OC OD	\$16.87				
Name of Payee				Date of Payment	Method of				
Tracfone				12/11/23	Chec Debit				
Street Address		City			State	Zip Code			
9700 NW 12th A	\te	Miami			FI	33178			
Purpose of Expenditure (by code) EFV	Description Phone bill		Event #	a.	\$16.8	Amount 87			
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 contra	ommittee)	Independent Organization	a O B O c O b	The state of				
Name of Payee Tractone				12/11/23	Method of Check Debit	k#			
Street Address 9700 NW 12th A	Ave	City Miami			State	Zip Code 33178			
1241/5339/02/57/3		1,1,1,1,1	I transit	4:	18	(1000) (1000) (1000) (1000) (1000) (1000)			
Purpose of Expenditure (by code) EFV	Phone Bill		Event #	å	\$16	Amount \$16.87			
Expenditure # ((f applicable)	Type of Expenditure (Itemization in Addendum P Required use None of the below (does not involve another candidate or ear Coordinated with reimbursement sought (joint expenditus Coordinated without reimbursement sought (in-kind control of the cont	ommittee) ire) (O Independent	OA OB OC OD	355 AST (1707)(2)				
Name of Payee				Date of Payment	Method of				
Avenida Restau	rant			12/11/12	Cheel Debit	0.000,000			
Street Address	***	City			State	Zip Code			
757 Madison Av	е	Bridgeport	ļ		Ct	06606			
Purpose of Expenditure (by code) Food	Description Lunch for volunteer		Event #		\$46.4	Amount			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or cot Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri	nnmittee) re)	O Independent	и) а О в Ос Об	il travation				
	8	SUBTOTAL Se	ection P — This l	Page \$97.04					

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NAME OF COMMIT	TYPE OF REPORT	DF REPORT				
JOHN GOMES	FOR MAYOR			January 10 Filir	ng	292
	P. Expenses	Paid by Committee				
Name of Payee				Date of Payment	Method of OCheck	
Dollar Tree				12/13/23	(Debit	
Street Address		City			State	Zip Code
345 Huntington	Turnpike	Bridgeport	2587	· · · · · · · · · · · · · · · · · · ·	Ct	6610
Purpose of Expenditure (by code) Misc	Description Table cloth /utensils/cups		Event #		\$14.6	Amount
Expenditure # ((f applicable)						
Name of Payee BBI				12/13/23	Method of I O Check O Debit	: #
Street Address		City			State	Zip Code
PO Box 3680		Milford			Ct	6460
Purpose of Expenditure (by code)	Description		Event #			Amount
EFV	Copier Lease				\$2,95	0.53
Expenditure # ((f applicable)	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 contril	mmittee)	ndent zation O A	. ОвОс Ов		
Name of Payee DataPro				12/13/23	Method of I Check Debit	# Card O EFT
P.O.Box 3324		Bridgeport			State	Zip Code 6605
Purpose of Expenditure (by code) PRNT	Description Print postcards & data processing		Event#		\$808.	Amount
Expenditure # ((f applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind control	ommittee)	endent ization O /	а <u>©в Ос Ог</u>	.8::	
Name of Payee BBI			- 1	Date of Payment 12/15/23	O Check Debit	#Card OFFT
Street Address		City			State	Zip Code
PO Box 3680		Milford			Ct	6460
Purpose of Expenditure (by code) EFV	Description Copier lease		Event #		\$531.7	Amount
Expenditure # ((f applicable)	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	mmittee) e) O Indepen	ndent	() 4. Ов Ос Ор		
	S S	UBTOTAL Section P -	— This I	Page \$4,305.16		

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JOHN GOMES		NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					
	FOR MAYOR		January 10 F	iling			
	P. Expenses	Paid by Committe	e				
Name of Payee Miranda Joshua			Date of Payment 12/15/23	● Chec			
Street Address 537 Wood ave	E .	City Bridgeport		State	Zip Code 06604		
Purpose of Expenditure by code)	Photo & video		Event #	\$800	Amount		
oppusana)	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	a d					
Postmaster			12/13/23	Method of	# 2277		
treet Address		City	•	State	Zip Code		
50 Austin St		Bridgeport	50(Ct	06602		
hirpose of Expenditure by code) POST	Postage		Event #	\$265	Amount		
ј арјикате)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contr	mmittee)	ident ation O A O B O C O				
ame of Payee Meta platform			Date of Payment	Method of Check	:# Card O EFT		
reet Address 601 Willow Rd		Menlo Park		State	Zip Code 94025		
rpose of Expenditure y code) A-WOD	Description FaceBK Ads		Event #	\$04.6	Amount \$94.98		
spenditure # applicable)	Type of Expenditure (Itemization in Addendum P Required under the below (does not involve another candidate or expenditure) Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind control in the below (in the bel	ommittee)					
ame of Payee Hearts CT Media			Date of Payment 12/28/23	Method of I Check Debit	#		
reet Address 01 Merritt 7 Suit	te 1	Norwalk		State Ct	Zip Code 6851		
rpose of Expenditure code) Web	Description CT Post Subscription		Event #	\$19.96	Amount		
penditure #	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) S19.96						
applicable)		bution) Organiza	ition QA QB QC Q	D			

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NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository,			TYPE OF REPORT				
JOHN GOMES	FOR MAYOR			January 10 Filing				
	P. Expenses	Paid by Committee	e					
Name of Payee				Date of Payment	Method of	27 3771		
Creative Outdoo	ors			12/18/23	Check Debit			
Street Address	 	City			State	Zip Code		
8875 Hidden Ri	ver PKWY	Tampa	8		FI	33637		
Purpose of Expenditure (by code) A-sign	Description trans bin ads		Event	н	Amount			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u. None of the below (does not involve another candidate or ec Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	ommittee) (e) O Indeper	ndent	A OB Oc Op	\$348			
Name of Payee	Median V		-	Date of Payment	Method of OCheck			
Creative Outdoo	prs			12/18/23	Debit	The state of the s		
Street Address		City			State	Zip Code		
8875 Hidden Riv	ver PKWY	Tampa			FI	33637		
Purpose of Expenditure (by code) A-sign	Description trans bin ads		Event A	¥	\$186	Amount		
Expenditure # ((f applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind contra	mmittee) O Indepen	ident atior O	л ОвО с О в				
Name of Payee Minuteman pres	es			Date of Payment 12/18/23	Method of Check	:#		
Street Address		City			State	Zip Code		
42 Bridgeport A	ve	Shelton			Ct	6484		
Purpose of Expenditure (by code) A-sign	Description Palm cards Print		Event #	#	Amount \$161.99			
Expenditure # ((f applicable)	Type of Expenditure (Itemization in Addendum P Required used None of the below (does not involve another candidate or expenditure). Coordinated with reimbursement sought (joint expenditure). Coordinated without reimbursement sought (in-kind control of the contr	ominittee) ire) O Indepe	ndent)A	Ψισι			
Name of Payee				Date of Payment	Method of Check			
Elevate Bridgep	ort			12/15/23	O Debit	The state of the s		
Street Address		City	- 1	——————————————————————————————————————	State	Zip Code		
P.O.Box 5881		Bridgeport	0.		Ct	6610		
Purpose of Expenditure (by code)	Description Ad-book purchase	7.	Event #	¥	\$250.0	Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind control	mmittee) O Indepen	ndent	d)	90 (1100-140)			
	S	SUBTOTAL Section P -	– This	Page \$945.99				

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NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT					
JOHN GOMES	FOR MAYOR		January 10 Filin	g			
	P. Expenses	Paid by Committee	e				
Name of Payee Minuteman Pres	SS		Date of Payment 12/22/23	Method of OChec Debit	k # l Card O EFT		
Street Address 42 Bridgeport A	ve	City Shelton		State	Zip Code 6484		
Purpose of Expenditure (by code) A-SIGN	Description Ticket print		Event #	\$190.	Amount \$190.23		
Expenditure # (If applicable)							
Name of Payce Crossroad Pizza	lame of Payee Date of Payment				Payment: c# Card OEFT		
Street Address 2065 E.Main st		City Bridgeport		State	Zip Code 6610		
Purpose of Expenditure (by code) FOOD	Description Christmas event for kids		Event#	\$103	Amount		
Expenditure # (If applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or come Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri	nmittee) O Indepen	S.	1000000			
Name of Payee Optimum		100 20 00 1	Date of Payment 12/26/23	Method of Check	# Card O EFT		
P.O Box 70340		City Philadelphia		PA	Zip Code 19176		
Purpose of Expenditure (by code) OVHD	Office internet		Event #	\$50	Amount		
Expenditure # (tf applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind control	mmittee)		- 1. Schalin (44)			
Name of Payee Aida Santos			Date of Payment 12/26/23	Method of Check Debit	# <u>2281</u> Card O EFT		
Street Address 150 Wheeler Ave	В	City Bridgeport		Ct	Zip Code 06606		
Purpose of Expenditure (by code) Wage	Description Canvasser		Event #.	\$405	Amount		
Expenditure # ((f applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or cor Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri	nmittee) i) Indepen					
	s	UBTOTAL Section P -	- This Page \$748.23				

Section P. ADDITIONAL PAGE 20 of 20

NAME OF COMMI	ITEE (Provide Complete Name as Registered with Filing Repository			TYPE OF REPORT			
JOHN GOMES	FOR MAYOR	_		January 10 Filing	ļ		
	P. Expenses	Paid by Committee	e				
Name of Payee Sabrina Smith				Date of Payment 11/27/23		of Payment: ck # 2270 it Card OFFT	
Street Address 48 Williamsburg	g Rd	City Bridgeport			State	Zip Code 06606	
Purpose of Expenditure (by code) RMB	Description Reimbursement		Event #		Amount \$121.42		
Expenditure # ((f applicable)	Type of Expenditure (Itemization in Addendum P Required use None of the below (does not involve another candidate or co-Coordinated with reimbursement sought (joint expendituse) Coordinated without reimbursement sought (in-kind continue).		Av. 3.000				
Name of Payee Abraham Duque	9	Toylar and the control of the contro		Date of Payment	The second secon	f Payment: ck #_2268_ t Card	
Street Address		City			State	Zip Code	
116 Ohio ave		Bridgeport			Ct	06610	
Purpose of Expenditure (by code) RMB	Description Reimbursement		Event #		\$154	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below (does not involve another candidate or co Coordinated with reimbursement sought (joint expenditur Coordinated without reimbursement sought (in-kind control	mmittee) e) Indepen	ndent ation O A	. ОвОс Ов			
Name of Payee Minuteman Pres	SS			12/29/23	Method of Chec Debit	Card OEFT	
Street Address 42 Bridgeport A	ve	Shelton			State	2ip Code 06484	
Purpose of Expenditure (by code) A-SIGN	Description		Event #		¢1 1	Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required to 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)	ndent	и) а © в Ос Ор	Ψί,	3. T. S. C.	
Name of Payee ANEDOT				Date of Payment 12/31/23	Method of O Chec O Debit	k#	
Street Address 1340 Poydras si	t Suite 1770	City New Orleans			State LA	Zip Code 70112	
Purpose of Expenditure by code)	Description Credit Card Fee Charge		Event #		50W Wes	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) State of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) Independent Organization OA OB OC OD						
	s	UBTOTAL Section P -	– This P	age \$2,600.71			
		10		The second secon			

IV. EXPENDITURES (Sections P-T)

	Thomas discourse Course was		6		
Name of Issuing Inst	R. Expenses Incuri		redit Card		
vame of issuing inst	itution	Type of Credit Card: O Visa O Maste	r Cord Discover	American Expres	o Othor
	N. W. L. C.	O Visa O Miasic	r card O Disserver (
Name of Vendor, Person	or tentity			Date of	ransaction
Street Address		City		State	Zip Code
				0/40015	S.P. 5345
Purpose of Expenditure by code)	Description		Event#		Amount
Expenditure # (f applicable)	Type of Expenditure (Itemization in Addendum R Require None of the below Coordinated with reimbursement sought (joint expense) Coordinated without reimbursement sought (in-kind	nditure) O Inde	ependent	с Ов	
laine of Vendor, Person	or Entity				ransaction
treet Address		City		State	Zip Code
urpose of Expenditure by code)	Description		Event #		Amount
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xpenditure #	Type of Expenditure (Itemization in Addendum R Require None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind to be coordinated with reimbursement sought).	nditure) O Inde	ependent	с Ов	
xpenditure # f applicable)	None of the below Coordinated with reimbursement sought (joint expen Coordinated without reimbursement sought (in-kind	nditure) O Inde	ependent		ransaction
ixpenditure # f applicable) lame of Vendor, Person o	None of the below Coordinated with reimbursement sought (joint expen Coordinated without reimbursement sought (in-kind	nditure) O Inde	ependent		ransaction Zip Code
ixpenditure # if applicable) lame of Vendor, Person of treet Address urpose of Expenditure by code)	None of the below Coordinated with reimbursement sought (joint expen Coordinated without reimbursement sought (in-kind	contribution) Inde	ependent	Date of T	
Expenditure # If applicable) Same of Vendor, Person of treet Address	None of the below Coordinated with reimbursement sought (joint expen Coordinated without reimbursement sought (in-kind	City City diture) City City Indeed Congression City Indeed City City Indeed City Ci	ependent anization () A () B () Event #	Date of T	Zip Code
Expenditure # If applicable) Isame of Vendor, Person of treet Address surpose of Expenditure by code)	None of the below Coordinated with reimbursement sought (joint expent coordinated without reimbursement sought (im-kind of Entity Description Type of Expenditure (Itemization in Addendum R Require None of the below Coordinated with reimbursement sought (joint expent Coordinated without reimbursement sought (in-kind of Coordinated without reimbursement sought)	City City diture) City City Indeed Congression City Indeed City City Indeed City Ci	Event li " is checked) spendent inization: O B O	Date of T	Zip Code
expenditure # f applicable) ame of Vendor, Person of the second of the	None of the below Coordinated with reimbursement sought (joint expent coordinated without reimbursement sought (in-kind or Entity Description Type of Expenditure (Itemization in Addendum R Require None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind or Section 1)	City City diture) City City Contribution City C	Event # Event # Pendent pendent price is checked) This Page	Date of T	Zip Code

IV. EXPENDITURES (Sections P-T)

NAME OF COMMIT	FOR MAYOR	(עיזו			PE OF RI	PORT Y 10 FIL	ING	
BOTHY GOIVIES	T. Itemization of Reim	hw	rsements and Secon	ATA25	ADDRESS SANCOS SANCOS	1 TO FIL	iivG	V
Last Name of Worker/Co		Fi	SABRINA	idaiy ra	yees	MI	Date of I Person o	90,145,147,7°
Name of Vendor, Person STOP & SHOP	or Entity Paid by Committee Worker/Consultant				reported i	n Section P:	Committee Worker/Consultant a	
Street Address of Vendor	, Person or Entity Paid by Committee Worker/Consultant		City BRIDGEPORT				State Zip Code CT 06606	
Purpose of Expenditure (by code) FOOD	Description Event #						\$41.4	Amount 6
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Require None of the below Coordinated with reimbursement sought (joint expert Coordinated without reimbursement sought (in-kind)	endit	ure) O Indepe	is checked)	O _B (000	# -	
Last Name of Worker/Con SMITH	nsultant	100	SABRINA			мі	Date of F Person of 11/13	
Name of Vendor, Person of BRUEGGER'S	or Entity Paid by Committee Worker/Consultant BAGELS				reported is	o Reimburse n Section P: ck #2270	100	Vorker/Consultant as
900 C WHITE P	Person or Entity Paid by Committee Worker/Consultant LAINS RD		City TRUMBULL		#50 m#1 m		State CT	Zip Code O6611
Purpose of Expenditure (by code) FOOD	Poscription FOOD			Event #			Amount \$35.98	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Require None of the below Coordinated with reimbursement sought (joint expert Coordinated without reimbursement sought (in-kind	ndite	ure) O Indepe	33	O 6	000		
Last Name of Worker/Cor SMITH	sultant	Fii S	SABRINA			МІ	Date of P Person or 11/13	의 (전시 시간) 중 (
Name of Vendor, Person of DUNKIN DONU	r Entity Paid by Committee Worker/Consultant TS	_			reported is	o Reimburse o Section P: ok# 2270		Vorker/Consultant as
Street Address of Vendor, 945 WHITE PLA	Person or Entity Paid by Committee Worker/Consultant		City TRUMBULL				State CT	Zip Code 06611
Purpose of Expenditure (by code) FOOD	POOD POOD			Event#			\$43.98	Amount 8
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Require None of the below Coordinated with reimbursement sought (joint exper Coordinated without reimbursement sought (in-kind	ndítu	ue) O Indepe	ndent O	٥° ۵	C O D	7/ 21 / 21	
		S	UBTOTAL Section T -	– This Pag	ge \$12	1.42	100	
THE STATE OF		TC	OTAL of additional Sect	ion T Page	es			
TOTAL OF ALL	REIMBURSEMENT TO COMMITTEE V	vo	RKERS AND CONS	ULTANI	rs \$12	1.42		
							1-	

NAME OF COMM	ITTEE (Provide Complete Name o	as Registered with Filing Repository)	TYPE OF REPOR	T
		Q. Campaign Expenses Paid by	Candidata	
Name of Payee (Nama a	of Vendor, Person or Entity who can		Date of Payment	Is reimbursement claimed?
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount
Name of Payce (Name of	of Vendor, Person or Entity who can	didate paid directly)	Date of Payment	Is reimbursement claimed?
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount
Name of Payce (Name of	f Vendor, Person or Entity who cand	didute paid directly)	Date of Payment	Is reimbursement claimed?
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount
Name of Payee (Name of	Vendor, Person or Entity who coud	lidate paid directly)	Date of Payment	Is reimbursement claimed? Yes O No
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount
Name of Payee (Name of	Vendor, Person or Entity who candi	idate paid directly)	Date of Payment	Is reimbursement claimed? Yes No
Street Address		City		State Zip Code
Purpose of Expenditure by code)	Description		Event#	Amount
Name of Payes (Name of I	Vendor, Person or Entity who candi	idate paid directly)	Date of Payment	ls reimbursement claimed? Yes No
Street Address		City	Į.	State Zip Code
Ourpose of Expenditure by code)	Description		Event #	Amount
		SUBTOTAL Section	n Q — This Page	
		TOTAL of additional	Section Q Pages	
		TOTAL OF ALL EXPENSES PAID B' (Enter total on Line 26, Column A of St		1.

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Reposito	ory)	TYPE OI	REPORT	
	R. Expenses Incur	red on Committee Cr	redit Card	13/4	
Name of Issuing Inst	titution	Type of Credit Card:	C O Di	er OAmerican Exp	
Name of Vendor, Person	- Faile	O Visa O Master	Card ODiscove		
Name of Vendor, Person	or Entity			Date	of Transaction
Street Address	9500 - 1415	City	 	State	Zip Code
Purpose of Expenditure by code)	Description		Event#		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Require None of the below Coordinated with reimbursement sought (joint expension) Coordinated without reimbursement sought (in-kind	nditure) Q Indep	" is checked) pendent nization (OA OB	Ос Ор	
Name of Vendor, Person	or Entity		7-10-10-10-10-10-10-10-10-10-10-10-10-10-		of Transaction
Street Address	40.1	City		State	Zip Code
Purpose of Expenditure by code)	Description		Event #		Amount
Expenditure # (f applicable)	Type of Expenditure (Itemization in Addendum R Require None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind	nditure) O Indep	r is checked) pendent nization O B	Oc O p	
Name of Vendor, Person o	or Entity			Date o	f Transaction
treet Address		City		State	Zip Code
urpose of Expenditure by code)	Description		Event#		Amount
Expenditure # (f applicable)	Type of Expenditure (Itemization in Addendum R Require None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind of the kind of th	nditure) O Indep	is checked) endent ization. Os	Ос Ов	
	s	SUBTOTAL Section R —	This Page		
	то	TAL of additional Section	n R Pages		
то	TAL OF ALL EXPENSES INCURRED ON (Enter total on Lit	COMMITTEE CRED ne 27, Column A of Summary			
			,		

	S. Expenses Incuri	red by Committee but N	Not Paid During thi	s Period	Jak I	
Name of Creditor			+		Date Inci	irred
treet Address		City			State	Zip Code
urpose of Expenditure by code)	Description		Event#			nount Incurred stimate or Actual)
spenditure # applicable)	Type of Expenditure (Itemization in Adden- None of the below Coordinated with reimbursement sou Coordinated without reimbursement	ught (joint expenditure)	Independent Organization:	ов Ос Ор		
ame of Creditor					Date Incu	rred
treet Address		City			State	Zip Code
urpose of Expenditure y code)	Description		Event#		0000000	nount Incurred timate or Actual)
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spenditure # applicable)	Type of Expenditure (Itemization in Addense None of the below Coordinated with reimbursement sour Coordinated without reimbursement s	ght (joint expenditure)	the below" is checked) Independent Organization	в Ос Ов		
spenditure # applicable) me of Creditor	None of the below Coordinated with reimbursement sou	ght (joint expenditure)	O Independent	в Ос Ов	Date Incur	red
applicable)	None of the below Coordinated with reimbursement sou	ght (joint expenditure)	O Independent		Date Incur	zip Code
me of Creditor eet Address	None of the below Coordinated with reimbursement sou	ght (joint expenditure) sought (in-kind contribution)	O Independent		State	
me of Creditor eet Address pose of Expenditure code)	None of the below Coordinated with reimbursement sou Coordinated without reimbursement s	ght (joint expenditure) sought (in-kind contribution) City fum S Required unless "None of its ght (joint expenditure)	Independent Organization		State	Zip Code
me of Creditor eet Address pose of Expenditure code)	None of the below Coordinated with reimbursement sour Coordinated without reimbursement s Description Type of Expenditure (Itemization in Addendation of the below Coordinated with reimbursement sour	ght (joint expenditure) sought (in-kind contribution) City fum S Required unless "None of the contribution) ght (joint expenditure) sought (in-kind contribution)	Event #		State	Zip Code
me of Creditor eet Address pose of Expenditure code)	None of the below Coordinated with reimbursement sour Coordinated without reimbursement s Description Type of Expenditure (Itemization in Addendation of the below Coordinated with reimbursement sour	ght (joint expenditure) sought (in-kind contribution) City lum S Required unless "None of the contribution) Subtrotal	Event # the below is checked) Independent Organization:		State	Zip Code
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me of Creditor eet Address pose of Expenditure code) penditure # applicable)	Description Type of Expenditure (Itemization in Addendation Coordinated without reimbursement sour Coordinated with reimbursement sour Coordinated with reimbursement sour Coordinated without reimbursement sour Co	ght (joint expenditure) sought (in-kind contribution) City Lum S Required unless "None of the contribution) Subtotal TOTAL of additattee DURING THIS PER	Event # the below" is checked) Independent Organization: Organization		State	Zip Code

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Reposit	itory)			YPE OF RI		INO		
JOHN GOWLE	T. Itemization of Rein	br	recomments and Secon			Y 10 FIL	ING		
Last Name of Worker/Co		F	Pirst SABRINA	idary .	ayees	MI	Date of Person of		
Name of Vendor, Person STOP & SHOP	or Entity Paid by Committee Worker/Consultant	=				to Reimburse in Section P: ock #2270	Committee Worker/Consultant a		
Street Address of Vendor 4531 MAIN ST	r, Person or Entity Paid by Committee Worker/Consultant		City BRIDGEPORT				State CT	Zip Code 06606	
Purpose of Expenditure (by code) FOOD	The state of the s						\$41.4	Amount 16	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Requirement Sought (joint expenditured with reimbursement sought (joint expenditured without reimbursement sought (in-kin)	pendit	iture) O Indeper	endent O	0 () c o b	1260,000 () Alex		
Last Name of Worker/Cor	isultant	1,000	irst SABRINA		***************************************	МІ	Date of Person of 11/13	2972063300H19 3	
BRUEGGER'S					reported in	to Reimburse n Section P: ck # <u>2270</u>		Worker/Consultant as	
Street Address of Vendor, 900 C WHITE PI	, Person or Entity Paid by Committee Worker/Consultant		TRUMBULL				State CT	Zip Code O6611	
Purpose of Expenditure (by code) FOOD	Peacription FOOD			Event #			\$35.9	Amount \$35.98	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required None of the below Coordinated with reimbursement sought (joint expenditured without reimbursement sought (in-kin)	penditi	ture) O Indeper	endent O	O C) O	The state of the s		
Last Name of Worker/Con	sultant		SABRINA			МІ	Date of P Person or 11/13		
Name of Vendor, Person of DUNKIN DONU	or Entity Paid by Committee Worker/Consultant				reported in	o Reimburse n Section P: ck # <u>2270</u>	_	Worker/Consultant as	
Street Address of Vendor, 945 WHITE PLA	Person or Entity Paid by Committee Worker/Consultant		City TRUMBULL				State CT	Zip Code 06611	
Purpose of Expenditure (by code) FOOD	Description FOOD			Event #			\$43.98	Amount 8	
Expenditure # (g' applicable)	Type of Expenditure (Itemization in Addendum T Require None of the below Coordinated with reimbursement sought (joint experience Coordinated without reimbursement sought (in-king)	enditu	ure) O Indepen	ndent O	0 0	O O D			
		S	SUBTOTAL Section T —	-This Pa	ge \$12	1.42			
		TO	OTAL of additional Section	on T Pag	jes				
TOTAL OF ALL	REIMBURSEMENT TO COMMITTEE V	wo	RKERS AND CONST	ULTAN	TS \$12	1.42			
					- 551				

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) T					YPE OF REPORT			
	T. Itemization of Rei	mburse	ments and Se	condary Po	VOOE			
Last Name of Worker/C	onsultant	First	ments and Sc	condary I a	yees	мі	Date of	f Payment to Vendor,
DUQUE Name of Vendor, Person or Entity Paid by Committee Worker/Consultant		ABF	ABRAHAM				Person or Entity 11/13/23	
Enterprise	or Entity Paid by Committee Worker/Consultant				reported i	o Reimburs n Section P: ck # 226		Worker/Consultant
Street Address of Vendo	r, Person or Entity Paid by Committee Worker/Consultant	City	у		G che	CK # 220	State	Zip Code
370 North ave		Bı	Bridgeport				Ct	06606
Purpose of Expenditure (by code) TRVL	Description Car rental			Event #			154.	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Req. None of the below Coordinated with reimbursement sought (joint e Coordinated without reimbursement sought (in-le	xpenditure)	O Inc	nv" is checked) lependent Oganization: O A	O C	0.0		.,
Last Name of Worker/Consultant					0 11 0	МІ		Payment to Vendor, or Entity
	or Entity Paid by Committee Worker/Consultant				Payment to reported in Chee	Section P:		Worker/Consultant as
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant	City					State	Zip Code
Purpose of Expenditure (by code)	Description		_	Event #				Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required None of the below Coordinated with reimbursement sought (joint ex Coordinated without reimbursement sought (in-kit)	penditure)	O Ind	v" is checked) ependent O	0,0	0,		
ast Name of Worker/Consultant		First		The state of the s	-	МІ	Date of P Person or	ayment to Vendor, Entity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant			:	1	eported in S	section P:		Vorker/Consultant as
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant			=	<u>_</u>	O Check		State	Zip Code
urpose of Expenditure by code)	Description			Event #				Amount
xpenditure # l'applicable)	Type of Expenditure (Itemization in Addendum T Require None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-king)	enditure)	O Inde	ris checked)) O	O _D		
		SUBT	OTAL Section T	— This Page				
		TOTAL	of additional Sec	ction T Pages				
OTAL OF ALL	REIMBURSEMENT TO COMMITTEE V	WORKE	RS AND CON	SULTANTS				