

# SEEC FORM 20

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



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## COVER PAGE

<b>1. NAME OF COMMITTEE</b>			
JOHN GOMES FOR MAYOR			
<b>2. TREASURER NAME</b>			
First MARIA	MI	Last FIGUEROA	Suffix
<b>3. TREASURER ADDRESS</b>			
Street Address 281 RIDGEFIELD		City BRIDGEPORT	State CT
		Zip Code 06610	
<b>4. ELECTION/REFERENDUM DATE</b> (mm/dd/yyyy) 02/27/2024		<b>5. OFFICE SOUGHT</b> (Complete only if Candidate Committee) MAYOR	
		<b>6. DISTRICT NUMBER</b> (if applicable)	
<b>7. CANDIDATE NAME</b> (Complete only if Candidate or Exploratory Committee)			
First JOHN	MI	Last GOMES	Suffix
<b>8. TYPE OF REPORT</b> (Check One Box)			
<input checked="" type="radio"/> January 10 filing <input type="radio"/> 7th day preceding primary <input type="radio"/> 7th day preceding referendum <input type="radio"/> Initial Contribution or Disbursement (PACs ONLY) <input type="radio"/> April 10 filing <input type="radio"/> 30 days following primary <input type="radio"/> 45 days following referendum <input type="radio"/> Amendment to <input type="radio"/> July 10 filing <input type="radio"/> 7th day preceding election <input type="radio"/> Deficit                      Type of Report: _____ <input type="radio"/> October 10 filing <input type="radio"/> 12th day preceding election (State Central Committees Only) <input type="radio"/> Termination <input type="radio"/> 24 Hour Independent Expenditure <input type="radio"/> Primary <input type="radio"/> Election <input type="radio"/> 45 days following election not held in November			
<b>9. PERIOD COVERED</b>			
Beginning Date		Ending Date	
10/30/2023		thru 12/31/2023	
<b>10. CERTIFICATION</b>			
I hereby certify and state, under penalties of false statement, that all of the information set forth on this <b>Itemized Campaign Finance Disclosure Statement</b> for the period covered is true, accurate and complete.			
 TREASURER OR DEPUTY TREASURER (SIGNATURE)		Maria Figueroa PRINT NAME OF SIGNER	
		1/10/24 DATE (mm/dd/yyyy)	
A person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.			

**SEEC FORM 20**

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

**SUMMARY PAGE TOTALS**

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT	
	JANUARY 10 FILING	
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		0.00
12. Balance on hand at the beginning of Reporting Period	\$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. <i>Per Public Act 11-48, effective January 1, 2012 Section L2. removed</i>		
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
27. Expenses Incurred on Committee Credit Card (Section R)	\$0.00	\$0.00
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	\$0.00	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	\$0.00	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
JOHN GOMES FOR MAYOR	JANUARY 10 FILING
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>	\$
<b>SUBTOTAL SECTION A</b>	

**B. Itemized Contributions from Individuals**

Last Name <b>Soltis</b>		First <b>John</b>		MI	
Residential Street Address <b>93 Ellsworth Street</b>		City <b>Bridgeport</b>		State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>			

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Amount of Contribution</b>
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> <b>113023A</b>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<b>\$500</b>
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No		
Method of Contribution:			Date Received	Aggregate Contributions
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			<b>2023-12-02</b>	

Last Name <b>Eggert</b>		First <b>Patricia</b>		MI	
Residential Street Address <b>95 Montgomery Street</b>		City <b>Bridgeport</b>		State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>			

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Amount of Contribution</b>
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> <b>113023A</b>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<b>\$100</b>
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No		
Method of Contribution:			Date Received	Aggregate Contributions
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			<b>2023-11-25</b>	

Last Name <b>Chukwu</b>		First <b>Oni</b>		MI	
Residential Street Address <b>98 Grovers Avenue</b>		City <b>Bridgeport</b>		State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Manager</b>		Name of Employer <b>Frontiers Acquisitions LLC</b>			

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Amount of Contribution</b>
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> _____		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<b>\$1000</b>
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No		
Method of Contribution:			Date Received	Aggregate Contributions
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			<b>2023-11-24</b>	

<b>SUBTOTAL Section B — This Page</b>	<b>\$1,600</b>
<b>TOTAL of additional Section B Pages</b>	
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	<b>\$42,795</b>

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
JOHN GOMES FOR MAYOR	JANUARY 10 FILING
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>	\$
<b>SUBTOTAL SECTION A</b>	

**B. Itemized Contributions from Individuals**

Last Name Heilmann		First Niels		MI	
Residential Street Address 89 GROVERS AVE			City Bridgeport	State CT	Zip Code 06605
Principal Occupation Investor			Name of Employer MPG		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		<b>Amount of Contribution</b> \$250	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> _____ <input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No			
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received 12-1-23	Aggregate Contributions	

Last Name Heilmann		First Callie		MI	
Residential Street Address 89 GROVERS AVE			City Bridgeport	State CT	Zip Code 06605
Principal Occupation Co-Director			Name of Employer Bridgeport Generation Now		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		<b>Amount of Contribution</b> \$250	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> _____ <input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No			
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received 12-12-23	Aggregate Contributions	

Last Name Mendez		First Petronila		MI	
Residential Street Address 90 Hamilton st			City Bridgeport	State CT	Zip Code 06608
Principal Occupation Operaria			Name of Employer Presicion risauce		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		<b>Amount of Contribution</b> \$100	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> <u>113023A</u> <input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No			
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received 2023-11-28	Aggregate Contributions	

<b>SUBTOTAL Section B — This Page</b>	\$600
<b>TOTAL of additional Section B Pages</b>	
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	\$42,795

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 <i>(See instructions for definition of Small Contributor)</i>				SUBTOTAL SECTION A	
				\$	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		MI	
De la cruz		Adyerin			
Residential Street Address		City		State	Zip Code
77 6th Street		Bridgeport		CT	06607
Principal Occupation		Name of Employer			
Teacher		Creative kids center			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		\$50	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		2023-12-02			
Last Name		First		MI	
Leite		Ildio			
Residential Street Address		City		State	Zip Code
79 Coleman St		Bridgeport		CT	06604
Principal Occupation		Name of Employer			
Watch polisher		Breitling usa			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		\$90	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		2023-12-23			
Last Name		First		MI	
Potter-Henderson		Zoey			
Residential Street Address		City		State	Zip Code
850 Hancock Avenue		Bridgeport		CT	06605
Principal Occupation		Name of Employer			
RN		AVP			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		\$1000	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		2023-11-30			
SUBTOTAL Section B — This Page				\$1140	
TOTAL of additional Section B Pages					
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>				\$42,795	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
JOHN GOMES FOR MAYOR	JANUARY 10 FILING
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>	\$
<b>SUBTOTAL SECTION A</b>	

**B. Itemized Contributions from Individuals**

Last Name Craig		First Kelly		MI	
Residential Street Address 704 Iranistan Avenue		City Bridgeport		State CT	Zip Code 06605
Principal Occupation Retired		Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution \$250
Is this contribution associated with an event reported in Section I.1? If yes, list Event # 113023A <input checked="" type="radio"/> Yes <input type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> Yes <input type="radio"/> No			
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 2023-11-06	Aggregate Contributions		

Last Name Harp		First Toni		MI	
Residential Street Address 71 Edgewood Way		City New Haven		State CT	Zip Code 06515
Principal Occupation Retired		Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution \$100
Is this contribution associated with an event reported in Section I.1? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> Yes <input type="radio"/> No			
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 2023-11-06	Aggregate Contributions		

Last Name Burgos		First Elizabeth		MI	
Residential Street Address 751 Kossuth Street		City Bridgeport		State CT	Zip Code 06608
Principal Occupation Pharmacy Technician		Name of Employer Main Street Pharmacy			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution \$900
Is this contribution associated with an event reported in Section I.1? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> Yes <input type="radio"/> No			
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 2023-11-03	Aggregate Contributions		

<b>SUBTOTAL Section B — This Page</b>	\$1250
<b>TOTAL of additional Section B Pages</b>	
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	\$42,795

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
JOHN GOMES FOR MAYOR		JANUARY 10 FILING	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>		<b>SUBTOTAL SECTION A</b>	
		\$	
<b>B. Itemized Contributions from Individuals</b>			
Last Name Decillo		First Louis	MI
Residential Street Address 65 Ferry Court		City Stratford	State CT
		Zip Code 06615	
Principal Occupation Registrar of Voters		Name of Employer Town of Stratford	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No
			Amount of Contribution \$250
Is this contribution associated with an event reported in Section L1? If yes, list Event # 113023A	<input checked="" type="radio"/> Yes <input type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:	<input type="radio"/> Yes <input checked="" type="radio"/> No
		<input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 2023-11-30	Aggregate Contributions
Last Name Eaddy		First Gernard	MI
Residential Street Address 69 Quinsey Drive		City Bridgeport	State CT
		Zip Code 06606	
Principal Occupation QNA Analyst		Name of Employer Yale University	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No
			Amount of Contribution \$100
Is this contribution associated with an event reported in Section L1? If yes, list Event # 113023A	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:	<input type="radio"/> Yes <input checked="" type="radio"/> No
		<input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 2023-11-30	Aggregate Contributions
Last Name Barreto		First Maria	MI
Residential Street Address 7 James Street		City Milford	State CT
		Zip Code 06460	
Principal Occupation Manager		Name of Employer Barretos Cleaning LLC	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No
			Amount of Contribution \$90
Is this contribution associated with an event reported in Section L1? If yes, list Event #	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:	<input type="radio"/> Yes <input checked="" type="radio"/> No
		<input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 2023-12-29	Aggregate Contributions
<b>SUBTOTAL Section B — This Page</b>		\$440	
<b>TOTAL of additional Section B Pages</b>			
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>		\$	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
JOHN GOMES FOR MAYOR	JANUARY 10 FILING
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>	\$
<b>SUBTOTAL SECTION A</b>	

**B. Itemized Contributions from Individuals**

Last Name Silva		First Amallia		MI	
Residential Street Address 640 Ezra St		City Bridgeport		State CT	Zip Code 06606
Principal Occupation Homemaker		Name of Employer Homemaker			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution  \$1000
Is this contribution associated with an event reported in Section I.1? If yes, list Event # <u>113023A</u> <input checked="" type="radio"/> Yes <input type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> Yes <input type="radio"/> No			
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 2023-11-06	Aggregate Contributions		

Last Name Green		First Marie		MI	
Residential Street Address 65 Beachview Ave		City Bridgeport		State CT	Zip Code 06605
Principal Occupation Retired		Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution  \$100
Is this contribution associated with an event reported in Section I.1? If yes, list Event # <u>113023A</u> <input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input type="radio"/> Yes <input checked="" type="radio"/> No			
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 2023-11-30	Aggregate Contributions		

Last Name Vulcano		First Diane		MI	
Residential Street Address 65 Beachview Ave		City Bridgeport		State CT	Zip Code 06605
Principal Occupation Retired		Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution  \$100
Is this contribution associated with an event reported in Section I.1? If yes, list Event # <u>113023A</u> <input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input type="radio"/> Yes <input checked="" type="radio"/> No			
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 2023-11-30	Aggregate Contributions		

<b>SUBTOTAL Section B — This Page</b>	\$1200
<b>TOTAL of additional Section B Pages</b>	
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	\$42,795



NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
JOHN GOMES FOR MAYOR	JANUARY 10 FILING
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>	\$
<b>SUBTOTAL SECTION A</b>	

**B. Itemized Contributions from Individuals**

Last Name Fidalgo		First Ludovina		MI
Residential Street Address 587 Colorado avenue		City Bridgeport	State CT	Zip Code 06605
Principal Occupation Dental assistant		Name of Employer Dr.Vayner family dentistry		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution \$90
		<input type="radio"/> Yes <input checked="" type="radio"/> No		
Is this contribution associated with an event reported in Section I.1? <i>If yes, list Event #</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		
		<input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No		
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 2023-12-29	Aggregate Contributions	

Last Name Fidalgo		First Egídio		MI
Residential Street Address 585 Colorado avenue		City Bridgeport	State CT	Zip Code 06605
Principal Occupation Retired		Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution \$90
		<input type="radio"/> Yes <input checked="" type="radio"/> No		
Is this contribution associated with an event reported in Section I.1? <i>If yes, list Event #</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		
		<input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No		
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 2023-12-27	Aggregate Contributions	

Last Name Vieira		First Brandon		MI
Residential Street Address 589 Lincoln Avenue		City Bridgeport	State CT	Zip Code 06606
Principal Occupation Student		Name of Employer Student		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution \$90
		<input type="radio"/> Yes <input checked="" type="radio"/> No		
Is this contribution associated with an event reported in Section I.1? <i>If yes, list Event #</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		
		<input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No		
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 2023-12-26	Aggregate Contributions	

<b>SUBTOTAL Section B — This Page</b>	\$280
<b>TOTAL of additional Section B Pages</b>	
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	\$42,795

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
JOHN GOMES FOR MAYOR	JANUARY 10 FILING
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>	\$
<b>SUBTOTAL SECTION A</b>	

**B. Itemized Contributions from Individuals**

Last Name Cameron		First Anna		MI	
Residential Street Address 5440 Netherland Avenue		City Bronx		State CT	Zip Code 10471
Principal Occupation Registered Nurse			Name of Employer Visiting Nurse of Westchester		

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Amount of Contribution</b>  \$100
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Method of Contribution:		Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		2023-12-29	\$200	

Last Name Xavier		First Jose		MI	
Residential Street Address 547 Colorado Avenue		City Bridgeport		State CT	Zip Code 06605
Principal Occupation Custodian			Name of Employer City of Bridgeport		

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Amount of Contribution</b>  \$100
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Method of Contribution:		Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		2023-11-30		

Last Name McCarthy		First Nicholas		MI	
Residential Street Address 56 Wedgewood Road		City Stratford		State CT	Zip Code 06614
Principal Occupation Cohere Health, Inc.			Name of Employer Cohere Health, Inc.		

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Amount of Contribution</b>  \$25
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Method of Contribution:		Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		2023-11-08		

**SUBTOTAL Section B — This Page** \$225

**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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
JOHN GOMES FOR MAYOR	JANUARY 10 FILING
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>	\$
<b>SUBTOTAL SECTION A</b>	

**B. Itemized Contributions from Individuals**

Last Name Adams		First Janette		MI	
Residential Street Address 486 Anton Street		City Bridgeport		State CT	Zip Code 06606
Principal Occupation Retired		Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution \$100	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>113023A</u> <input checked="" type="radio"/> Yes <input type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input type="radio"/> Yes <input checked="" type="radio"/> No			
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 2023-11-30	Aggregate Contributions		

Last Name Sanchez		First Annabel		MI	
Residential Street Address 500 Ezra Street		City Bridgeport		State CT	Zip Code 06606
Principal Occupation Financial clearance representative		Name of Employer Yale new haven			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution \$1000	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input type="radio"/> Yes <input checked="" type="radio"/> No			
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 2023-12-01	Aggregate Contributions		

Last Name Miranda		First Josh		MI	
Residential Street Address 537 Wood Ave		City Bridgeport		State CT	Zip Code 06604
Principal Occupation Videographer		Name of Employer VZ Production			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution \$90	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input type="radio"/> Yes <input checked="" type="radio"/> No			
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 2023-12-30	Aggregate Contributions		

<b>SUBTOTAL Section B — This Page</b>	\$1190
<b>TOTAL of additional Section B Pages</b>	
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	\$42,795

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
JOHN GOMES FOR MAYOR	JANUARY 10 FILING
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>	\$
<b>SUBTOTAL SECTION A</b>	

**B. Itemized Contributions from Individuals**

Last Name <b>Speaker</b>		First <b>Kaitlyn</b>		MI	
Residential Street Address <b>464 Woodlawn Avenue Ext</b>		City <b>Bridgeport</b>		State <b>CT</b>	Zip Code <b>06606</b>
Principal Occupation <b>Director</b>		Name of Employer <b>University of Connecticut</b>			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution <b>\$200</b>	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> <b>113023A</b> <input checked="" type="radio"/> Yes <input type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> Yes <input type="radio"/> No			
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received <b>2023-11-30</b>		Aggregate Contributions	
Last Name <b>Fuller</b>		First <b>David</b>		MI	
Residential Street Address <b>48 Sunnybank Avenue</b>		City <b>Stratford</b>		State <b>CT</b>	Zip Code <b>06614</b>
Principal Occupation <b>Marketing Director</b>		Name of Employer <b>Littman Krooks</b>			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution <b>\$150</b>	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> _____ <input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input type="radio"/> Yes <input checked="" type="radio"/> No			
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received <b>2023-11-02</b>		Aggregate Contributions	
Last Name <b>DePina</b>		First <b>Jose</b>		MI	
Residential Street Address <b>485 Hart Street</b>		City <b>Bridgeport</b>		State <b>CT</b>	Zip Code <b>06606</b>
Principal Occupation <b>Electromechanical technician</b>		Name of Employer <b>Unicorr inc.</b>			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution <b>\$100</b>	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> _____ <input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input type="radio"/> Yes <input checked="" type="radio"/> No			
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received <b>2023-12-31</b>		Aggregate Contributions	

**SUBTOTAL Section B — This Page** **\$440**

**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**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
JOHN GOMES FOR MAYOR	JANUARY 10 FILING
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>	\$
<b>SUBTOTAL SECTION A</b>	

**B. Itemized Contributions from Individuals**

Last Name		First		MI	
Evangelista		Jacinto			
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?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			Amount of Contribution
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> <u>113023A</u>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			\$100
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		2023-11-30			

Last Name		First		MI	
Fidalgo		Baltazar			
Residential Street Address		City		State	Zip Code
435 Vincelle Street		Bridgeport		CT	06606
Principal Occupation			Name of Employer		
Polisher			Breitling USA		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			Amount of Contribution
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> _____		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			\$90
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		2023-12-29			

Last Name		First		MI	
Thompson-Bennett		Donna			
Residential Street Address		City		State	Zip Code
45 East Eaton Street		Bridgeport		CT	06604
Principal Occupation			Name of Employer		
Director			National Parent Leadership Institute		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			Amount of Contribution
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> _____		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			\$50
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		2023-10-31			

<b>SUBTOTAL Section B — This Page</b>	\$240
<b>TOTAL of additional Section B Pages</b>	
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	\$42,795.

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
JOHN GOMES FOR MAYOR	JANUARY 10 FILING
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>	\$
<b>SUBTOTAL SECTION A</b>	

**B. Itemized Contributions from Individuals**

Last Name DePina Cameron		First Anna		MI
Residential Street Address 3901 Independence Avenue		City Bronx	State NY	Zip Code 10463
Principal Occupation Registered Nurse		Name of Employer Visiting Nurse of Westchester		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		<b>Amount of Contribution</b>  \$100
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> 113023A	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative		
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 2023-11-30	Aggregate Contributions	

Last Name DePina		First Jose		MI
Residential Street Address 4 Green Street		City Trumbull	State CT	Zip Code 06611
Principal Occupation Physical Therapist		Name of Employer Family Care Visiting Nurse		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		<b>Amount of Contribution</b>  \$90
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> 113023A	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative		
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 2023-11-30	Aggregate Contributions	

Last Name Torres		First Elizabeth		MI
Residential Street Address 4 Highland Drive		City Prospect	State CT	Zip Code 06712
Principal Occupation Real Estate Development Consultant		Name of Employer HousingSmarts LLC		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		<b>Amount of Contribution</b>  \$500
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> 113023A	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative		
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 2023-12-03	Aggregate Contributions	

<b>SUBTOTAL Section B — This Page</b>	\$700
<b>TOTAL of additional Section B Pages</b>	
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	\$42,795

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
JOHN GOMES FOR MAYOR	JANUARY 10 FILING
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>	\$
<b>B. Itemized Contributions from Individuals</b>	

Last Name <b>Feliz</b>		First <b>Fidel</b>		MI
Residential Street Address <b>369 Bunnell Street</b>		City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06607</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution <b>\$1000</b>
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received <b>2023-11-06</b>	Aggregate Contributions	

Last Name <b>Cintron</b>		First <b>Jorge</b>		MI
Residential Street Address <b>38 Ann Street</b>		City <b>Naugatuck</b>	State <b>CT</b>	Zip Code <b>06770</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution <b>\$250</b>
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> <b>113023A</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received <b>2023-11-30</b>	Aggregate Contributions	

Last Name <b>Pietrantuono</b>		First <b>Raechael</b>		MI
Residential Street Address <b>353 Dover Street</b>		City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06610</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution <b>\$5</b>
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received <b>2023-11-15</b>	Aggregate Contributions	

<b>SUBTOTAL Section B — This Page</b>	<b>\$1255</b>
<b>TOTAL of additional Section B Pages</b>	
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	<b>\$42,795</b>

Section B ADDITIONAL PAGE 14 of 47

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
JOHN GOMES FOR MAYOR		JANUARY 10 FILING	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>		SUBTOTAL SECTION A	
		\$	
<b>B. Itemized Contributions from Individuals</b>			
Last Name Brito		First Evanilda	
Residential Street Address 33 Edna Avenue		City Bridgeport	State CT
Principal Occupation Manager		Name of Employer Evanilda Brito	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	Amount of Contribution
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	\$90
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 2023-12-25	
Last Name Nina		First Cesar	
Residential Street Address 34 Crestview Lane		City Danbury	State CT
Principal Occupation Educator		Name of Employer City of Norwalk	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	Amount of Contribution
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	\$20
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 2023-11-30	
Last Name O'Neil		First Rick	
Residential Street Address 345 Buckland Hills Drive		City Manchester	State CT
Principal Occupation CEC		Name of Employer State of CT	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	Amount of Contribution
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	\$20
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 2023-11-20	
<b>SUBTOTAL Section B — This Page</b>		\$130	
<b>TOTAL of additional Section B Pages</b>			
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>		\$42,795	



NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
JOHN GOMES FOR MAYOR	JANUARY 10 FILING
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>	\$
<b>SUBTOTAL SECTION A</b>	

**B. Itemized Contributions from Individuals**

Last Name <b>Perez</b>		First <b>Angel</b>		MI
Residential Street Address <b>2746 Fairfield Avenue</b>		City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Barber</b>		Name of Employer <b>Smartcut llc</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			<b>Amount of Contribution</b>  <b>\$250</b>
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received <b>2023-11-04</b>	Aggregate Contributions	

Last Name <b>Spain</b>		First <b>Peter</b>		MI
Residential Street Address <b>280 Grovers Ave</b>		City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>COO</b>		Name of Employer <b>Kate Spain, LLC</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			<b>Amount of Contribution</b>  <b>\$100</b>
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> <b>113023A</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received <b>2023-11-28</b>	Aggregate Contributions	

Last Name <b>Crespo</b>		First <b>Leticia</b>		MI
Residential Street Address <b>3001 San Leo Drive</b>		City <b>Orlando</b>	State <b>FL</b>	Zip Code <b>32820</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>Crespo law firm llc</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			<b>Amount of Contribution</b>  <b>\$250</b>
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> <b>113023A</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received <b>2023-11-30</b>	Aggregate Contributions	

<b>SUBTOTAL Section B — This Page</b>	<b>\$600</b>
<b>TOTAL of additional Section B Pages</b>	
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	<b>\$42,975</b>

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
JOHN GOMES FOR MAYOR	JANUARY 10 FILING
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>	\$
<b>SUBTOTAL SECTION A</b>	

**B. Itemized Contributions from Individuals**

Last Name <b>Beney</b>		First <b>Doug</b>		MI	
Residential Street Address <b>218 West Rock Avenue</b>		City <b>New Haven</b>		State <b>CT</b>	Zip Code <b>06515</b>
Principal Occupation <b>CEO</b>			Name of Employer <b>FloeMedia, LLC</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			<b>Amount of Contribution</b>  <b>\$100</b>
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> <b>113023A</b> <input checked="" type="radio"/> Yes <input type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> Yes <input type="radio"/> No			
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received <b>2023-12-02</b>	Aggregate Contributions		

Last Name <b>Lindsay</b>		First <b>Marlon</b>		MI	
Residential Street Address <b>260 S Sunset Drive</b>		City <b>Vineyard</b>		State <b>UT</b>	Zip Code <b>84059</b>
Principal Occupation <b>Technology</b>			Name of Employer <b>Marlon Lindsay</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			<b>Amount of Contribution</b>  <b>\$1000</b>
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> _____ <input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input type="radio"/> Yes <input checked="" type="radio"/> No			
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received <b>2023-11-02</b>	Aggregate Contributions		

Last Name <b>Greenberg</b>		First <b>Maxine</b>		MI	
Residential Street Address <b>265 Balmforth St</b>		City <b>Bridgeport</b>		State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Retired</b>			Name of Employer <b>Retired</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			<b>Amount of Contribution</b>  <b>\$100</b>
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> <b>113023A</b> <input checked="" type="radio"/> Yes <input type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> Yes <input type="radio"/> No			
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received <b>2023-11-29</b>	Aggregate Contributions		

<b>SUBTOTAL Section B — This Page</b>	<b>\$1200</b>
<b>TOTAL of additional Section B Pages</b>	
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	<b>\$42,795</b>

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
JOHN GOMES FOR MAYOR		JANUARY 10 FILING	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>		<b>SUBTOTAL SECTION A</b>	
		\$	
<b>B. Itemized Contributions from Individuals</b>			
Last Name LOPES		First CARLOS	MI
Residential Street Address 20 JOANNE DRIVE		City MILFORD	State CT
		Zip Code 06460	
Principal Occupation Financial analysts		Name of Employer Sikorsky Aircraft	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution \$50
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative	<input type="radio"/> Yes <input checked="" type="radio"/> No
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 2023-11-04	Aggregate Contributions
Last Name SILVA		First ANTONIO	MI
Residential Street Address 2006 North Ave		City Bridgeport	State CT
		Zip Code 06604	
Principal Occupation Engineer		Name of Employer Marriott	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution \$100
Is this contribution associated with an event reported in Section L1? If yes, list Event # 113023A	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative	<input type="radio"/> Yes <input checked="" type="radio"/> No
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 2023-11-28	Aggregate Contributions
Last Name Garcia		First Juan	MI
Residential Street Address 202 Alfred St		City Bridgeport	State CT
		Zip Code 06605	
Principal Occupation Train operator		Name of Employer Nyct transit	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution \$1000
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative	<input type="radio"/> Yes <input checked="" type="radio"/> No
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 2023-11-03	Aggregate Contributions
<b>SUBTOTAL Section B — This Page</b>		\$1150	
<b>TOTAL of additional Section B Pages</b>			
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>		\$42,795	

Section B ADDITIONAL PAGE 18 of 47

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
JOHN GOMES FOR MAYOR	JANUARY 10 FILING
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>	\$
<b>SUBTOTAL SECTION A</b>	

**B. Itemized Contributions from Individuals**

Last Name Franklin		First Christopher		MI	
Residential Street Address 190 Little Brook Drive		City Newington		State CT	Zip Code 06111
Principal Occupation Business Analyst		Name of Employer Voya Financial			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution \$50	
Is this contribution associated with an event reported in Section I.1? <i>If yes, list Event #</i> 113023A <input checked="" type="radio"/> Yes <input type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No				
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 2023-11-30	Aggregate Contributions		

Last Name Williams		First Dennis		MI	
Residential Street Address 198 Platt Lane		City Milford		State CT	Zip Code 06461
Principal Occupation Physician		Name of Employer Hartford Health			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution \$1000	
Is this contribution associated with an event reported in Section I.1? <i>If yes, list Event #</i> <input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No				
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 2023-11-13	Aggregate Contributions		

Last Name Bertrand		First James		MI	
Residential Street Address 1991 North Avenue		City Bridgeport		State CT	Zip Code 06604
Principal Occupation Manager		Name of Employer Shisha co			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution \$1000	
Is this contribution associated with an event reported in Section I.1? <i>If yes, list Event #</i> <input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No				
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 2023-12-05	Aggregate Contributions		

<b>SUBTOTAL Section B — This Page</b>	\$2050
<b>TOTAL of additional Section B Pages</b>	
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	\$42,795

Section B ADDITIONAL PAGE 19 of

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
JOHN GOMES FOR MAYOR		JANUARY 10 FILING	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>		SUBTOTAL SECTION A	
		\$	
<b>B. Itemized Contributions from Individuals</b>			
Last Name Santos		First Julia	MI
Residential Street Address 1610 Laurel Avenue		City Bridgeport	State CT
		Zip Code 06604	
Principal Occupation RN		Name of Employer Hartford Health Care	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	Amount of Contribution \$100
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> 113023A	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 2023-11-23	Aggregate Contributions
Last Name Mason		First Louis	MI
Residential Street Address 17 Old Farm Road		City Trumbull	State CT
		Zip Code 06611	
Principal Occupation Owner		Name of Employer Midtown Auto body inc	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	Amount of Contribution \$100
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 2023-11-15	Aggregate Contributions
Last Name DePina		First Antonio	MI
Residential Street Address 17 Pine Needle Drive		City Stratford	State CT
		Zip Code 06614	
Principal Occupation Parole Supervisor		Name of Employer State of CT, Dept of Correction	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	Amount of Contribution \$100
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> 113023A	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 2023-11-30	Aggregate Contributions
<b>SUBTOTAL Section B — This Page</b>		\$300	
<b>TOTAL of additional Section B Pages</b>			
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>		\$42,795	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
JOHN GOMES FOR MAYOR				JANUARY 10 FILING	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>				<b>SUBTOTAL SECTION A</b>	
				\$	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		MI	
Estrada		Catalina			
Residential Street Address		City		State	Zip Code
1388 North Avenue		Bridgeport		CT	06604
Principal Occupation		Name of Employer			
Assistant		Norwalk BOE			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			Amount of Contribution
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No			
Is this contribution associated with an event reported in Section I.1? <i>If yes, list Event #</i> 113023A		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative			\$150
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		2023-11-30			
Last Name		First		MI	
Hanks		Dr. Shanté			
Residential Street Address		City		State	Zip Code
145 Cloverhill Avenue		Bridgeport		CT	06606
Principal Occupation		Name of Employer			
Sr Advisor		Department of Housing			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			Amount of Contribution
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No			
Is this contribution associated with an event reported in Section I.1? <i>If yes, list Event #</i> 1130223A		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative			\$100
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		2023-11-06			
Last Name		First		MI	
Rosa		Edmilson			
Residential Street Address		City		State	Zip Code
154 Summerfield Avenue		Bridgeport		CT	06610
Principal Occupation		Name of Employer			
Shipper		Superior Platinf			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			Amount of Contribution
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No			
Is this contribution associated with an event reported in Section I.1? <i>If yes, list Event #</i> _____		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative			\$80
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		2023-12-23			
<b>SUBTOTAL Section B — This Page</b>				\$330	
<b>TOTAL of additional Section B Pages</b>					
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>				\$47,795	

**Section B ADDITIONAL PAGE** 21 **of** 47

<b>NAME OF COMMITTEE</b> <i>(Provide Complete Name as Registered with Filing Repository)</i>	<b>TYPE OF REPORT</b>
JOHN GOMES FOR MAYOR	JANUARY 10 FILING
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>	\$
<b>SUBTOTAL SECTION A</b>	

**B. Itemized Contributions from Individuals**

Last Name Hall	First Johnel	MI
Residential Street Address 122 Madison Terrace	City Bridgeport	State CT
		Zip Code 06606

Principal Occupation Barber	Name of Employer Johnel Hall
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Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Amount of Contribution</b> \$200
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Is this contribution associated with an event reported in Section L.1? <i>If yes, list Event # _____</i> <input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input type="radio"/> No	
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Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order	Date Received 2023-12-10	Aggregate Contributions
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Last Name Ramirez	First Israel	MI
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Residential Street Address 126 Oak Avenue	City Shelton	State CT
		Zip Code 06484

Principal Occupation Sales	Name of Employer Ricks agency
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Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Amount of Contribution</b> \$1000
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Is this contribution associated with an event reported in Section L.1? <i>If yes, list Event # _____</i> <input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input type="radio"/> No	
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Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order	Date Received 2023-12-05	Aggregate Contributions
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Last Name Gerald	First Anna	MI
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Residential Street Address 1320 Sylvan Avenue	City Bridgeport	State CT
		Zip Code 06606

Principal Occupation Business owner	Name of Employer Project Pardon LLC
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Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Amount of Contribution</b> \$750
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Is this contribution associated with an event reported in Section L.1? <i>If yes, list Event # _____</i> <input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input type="radio"/> No	
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Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order	Date Received 2023-11-04	Aggregate Contributions
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<b>SUBTOTAL Section B — This Page</b>	\$1950
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<b>TOTAL of additional Section B Pages</b>	
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<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	\$42,795
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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
JOHN GOMES FOR MAYOR	JANUARY 10 FILING
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>	\$
<b>SUBTOTAL SECTION A</b>	

**B. Itemized Contributions from Individuals**

Last Name Lindquist		First Wendy		MI	
Residential Street Address 119 Midland Street		City Bridgeport		State CT	Zip Code 06605
Principal Occupation Landscape Designer		Name of Employer Wendy Lindquist			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			<b>Amount of Contribution</b>  \$100
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>1130223A</u> <input checked="" type="radio"/> Yes <input type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> Yes <input type="radio"/> No			
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 2023-11-26	Aggregate Contributions		

Last Name DosSantos		First Antonio		MI	
Residential Street Address 12 Wigwam Drive		City Shelton		State CT	Zip Code 06484
Principal Occupation Retired		Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			<b>Amount of Contribution</b>  \$200
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input type="radio"/> Yes <input checked="" type="radio"/> No			
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 2023-10-30	Aggregate Contributions		

Last Name Almonte		First Lisanna		MI	
Residential Street Address 1217 Iranistan Avenue		City Bridgeport		State CT	Zip Code 06605
Principal Occupation Manager		Name of Employer Junco			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			<b>Amount of Contribution</b>  \$1000
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input checked="" type="radio"/> Yes <input type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input type="radio"/> Yes <input checked="" type="radio"/> No			
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 2023-12-07	Aggregate Contributions		

<b>SUBTOTAL Section B — This Page</b>	\$1300
<b>TOTAL of additional Section B Pages</b>	
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	\$42,795



NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
JOHN GOMES FOR MAYOR	JANUARY 10 FILING
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>	\$
<b>SUBTOTAL SECTION A</b>	

**B. Itemized Contributions from Individuals**

Last Name Khan		First Farhad		MI	
Residential Street Address 1015 Fairfield Ave		City Bridgeport		State CT	Zip Code
Principal Occupation Manager		Name of Employer Farhad Khan			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution \$1000	
Is this contribution associated with an event reported in Section I.1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 2023-11-01	Aggregate Contributions		

Last Name McLaughlin		First Kim		MI	
Residential Street Address 110 Hale Terrace		City Bridgeport		State CT	Zip Code 06610
Principal Occupation Retired		Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution \$100	
Is this contribution associated with an event reported in Section I.1? <i>If yes, list Event #</i> 113023A		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 2023-11-30	Aggregate Contributions		

Last Name Traber		First Robert		MI	
Residential Street Address 110 Hale Terrace		City Bridgeport		State CT	Zip Code 06610
Principal Occupation Retired		Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution \$100	
Is this contribution associated with an event reported in Section I.1? <i>If yes, list Event #</i> 113023A		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 2023-11-30	Aggregate Contributions		

<b>SUBTOTAL Section B — This Page</b>	\$1200
<b>TOTAL of additional Section B Pages</b>	
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	\$42,795

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
JOHN GOMES FOR MAYOR	JANUARY 10 FILING
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>	\$
<b>SUBTOTAL SECTION A</b>	

**B. Itemized Contributions from Individuals**

Last Name Ramirez		First Miguel		MI	
Residential Street Address 103 Eaton st			City Bridgeport	State CT	Zip Code 06604
Principal Occupation Business Manager			Name of Employer Yayas kitchen		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			<b>Amount of Contribution</b>  \$1000
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> <input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> Yes <input type="radio"/> No			
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received 2023-12-05	Aggregate Contributions	

Last Name Griggs		First Charles		MI	
Residential Street Address 106 Grovers Avenue			City Bridgeport	State CT	Zip Code 06605
Principal Occupation Fund Development & Communications			Name of Employer Building Neighborhoods Together		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			<b>Amount of Contribution</b>  \$200
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> <input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> Yes <input type="radio"/> No			
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received 2023-12-12	Aggregate Contributions	

Last Name Garcia		First Miguel		MI	
Residential Street Address 11 Swanson Drive			City Milford	State CT	Zip Code 06461
Principal Occupation Store manager			Name of Employer Bob's Discount Furniture		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			<b>Amount of Contribution</b>  \$1000
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> <input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> Yes <input type="radio"/> No			
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received 2023-11-03	Aggregate Contributions	

<b>SUBTOTAL Section B — This Page</b>	\$2200
<b>TOTAL of additional Section B Pages</b>	
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	\$42,795

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
JOHN GOMES FOR MAYOR	JANUARY 10 FILING
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>	\$
<b>SUBTOTAL SECTION A</b>	

**B. Itemized Contributions from Individuals**

Last Name Ramirez		First Blendy		MI	
Residential Street Address 1000 Maplewood			City Bridgeport	State CT	Zip Code 06605
Principal Occupation Medical Assistant			Name of Employer NYVC & CO		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution \$1000
Is this contribution associated with an event reported in Section I.1? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No			
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received 2023-12-06	Aggregate Contributions	

Last Name Arias		First Romer		MI	
Residential Street Address 1000 Maplewood Avenue			City Bridgeport	State CT	Zip Code 06605
Principal Occupation Sastre			Name of Employer Rowser fashion		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution \$1000
Is this contribution associated with an event reported in Section I.1? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No			
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received 2023-12-06	Aggregate Contributions	

Last Name Khan		First Faisal		MI	
Residential Street Address 1015 Fairfield Ave			City Bridgeport	State CT	Zip Code 06605
Principal Occupation Manager			Name of Employer Farhad Khan		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution \$1000
Is this contribution associated with an event reported in Section I.1? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No			
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received 2023-11-06	Aggregate Contributions	

<b>SUBTOTAL Section B — This Page</b>	\$3000
<b>TOTAL of additional Section B Pages</b>	
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	\$42,795

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
JOHN GOMES FOR MAYOR		JANUARY 10 FILING	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A	
		\$	
<b>B. Itemized Contributions from Individuals</b>			
Last Name Villacis		First Kathy	MI
Residential Street Address 64 Hawkins Street		City Derby	State CT
		Zip Code 06418	
Principal Occupation Insurance		Name of Employer New Insight Eyecare	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Is this contribution associated with an event reported in Section L1? If yes, list Event #	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative
Method of Contribution:		Date Received	Aggregate Contributions
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		2023-12-30	
Last Name Santos		First Lidio	MI
Residential Street Address 100 Daniels Farm Road		City Trumbull	State CT
		Zip Code 06611	
Principal Occupation RETIRED		Name of Employer RETIRED	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Is this contribution associated with an event reported in Section L1? If yes, list Event #	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative
Method of Contribution:		Date Received	Aggregate Contributions
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		2023-12-02	
Last Name Smith		First CD	MI
Residential Street Address 1000 Lafayette Boulevard		City Bridgeport	State CT
		Zip Code 06604	
Principal Occupation Retired		Name of Employer Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Is this contribution associated with an event reported in Section L1? If yes, list Event #	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative
Method of Contribution:		Date Received	Aggregate Contributions
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		2023-11-03	
<b>SUBTOTAL Section B — This Page</b>		\$440	
<b>TOTAL of additional Section B Pages</b>			
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)		\$42,795	

**Section B ADDITIONAL PAGE** 27 **of** 47

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
JOHN GOMES FOR MAYOR	JANUARY 10 FILING
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>	\$
<b>SUBTOTAL SECTION A</b>	

**B. Itemized Contributions from Individuals**

Last Name <b>Monteiro</b>		First <b>Nanda</b>		MI
Residential Street Address <b>1 Strawberry Hill Avenue</b>		City <b>Stamford</b>	State <b>CT</b>	Zip Code <b>06902</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution <b>\$150</b>
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received <b>2023-11-29</b>	Aggregate Contributions	

Last Name <b>Slocum</b>		First <b>Melodie</b>		MI
Residential Street Address <b>PO Box 321</b>		City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06601</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>Retired</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution <b>\$100</b>
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> <b>113023A</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received <b>2023-11-30</b>	Aggregate Contributions	

Last Name <b>Collins</b>		First <b>Javan</b>		MI
Residential Street Address <b>2812 Paces Lookout Lane Southeast</b>		City <b>Atlanta</b>	State <b>GA</b>	Zip Code <b>30339</b>
Principal Occupation <b>Retired</b>		Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution <b>\$250</b>
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received <b>2023-12-31</b>	Aggregate Contributions	

<b>SUBTOTAL Section B — This Page</b>			<b>\$500</b>
<b>TOTAL of additional Section B Pages</b>			
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>			<b>\$42,795</b>

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
JOHN GOMES FOR MAYOR	January 10 FILING
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>	\$
<b>SUBTOTAL SECTION A</b>	

**B. Itemized Contributions from Individuals**

Last Name <b>Soto</b>		First <b>Pedro</b>		MI	
Residential Street Address <b>225 Vine st</b>		City <b>Bridgeport</b>		State <b>Ct</b>	Zip Code <b>6604</b>
Principal Occupation <b>Manager</b>		Name of Employer <b>Vine Stree Apt</b>			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			<b>Amount of Contribution</b>  <b>\$500</b>
Is this contribution associated with an event reported in Section I.1? <i>If yes, list Event #</i> <input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> Yes <input type="radio"/> No			
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received <b>10/30/23</b>	Aggregate Contributions		

Last Name <b>Ramos</b>		First <b>Maria</b>		MI <b>S</b>	
Residential Street Address <b>50 Greenhouse Rd</b>		City <b>Bridgeport</b>		State <b>Ct</b>	Zip Code <b>6606</b>
Principal Occupation <b>Treatment coordinator</b>		Name of Employer <b>Allure Dental</b>			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			<b>Amount of Contribution</b>  <b>\$1,000</b>
Is this contribution associated with an event reported in Section I.1? <i>If yes, list Event #</i> <input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> Yes <input type="radio"/> No			
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received <b>10/31/23</b>	Aggregate Contributions		

Last Name <b>Laffite</b>		First <b>Raul</b>		MI <b>A</b>	
Residential Street Address <b>225 Interrale Rd</b>		City <b>Trumbull</b>		State <b>Ct</b>	Zip Code <b>6611</b>
Principal Occupation <b>Retired</b>		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			<b>Amount of Contribution</b>  <b>1,000</b>
Is this contribution associated with an event reported in Section I.1? <i>If yes, list Event #</i> <input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> Yes <input type="radio"/> No			
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received <b>11/1/23</b>	Aggregate Contributions		

<b>SUBTOTAL Section B — This Page</b>	<b>\$2,500</b>
<b>TOTAL of additional Section B Pages</b>	
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	<b>\$42,795</b>

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
JOHN GOMES FOR MAYOR		January 10 FILING	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>		SUBTOTAL SECTION A	
		\$	
<b>B. Itemized Contributions from Individuals</b>			
Last Name Lazar		First Beth	
Residential Street Address 1241 Main st		City Bridgeport	
		State Ct	Zip Code 6604
Principal Occupation Retired		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	
Is this contribution associated with an event reported in Section I.1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 10/30/23	Aggregate Contributions
Last Name Lazar		First Beth	
Residential Street Address 1241 Main st		City Bridgeport	
		State Ct	Zip Code 6604
Principal Occupation Retired		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	
Is this contribution associated with an event reported in Section I.1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 11/4/23	Aggregate Contributions
Last Name Huepa		First Angel	
Residential Street Address 151 James st		City Bridgeport	
		State Ct	Zip Code 06604
Principal Occupation Sales		Name of Employer A&B Carting LLC	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	
Is this contribution associated with an event reported in Section I.1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 11/3/23	Aggregate Contributions
<b>SUBTOTAL Section B — This Page</b>		\$700	
<b>TOTAL of additional Section B Pages</b>			
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>		\$42,795	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
JOHN GOMES FOR MAYOR		January 10 FILING	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>		<b>SUBTOTAL SECTION A</b>	
		\$	
<b>B. Itemized Contributions from Individuals</b>			
Last Name Pena		First Angela	
Residential Street Address 1215 North Ave		City Bridgeport	State Ct
Principal Occupation Home Attendant		Name of Employer Emerest Home Care	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution  \$100
Is this contribution associated with an event reported in Section I.1? If yes, list Event # <u>113023A</u> <input checked="" type="radio"/> Yes <input type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No		
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 11/30/23	
Last Name Villacis		First Kathy	
Residential Street Address 64 Hawkins st		City Derby	State 6418
Principal Occupation Billing Assitant		Name of Employer New Insight Eye care	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution  \$50
Is this contribution associated with an event reported in Section I.1? If yes, list Event # <u>113023A</u> <input checked="" type="radio"/> Yes <input type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No		
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 11/30/23	
Last Name Reyes		First Wendy	
Residential Street Address 311 Goldenround Ave		City Bridgeport	State CT
Principal Occupation Driver		Name of Employer Uber	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution  \$100
Is this contribution associated with an event reported in Section I.1? If yes, list Event # <u>113023A</u> <input checked="" type="radio"/> Yes <input type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No		
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 11/30/23	
<b>SUBTOTAL Section B — This Page</b>		\$250	
<b>TOTAL of additional Section B Pages</b>			
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>		\$42,795	



NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
JOHN GOMES FOR MAYOR				January 10 FILING	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)				<b>SUBTOTAL SECTION A</b>	
				\$	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		MI	
Hernandez		Jamirys			
Residential Street Address		City		State	Zip Code
555 Trumbull ave		Bridgeport		Ct	6606
Principal Occupation		Name of Employer			
Driver		Amazon			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			<b>Amount of Contribution</b>
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No			
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>113023A</u>		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			<b>\$100</b>
<input checked="" type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No			
Method of Contribution:		Date Received	Aggregate Contributions		
<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		11/30/23			
Last Name		First		MI	
Reyes		Grace			
Residential Street Address		City		State	Zip Code
6 AutumRidge Rd		Oxford		Ct	6478
Principal Occupation		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			<b>Amount of Contribution</b>
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No			
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>113023A</u>		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			<b>\$200</b>
<input checked="" type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		11/30/23			
Last Name		First		MI	
Burke		Roy		A	
Residential Street Address		City		State	Zip Code
32 Wood Ave		Bridgeport		ct	6604
Principal Occupation		Name of Employer			
Business owner		B.M.C Corp			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			<b>Amount of Contribution</b>
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No			
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>113023A</u>		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative			<b>\$1,000</b>
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		11/30/23			
<b>SUBTOTAL Section B — This Page</b>				<b>\$1,300</b>	
<b>TOTAL of additional Section B Pages</b>					
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)				<b>\$42,795</b>	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
JOHN GOMES FOR MAYOR	January 10 FILING
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>	\$
<b>SUBTOTAL SECTION A</b>	

**B. Itemized Contributions from Individuals**

Last Name Crespo		First Luis		MI R	
Residential Street Address 3001 San Leo Dr			City Orlando	State FL	Zip Code 32820
Principal Occupation Retired			Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution \$250
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>113023A</u> <input checked="" type="radio"/> Yes <input type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> Yes <input type="radio"/> No			
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received 11/30/23	Aggregate Contributions	

Last Name Michaca		First Jessica		MI	
Residential Street Address 98 Emerald St			City Bridgeport	State Ct	Zip Code 6610
Principal Occupation Accounts Payable			Name of Employer North East Bldg Supply		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution \$100
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>113023A</u> <input checked="" type="radio"/> Yes <input type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> Yes <input type="radio"/> No			
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received 11/30/23	Aggregate Contributions	

Last Name Curran		First Donna		MI M	
Residential Street Address 224 Pearsall Pl			City Bridgeport	State Ct	Zip Code 06605
Principal Occupation Retired			Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution \$200
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>113023A</u> <input checked="" type="radio"/> Yes <input type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> Yes <input type="radio"/> No			
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received 11/30/23	Aggregate Contributions	

<b>SUBTOTAL Section B — This Page</b>	\$550
<b>TOTAL of additional Section B Pages</b>	
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	\$42,795

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
JOHN GOMES FOR MAYOR	January 10 FILING
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>	\$
<b>SUBTOTAL SECTION A</b>	

**B. Itemized Contributions from Individuals**

Last Name <b>Mota</b>		First <b>Jose</b>		MI
Residential Street Address <b>100 Walnut Ave</b>		City <b>Shelton</b>	State <b>Ct</b>	Zip Code <b>6484</b>
Principal Occupation <b>construction</b>		Name of Employer <b>Mota Sewer Services</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution <b>\$300</b>
Is this contribution associated with an event reported in Section L1? <input checked="" type="radio"/> Yes <input type="radio"/> No <i>If yes, list Event # <b>113023A</b></i>	Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative</i>			
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received <b>11/30/23</b>	Aggregate Contributions	

Last Name <b>Laffitte</b>		First <b>Susie</b>		MI
Residential Street Address <b>225 Intervale Rd</b>		City <b>Trumbull</b>	State <b>Ct</b>	Zip Code <b>06611</b>
Principal Occupation <b>Retired</b>		Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution <b>\$200</b>
Is this contribution associated with an event reported in Section L1? <input checked="" type="radio"/> Yes <input type="radio"/> No <i>If yes, list Event # <b>113023A</b></i>	Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative</i>			
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received <b>11/30/23</b>	Aggregate Contributions	

Last Name <b>Silva</b>		First <b>Joaquim</b>		MI
Residential Street Address <b>620 Wood Ave</b>		City <b>Bridgeport</b>	State <b>Ct</b>	Zip Code <b>06604</b>
Principal Occupation <b>Machine operator</b>		Name of Employer <b>Cornell Carr Camp Inc</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution <b>\$100</b>
Is this contribution associated with an event reported in Section L1? <input checked="" type="radio"/> Yes <input type="radio"/> No <i>If yes, list Event # <b>113023A</b></i>	Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative</i>			
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received <b>11/30/23</b>	Aggregate Contributions	

<b>SUBTOTAL Section B — This Page</b>	<b>\$600</b>
<b>TOTAL of additional Section B Pages</b>	
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	<b>\$42,795</b>

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
JOHN GOMES FOR MAYOR				January 10 FILING	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>				<b>SUBTOTAL SECTION A</b>	
				\$	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		MI	
Halstead		Robert			
Residential Street Address		City		State	Zip Code
55 Sterling Pl		Bridgeport		Ct	06604
Principal Occupation		Name of Employer			
Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		\$100	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> <u>113023A</u>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No	
<input checked="" type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		11/30/23			
Last Name		First		MI	
Valentino		Charles			
Residential Street Address		City		State	Zip Code
76 Waverly Place		Bridgeport		Ct	06610
Principal Occupation		Name of Employer			
Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		\$1,000	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> <u>113023A</u>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No	
<input checked="" type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		11/28/23			
Last Name		First		MI	
Wade		Douglas		H Jr	
Residential Street Address		City		State	Zip Code
100 Parrott Drive		Shelton		Ct	6484
Principal Occupation		Name of Employer			
President		Wade's Dairy Inc			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		\$500	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> _____		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		<input type="radio"/> Yes <input checked="" type="radio"/> No	
<input checked="" type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		11/21/23			
<b>SUBTOTAL Section B — This Page</b>				\$1,600	
<b>TOTAL of additional Section B Pages</b>					
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>				\$42,795	

**Section B ADDITIONAL PAGE** 35 **of** 47

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
JOHN GOMES FOR MAYOR				January 10 FILING	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>				<b>SUBTOTAL SECTION A</b>	
				\$	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		MI	
Connelly		James		A	
Residential Street Address		City		State	Zip Code
42 Ridgewood Ct		Huntington		Ct	06484
Principal Occupation		Name of Employer			
Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		\$100	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> <u>113023A</u>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input checked="" type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		11/30/23			
Last Name		First		MI	
Huepa		Angel			
Residential Street Address		City		State	Zip Code
151 James st		Bridgeport		Ct	06604
Principal Occupation		Name of Employer			
Sales		A&B Carting LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		\$700	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> <u>113023A</u>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input checked="" type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		11/30/23			
Last Name		First		MI	
Ricci		John		K	
Residential Street Address		City		State	Zip Code
2675 Park Ave		Bridgeport		Ct	06604
Principal Occupation		Name of Employer			
Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		\$1,000	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> <u>113023A</u>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input checked="" type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative			
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		11/30/23			
<b>SUBTOTAL Section B — This Page</b>				\$1,800	
<b>TOTAL of additional Section B Pages</b>					
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>				\$42,795	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
JOHN GOMES FOR MAYOR	January 10 FILING
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>	\$
<b>SUBTOTAL SECTION A</b>	

**B. Itemized Contributions from Individuals**

Last Name DePina		First Augusto		MI
Residential Street Address 485 Hart St		City Bridgeport	State Ct	Zip Code 06606
Principal Occupation Retired		Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution \$200
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>113023A</u> <input checked="" type="radio"/> Yes <input type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input type="radio"/> Yes <input checked="" type="radio"/> No			
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 11/30/23	Aggregate Contributions	

Last Name Teixeira		First Manuel		MI
Residential Street Address 560 Amsterdam Ave		City Bridgeport	State Ct	Zip Code 06606
Principal Occupation Retired		Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution \$100
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>113023A</u> <input checked="" type="radio"/> Yes <input type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input type="radio"/> Yes <input checked="" type="radio"/> No			
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 11/30/23	Aggregate Contributions	

Last Name Talho		First Gamaliel		MI M
Residential Street Address 171 Martone St		City Waterbury	State Ct	Zip Code 06708
Principal Occupation Engeneer		Name of Employer Quament Inc		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution \$100
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>113023A</u> <input checked="" type="radio"/> Yes <input type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input type="radio"/> Yes <input checked="" type="radio"/> No			
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 11/30/23	Aggregate Contributions	

<b>SUBTOTAL Section B — This Page</b>	\$400
<b>TOTAL of additional Section B Pages</b>	
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	\$42,795

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
JOHN GOMES FOR MAYOR	January 10 FILING
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>	\$
<b>SUBTOTAL SECTION A</b>	

**B. Itemized Contributions from Individuals**

Last Name Gomes		First katherine		MI
Residential Street Address 80 Woodbridge Ave		City Ansonia	State Ct	Zip Code 06401
Principal Occupation Social Worker		Name of Employer Dep. Social Services		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution \$1,000
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>113023A</u> <input checked="" type="radio"/> Yes <input type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 11/30/23	Aggregate Contributions	

Last Name Cruz		First Maria		MI L
Residential Street Address 683 Brook st		City Bridgeport	State CT	Zip Code 06608
Principal Occupation Retired		Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution \$100
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>113023A</u> <input checked="" type="radio"/> Yes <input type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 11/30/23	Aggregate Contributions	

Last Name Pierre		First A'Haiti		MI
Residential Street Address 134 SoundView ave		City Bridgeport	State CT	Zip Code 06606
Principal Occupation Community Engagement Officer		Name of Employer Housatonic Community Colleges		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution \$100
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>113023A</u> <input checked="" type="radio"/> Yes <input type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 11/30/23	Aggregate Contributions	

<b>SUBTOTAL Section B — This Page</b>	\$1,200
<b>TOTAL of additional Section B Pages</b>	
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	\$42,795

Section B ADDITIONAL PAGE 38 of 47

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
JOHN GOMES FOR MAYOR	January 10 FILING
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>	\$
<b>SUBTOTAL SECTION A</b>	

**B. Itemized Contributions from Individuals**

Last Name <b>Housey</b>		First <b>Coretta</b>		MI
Residential Street Address <b>124 Dewey St</b>		City <b>Bridgeport</b>	State <b>Ct</b>	Zip Code <b>06605</b>
Principal Occupation		Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			<b>Amount of Contribution</b>  <b>\$20</b>
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> <b>113023A</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative		
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received <b>11/30/23</b>	Aggregate Contributions	

Last Name <b>Grodon</b>		First <b>Yvonne</b>		MI
Residential Street Address <b>47 Ash St</b>		City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Retired</b>		Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			<b>Amount of Contribution</b>  <b>\$30</b>
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> _____	<input checked="" type="radio"/> Yes <input type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative		
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received <b>11/29/23</b>	Aggregate Contributions	

Last Name <b>Parsons</b>		First <b>Eve</b>		MI
Residential Street Address <b>506 Dewey st</b>		City <b>Bridgeport</b>	State <b>CT</b>	Zip Code <b>06605</b>
Principal Occupation <b>Retired</b>		Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			<b>Amount of Contribution</b>  <b>\$100</b>
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> <b>113023A</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative		
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received <b>11/30/23</b>	Aggregate Contributions	

<b>SUBTOTAL Section B — This Page</b>	<b>\$150</b>
<b>TOTAL of additional Section B Pages</b>	
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	<b>\$42,795</b>



NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
JOHN GOMES FOR MAYOR	January 10 FILING
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>	\$
<b>SUBTOTAL SECTION A</b>	

**B. Itemized Contributions from Individuals**

Last Name <b>Hennessy</b>		First <b>Jack</b>		MI <b>F</b>	
Residential Street Address <b>556 Savoy St</b>		City <b>Bridgeport</b>		State <b>Ct</b>	Zip Code <b>06606</b>
Principal Occupation <b>Retired</b>			Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No			If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution <b>\$20</b>
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # <b>113023A</b></i> <input checked="" type="radio"/> Yes <input type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> Yes <input type="radio"/> No			
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received <b>11/30/23</b>	Aggregate Contributions	

Last Name <b>Jorge</b>		First <b>Josue</b>		MI <b>E</b>	
Residential Street Address <b>1411 E Main st</b>		City <b>Bridgeport</b>		State <b>Ct</b>	Zip Code <b>06608</b>
Principal Occupation <b>Director of Communications</b>			Name of Employer <b>Habitad for Humanity CFC</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No			If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution <b>\$100</b>
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # <b>113023A</b></i> <input checked="" type="radio"/> Yes <input type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> Yes <input type="radio"/> No			
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received <b>11/30/23</b>	Aggregate Contributions	

Last Name <b>Jithu</b>		First <b>Sayeevan</b>		MI	
Residential Street Address <b>18 Surrey Drive</b>		City <b>Bristol</b>		State <b>Ct</b>	Zip Code <b>06010</b>
Principal Occupation <b>Director of Operations</b>			Name of Employer <b>Dig Inc</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No			If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution <b>\$100</b>
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # <b>113023A</b></i> <input checked="" type="radio"/> Yes <input type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> Yes <input type="radio"/> No			
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received <b>11/30/23</b>	Aggregate Contributions	

<b>SUBTOTAL Section B — This Page</b>	<b>\$220</b>
<b>TOTAL of additional Section B Pages</b>	
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	<b>\$42,795</b>

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
JOHN GOMES FOR MAYOR	January 10 FILING
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>	\$
<b>SUBTOTAL SECTION A</b>	

**B. Itemized Contributions from Individuals**

Last Name Pelletier		First Dan	MI
Residential Street Address 48 Norfield Rd		City Weston	State Ct Zip Code 06883
Principal Occupation President		Name of Employer Dig Inc	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution \$100
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>113023A</u> <input checked="" type="radio"/> Yes <input type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> Yes <input type="radio"/> No		
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 11/30/23	Aggregate Contributions

Last Name Dukes		First Keyonda	MI
Residential Street Address 23 Wild Cherry Drive		City Naugatuck	State CT Zip Code 6776
Principal Occupation Engineer		Name of Employer ASML	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution \$100
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>113023A</u> <input checked="" type="radio"/> Yes <input type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> Yes <input type="radio"/> No		
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 11/30/23	Aggregate Contributions

Last Name Southall		First Carole	MI
Residential Street Address 8 Freshwater Lane		City Wilton	State Ct Zip Code 06897
Principal Occupation Designer		Name of Employer Rings End	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution \$100
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>113023A</u> <input checked="" type="radio"/> Yes <input type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> Yes <input type="radio"/> No		
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 11/30/23	Aggregate Contributions

<b>SUBTOTAL Section B — This Page</b>	<b>\$300</b>
<b>TOTAL of additional Section B Pages</b>	
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	<b>\$42,795</b>

**Section B ADDITIONAL PAGE** 41 **of** 47

<b>NAME OF COMMITTEE</b> <i>(Provide Complete Name as Registered with Filing Repository)</i>	<b>TYPE OF REPORT</b>
JOHN GOMES FOR MAYOR	January 10 FILING
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>	\$
<b>SUBTOTAL SECTION A</b>	

**B. Itemized Contributions from Individuals**

Last Name Dagraca		First Carlos		MI	
Residential Street Address 12 Maria Alicia dr		City Shelton		State CT	Zip Code 06484
Principal Occupation Manager		Name of Employer O&C Improvemnt			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution \$500
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # 113023A</i> <input checked="" type="radio"/> Yes <input type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No			
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 11/30/23	Aggregate Contributions		

Last Name Solano		First Denise		MI	
Residential Street Address 148 Wheeler Drive		City Bridgeport		State Ct	Zip Code 06606
Principal Occupation Retired		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution \$100
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # 113023A</i> <input checked="" type="radio"/> Yes <input type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No			
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 11/30/23	Aggregate Contributions		

Last Name Figueroa		First Edward		MI	
Residential Street Address 148 Wheeler Drive		City Bridgeport		State Ct	Zip Code 06606
Principal Occupation Ground Keeper		Name of Employer Oaklawn Cementery			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No			Amount of Contribution \$100
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # 113023A</i> <input checked="" type="radio"/> Yes <input type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No			
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 11/30/23	Aggregate Contributions		

<b>SUBTOTAL Section B — This Page</b>		\$700
<b>TOTAL of additional Section B Pages</b>		
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>		\$42,795

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
JOHN GOMES FOR MAYOR				January 10 FILING	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor) <b>SUBTOTAL SECTION A</b>				\$	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		MI	
Shostak		Jackson		D	
Residential Street Address		City		State	Zip Code
138 Figlar Ave		Fairfield		Ct	06824
Principal Occupation			Name of Employer		
consultan			Shostak Jackson		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		\$100	
Is this contribution associated with an event reported in Section I.1? If yes, list Event # <u>113023A</u>		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:		<input type="radio"/> Yes <input checked="" type="radio"/> No	
<input checked="" type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Executive <input type="radio"/> Legislative		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Method of Contribution:		Date Received	Aggregate Contributions		
<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		11/30/23			
Last Name		First		MI	
Santos		Aida			
Residential Street Address		City		State	Zip Code
150 Wheeler Ave		Bridgeport		Ct	06606
Principal Occupation			Name of Employer		
Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		\$100	
Is this contribution associated with an event reported in Section I.1? If yes, list Event # <u>113023A</u>		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:		<input type="radio"/> Yes <input checked="" type="radio"/> No	
<input checked="" type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Executive <input type="radio"/> Legislative		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Method of Contribution:		Date Received	Aggregate Contributions		
<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		11/30/23			
Last Name		First		MI	
Gomes		Janet			
Residential Street Address		City		State	Zip Code
150 Alpine St		Bridgeport		Ct	06610
Principal Occupation			Name of Employer		
Clerk			Bridgeport Hospital		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		Amount of Contribution	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		\$100	
Is this contribution associated with an event reported in Section I.1? If yes, list Event # <u>113023A</u>		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:		<input type="radio"/> Yes <input checked="" type="radio"/> No	
<input checked="" type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Executive <input type="radio"/> Legislative		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Method of Contribution:		Date Received	Aggregate Contributions		
<input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		11-30-23			
<b>SUBTOTAL Section B — This Page</b>				\$300	
<b>TOTAL of additional Section B Pages</b>					
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)				\$42,795	

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
JOHN GOMES FOR MAYOR	January 10 FILING
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>	\$
<b>SUBTOTAL SECTION A</b>	

**B. Itemized Contributions from Individuals**

Last Name Cruz		First Jorge		MI S
Residential Street Address 249 Black Rock Ave #2L		City Bridgeport	State Ct	Zip Code 06605
Principal Occupation Recovery Support Specialist		Name of Employer Dep. Mental Health Adiction Ser.		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution \$100	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 12/02/23	Aggregate Contributions	

Last Name Neves		First Simone		MI
Residential Street Address 84 Oakview Circle Apt 203		City Bridgeport	State Ct	Zip Code 06604
Principal Occupation cleaning		Name of Employer Neves Simone		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution \$100	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 11/30/23	Aggregate Contributions	

Last Name Perez		First Angel		MI
Residential Street Address 2746 Fairfield Ave		City Bridgeport	State Ct	Zip Code 06605
Principal Occupation Barber		Name of Employer Smart Cut LLC		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution \$100	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 11/30/23	Aggregate Contributions 350	

<b>SUBTOTAL Section B — This Page</b>	\$300
<b>TOTAL of additional Section B Pages</b>	
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	\$42,795

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 FILING	
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>				SUBTOTAL SECTION A	
				\$	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		MI	
Feliz		Guido			
Residential Street Address		City		State	Zip Code
275 Garfield Ave		Bridgeport		Ct	06606
Principal Occupation		Name of Employer			
Barber		Evolutions Barber Shop			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			Amount of Contribution
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> 113023A		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No			\$100
Method of Contribution:		Date Received		Aggregate Contributions	
<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		11/30/23			
Last Name		First		MI	
Villavicencio		David			
Residential Street Address		City		State	Zip Code
550 North Ave		Bridgeport		Ct	06604
Principal Occupation		Name of Employer			
Lada Auto Sale		Manager			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			Amount of Contribution
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> 113023A		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No			\$100
Method of Contribution:		Date Received		Aggregate Contributions	
<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		11/30/23			
Last Name		First		MI	
Chacon		Lauro			
Residential Street Address		City		State	Zip Code
550 North Ave		Bridgeport		Ct	06604
Principal Occupation		Name of Employer			
Lada Auto Sale		MANager			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			Amount of Contribution
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No			
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> 113023A		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No			\$100
Method of Contribution:		Date Received		Aggregate Contributions	
<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		11/30/23			
<b>SUBTOTAL Section B — This Page</b>				\$300	
<b>TOTAL of additional Section B Pages</b>					
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>				\$42,795	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
JOHN GOMES FOR MAYOR				January 10 FILING	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>				<b>SUBTOTAL SECTION A</b>	
				\$	
<b>B. Itemized Contributions from Individuals</b>					
Last Name		First		MI	
Gomes		Eteciana			
Residential Street Address		City		State	Zip Code
17 Gotham Pl		Trumbull		Ct	06611
Principal Occupation		Name of Employer			
Executive Director		LHC Group			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			Amount of Contribution
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No			
Is this contribution associated with an event reported in Section I.1? <i>If yes, list Event #</i> 113023A		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No			\$100
Method of Contribution:		Date Received		Aggregate Contributions	
<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		11/30/23			
Last Name		First		MI	
Perez		Victor			
Residential Street Address		City		State	Zip Code
464 Huntington TPK		Bridgeport		Ct	06610
Principal Occupation		Name of Employer			
Business owner		MVP Barber Shop			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			Amount of Contribution
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No			
Is this contribution associated with an event reported in Section I.1? <i>If yes, list Event #</i> 113023A		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No			\$100
Method of Contribution:		Date Received		Aggregate Contributions	
<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		11/30/23			
Last Name		First		MI	
Rodriguez		Maria		C	
Residential Street Address		City		State	Zip Code
572 Dewey st		Bridgeport		Ct	06605
Principal Occupation		Name of Employer			
Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?			Amount of Contribution
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No			
Is this contribution associated with an event reported in Section I.1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>			
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No			\$20
Method of Contribution:		Date Received		Aggregate Contributions	
<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		12/12/23			
<b>SUBTOTAL Section B — This Page</b>				\$220	
<b>TOTAL of additional Section B Pages</b>					
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>				\$42,795	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
JOHN GOMES FOR MAYOR	January 10 FILING
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>	\$
<b>SUBTOTAL SECTION A</b>	

**B. Itemized Contributions from Individuals**

Last Name <b>Ramirez</b>		First <b>Sheila</b>		MI
Residential Street Address <b>572 Dewey st</b>		City <b>Bridgeport</b>	State <b>Ct</b>	Zip Code <b>06605</b>
Principal Occupation <b>Student</b>		Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution <b>\$5</b>
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received <b>12/12/23</b>	Aggregate Contributions	

Last Name <b>Santos</b>		First <b>Orlandina</b>		MI <b>F</b>
Residential Street Address <b>260 Edgemoor Rd</b>		City <b>Bridgeport</b>	State <b>Ct</b>	Zip Code <b>06606</b>
Principal Occupation <b>Dental assistance</b>		Name of Employer <b>Allure Dental</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution <b>\$400</b>
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> <b>113023A</b>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received <b>11/30/23</b>	Aggregate Contributions	

Last Name <b>Iwaszkifwicz</b>		First <b>Dariusz</b>		MI
Residential Street Address <b>15 Sunset Cir</b>		City <b>Woodbridge</b>	State <b>CT</b>	Zip Code <b>06515</b>
Principal Occupation <b>Construction Manager</b>		Name of Employer <b>Ct Housing Restoration LLC</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution <b>\$1,000</b>
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative		
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received <b>12/12/23</b>	Aggregate Contributions	

<b>SUBTOTAL Section B — This Page</b>	<b>\$1,405</b>
<b>TOTAL of additional Section B Pages</b>	
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	<b>\$42,795</b>



NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
JOHN GOMES FOR MAYOR	January 10 FILING
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>	\$
<b>SUBTOTAL SECTION A</b>	

**B. Itemized Contributions from Individuals**

Last Name <b>Esteves</b>		First <b>Alfredo</b>		MI	
Residential Street Address <b>5 Kimberly Dr</b>		City <b>Huntington</b>		State <b>Ct</b>	Zip Code <b>06484</b>
Principal Occupation <b>Manager</b>			Name of Employer <b>Madison Auto</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		<b>Amount of Contribution</b>  <b>\$500</b>	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> _____ <input type="radio"/> Yes <input checked="" type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No			
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received <b>12/12/23</b>	Aggregate Contributions	

Last Name <b>Dos Santos</b>		First <b>Antonio</b>		MI <b>J</b>	
Residential Street Address <b>12 Wigwam Dr</b>		City <b>Shelton</b>		State <b>Ct</b>	Zip Code <b>06484</b>
Principal Occupation <b>Retired</b>			Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		<b>Amount of Contribution</b>  <b>\$500</b>	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> <b>113023A</b> <input checked="" type="radio"/> Yes <input type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No			
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received <b>11/30/23</b>	Aggregate Contributions	

Last Name <b>Esteves</b>		First <b>Carlos</b>		MI	
Residential Street Address <b>446 Grand st</b>		City <b>Bridgeport</b>		State <b>Ct</b>	Zip Code <b>06604</b>
Principal Occupation <b>Manager</b>			Name of Employer <b>C.S Mansory</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		<b>Amount of Contribution</b>  <b>\$100</b>	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i> <b>113023A</b> <input checked="" type="radio"/> Yes <input type="radio"/> No		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No			
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order			Date Received <b>11/30/23</b>	Aggregate Contributions	

<b>SUBTOTAL Section B — This Page</b>	<b>\$1,100</b>
<b>TOTAL of additional Section B Pages</b>	
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>	<b>\$42,795</b>

# I. MONETARY RECEIPTS (Sections A—K)

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

### C1. Contributions from Other Committees

Name of Committee			Name of Treasurer		
Address		Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input type="radio"/> No		Amount of Contribution	
		<i>If yes, list Event # _____</i>			
City	State	Zip Code	Date Received	Aggregate Contributions	

Name of Committee			Name of Treasurer		
Address		Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input type="radio"/> No		Amount of Contribution	
		<i>If yes, list Event # _____</i>			
City	State	Zip Code	Date Received	Aggregate Contributions	

Name of Committee			Name of Treasurer		
Address		Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input type="radio"/> No		Amount of Contribution	
		<i>If yes, list Event # _____</i>			
City	State	Zip Code	Date Received	Aggregate Contributions	

### C2. Reimbursements or Surplus Distributions from other Committees

Name of Committee			Name of Treasurer		
Address		City		State	Zip Code
Date Received	Expenditure # <i>(if applicable)</i>	Payment Type <input type="radio"/> Reimbursement for shared expense <input type="radio"/> Surplus Distribution			Amount of Receipt
Description					

Name of Committee			Name of Treasurer		
Address		City		State	Zip Code
Date Received	Expenditure # <i>(if applicable)</i>	Payment Type <input type="radio"/> Reimbursement for shared expense <input type="radio"/> Surplus Distribution			Amount of Receipt
Description					

<b>SUBTOTAL Section C — This Page</b>	
<b>TOTAL of additional Section C Pages</b>	
<b>TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS</b> <i>(Sections C1 + C2) (Enter total on Line 14, Column A of Summary Page Totals)</i>	

# I. MONETARY RECEIPTS (Sections A—K)

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

### D. Loans Received this Period

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

### TOTAL SECTION D

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

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

### TOTAL SECTION E

## I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) <b>JOHN GOMES FOR MAYOR</b>	TYPE OF REPORT <b>JANUARY 10 FILING</b>
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### F. Amount Transferred from Affiliated Business Treasury (Business Entity Committees ONLY)

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

### TOTAL SECTION F

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

Date of Receipt	Date of Receipt	Date of Receipt
Amount	Amount	Amount

### TOTAL SECTION G

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

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

### TOTAL SECTION H

### I. Anonymous Contributions

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

**I. MONETARY RECEIPTS (Sections A—K)**

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

**J. Interest from Deposits in Authorized Accounts**

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

**TOTAL SECTION J**

**K. Miscellaneous Monetary Receipts not Considered Contributions**

Name		Date of Transaction		Amount Received
The Lamar Companies		12/16/23		
Street Address	City	State	Zip Code	
P.O. Box 66338		Baton Rouge		
Description				
Over payment of invoices				
Name		Date of Transaction		Amount Received
Street Address	City	State	Zip Code	
Description				
Name		Date of Transaction		Amount Received
Street Address	City	State	Zip Code	
Description				
Name		Date of Transaction		Amount Received
Street Address	City	State	Zip Code	
Description				
Name		Date of Transaction		Amount Received
Street Address	City	State	Zip Code	
Description				

**TOTAL SECTION K**

**SUMMARY OF OTHER MONETARY RECEIPTS (Sections D through K)**

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

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

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT		
JOHN GOMES FOR MAYOR			JANUARY 10 FILING		
<b>L1. Event Information</b>					
<b>Event #</b> Date of Event	Letter	Description	Was this a fundraising event?		
11/30/2022	A	JOHN GOMES FUNDRAISER THE MOVEMENT CONTINUES	<input checked="" type="radio"/> Yes <input type="radio"/> No		
Location: Street Address		City	State	Zip Code	
1909 MAIN ST		Bridgeport	CT	06604	
<b>Subpart 1: (All Committees)</b>					
Was this event hosted at a personal residence?			<input type="radio"/> Yes <i>(If yes, go to Section 1.5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.)</i>		
			<input type="radio"/> No		
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?			<input type="radio"/> Yes <i>(If yes, go to Section 1.4 In-Kind Donations not Considered Contributions and complete required information.)</i>		
			<input type="radio"/> No		
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?			<input type="radio"/> Yes <i>(If yes, enter Total Receipts here.)</i> → \$ <input style="width: 100px;" type="text"/>		
			<input type="radio"/> No		
<b>Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)</b>					
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?			<input type="radio"/> Yes <i>(If yes, go to Section 1.3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)</i>		
			<input type="radio"/> No		
<b>Subpart 3: (Town Committees ONLY)</b>					
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?			<input type="radio"/> Yes <i>(If yes, enter Total Receipts here.)</i> → \$ <input style="width: 100px;" type="text"/>		
			<input type="radio"/> No		
<hr/>					
<b>Event #</b> Date of Event	Letter	Description	Was this a fundraising event?		
			<input checked="" type="radio"/> Yes <input type="radio"/> No		
Location: Street Address		City	State	Zip Code	
<b>Subpart 1: (All Committees)</b>					
Was this event hosted at a personal residence?			<input type="radio"/> Yes <i>(If yes, go to Section 1.5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.)</i>		
			<input type="radio"/> No		
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?			<input type="radio"/> Yes <i>(If yes, go to Section 1.4 In-Kind Donations not Considered Contributions and complete required information.)</i>		
			<input type="radio"/> No		
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?			<input type="radio"/> Yes <i>(If yes, enter Total Receipts here.)</i> → \$ <input style="width: 100px;" type="text"/>		
			<input type="radio"/> No		
<b>Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)</b>					
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?			<input type="radio"/> Yes <i>(If yes, go to Section 1.3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)</i>		
			<input type="radio"/> No		
<b>Subpart 3: (Town Committees ONLY)</b>					
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?			<input type="radio"/> Yes <i>(If yes, enter Total Receipts here.)</i> → \$ <input style="width: 100px;" type="text"/>		
			<input type="radio"/> No		
<b>SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts from Sale of Donated Items — This Page</b>			\$0.00		
<b>SUBTOTAL Section L1—Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases — This Page</b>			\$0.00		
<b>TOTAL of additional Section L1 Pages</b>			\$0.00		
<b>TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES</b> <i>(Enter total on Line 16a, Column A of Summary Page Totals)</i>			\$0.00		

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

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

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
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### L3. Purchases of Advertising in a Program Book or on a Sign

Name of Purchaser	Purchase Made By: <input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship
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Street Address	City	State	Zip Code
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Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
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Name of Purchaser	Purchase Made By: <input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship
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Street Address	City	State	Zip Code
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Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
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Name of Purchaser	Purchase Made By: <input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship
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Street Address	City	State	Zip Code
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Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
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Name of Purchaser	Purchase Made By: <input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship
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Street Address	City	State	Zip Code
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Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
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Name of Purchaser	Purchase Made By: <input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship
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Street Address	City	State	Zip Code
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Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
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<b>SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page</b>	
<b>SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page</b>	
<b>TOTAL of additional Section L3 Pages</b>	
<b>TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN</b> <i>(Enter total on Line 16c, Column A of Summary Page Totals)</i>	

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

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT		
<b>L4. In-Kind Donations Not Considered Contributions</b>					
Name of Donor					
Street Address		City		State	Zip Code
Donation Given By:	Description of Donation			<b>Fair Market Value of Donation</b>	
<input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	Date Received	Event #	Aggregate Value for this Event		
Name of Donor					
Street Address		City		State	Zip Code
Donation Given By:	Description of Donation			<b>Fair Market Value of Donation</b>	
<input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	Date Received	Event #	Aggregate Value for this Event		
Name of Donor					
Street Address		City		State	Zip Code
Donation Given By:	Description of Donation			<b>Fair Market Value of Donation</b>	
<input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	Date Received	Event #	Aggregate Value for this Event		
Name of Donor					
Street Address		City		State	Zip Code
Donation Given By:	Description of Donation			<b>Fair Market Value of Donation</b>	
<input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	Date Received	Event #	Aggregate value for this Event		
<b>SUBTOTAL Section L4 — This Page</b>					
<b>TOTAL of additional Section L4 Pages</b>					
<b>TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS</b> <i>(Enter total on Line 21, Column A of Summary Page Totals)</i>					



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

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

### III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
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#### M. In-Kind Contributions

Name			
Street Address		City	State    Zip Code
Type of contributor: <input type="radio"/> Committee <input type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		<b>Fair Market Value of this Contribution</b>
Is this contribution associated with an event reported in Section L1? <input checked="" type="radio"/> Yes <input type="radio"/> No <i>If yes, list Event # _____</i>	Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="radio"/> Yes <input type="radio"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative</i>		
Name			
Street Address		City	State    Zip Code
Type of contributor: <input type="radio"/> Committee <input checked="" type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		<b>Fair Market Value of this Contribution</b>
Is this contribution associated with an event reported in Section L1? <input checked="" type="radio"/> Yes <input type="radio"/> No <i>If yes, list Event # _____</i>	Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="radio"/> Yes <input type="radio"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative</i>		
Name			
Street Address		City	State    Zip Code
Type of contributor: <input type="radio"/> Committee <input checked="" type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		<b>Fair Market Value of this Contribution</b>
Is this contribution associated with an event reported in Section L1? <input checked="" type="radio"/> Yes <input type="radio"/> No <i>If yes, list Event # _____</i>	Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="radio"/> Yes <input type="radio"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative</i>		

**SUBTOTAL Section M — This Page**

**TOTAL of additional Section M Pages**

**TOTAL OF ALL IN-KIND CONTRIBUTIONS** *(Enter total on Line 23, Column A of Summary Page Totals)*

#### N. Refundable Deposit to Telephone Company

Last Name of Individual		First	MI	Date Deposit Made
Residential Street Address		City	State    Zip Code	<b>Amount of Deposit</b>
Name of Telephone Company				
Street Address		City	State    Zip Code	

**TOTAL SECTION N** *(Enter total on Line 24, Column A of Summary Page Totals)*

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT		
JOHN GOMES FOR MAYOR			January 10 Filing		
<b>P. Expenses Paid by Committee</b>					
Name of Payee		Date of Payment		Method of Payment:	
CELL TOUCH		10/30/23		<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City		State	Zip Code
2127 BOSTON AVE		Bridgeport		Ct	06610
Purpose of Expenditure (by code)	Description	Event #		Amount	
EFV	Office phone			\$107.00	
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i>				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee		Date of Payment		Method of Payment:	
Minuteman Press		10/31/23		<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City		State	Zip Code
42 Bridgeport Ave		Shelton		Ct	06484
Purpose of Expenditure (by code)	Description	Event #		Amount	
A-sign				\$2,389.05	
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i>				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input checked="" type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee		Date of Payment		Method of Payment:	
Frances Kulpowich		11/2/23		<input checked="" type="radio"/> Check # 2259 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City		State	Zip Code
8 Franklin st		Ansonia		Ct	6401
Purpose of Expenditure (by code)	Description	Event #		Amount	
Wage	CANVASSER COORDINATOR			\$858.00	
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i>				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee		Date of Payment		Method of Payment:	
Aida Santos		11/2/23		<input checked="" type="radio"/> Check # 2241 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City		State	Zip Code
150 Wheeler Ave		Bridgeport		Ct	06606
Purpose of Expenditure (by code)	Description	Event #		Amount	
Wage	Canvasser			\$210.00	
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i>				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
<b>SUBTOTAL Section P — This Page</b>			<b>\$3,564.05</b>		

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
JOHN GOMES FOR MAYOR				January 10 Filing	
<b>P. Expenses Paid by Committee</b>					
Name of Payee			Date of Payment		Method of Payment:
Gina Veloz			11/3/23		<input checked="" type="radio"/> Check # <u>2257</u> <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
37 Kent Ave		Bridgeport		Ct	06610
Purpose of Expenditure (by code)	Description		Event #	Amount	
Wage	Canvasser			\$225.00	
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i>				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Frank Castro			11/2/23		<input checked="" type="radio"/> Check # <u>2256</u> <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
29 Cedar St		Bridgeport		Ct	06608
Purpose of Expenditure (by code)	Description		Event #	Amount	
Wage	Canvasser			\$547.50	
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i>				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
USPS Post Master			10/30/23		<input checked="" type="radio"/> Check # <u>2254</u> <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount	
Post	Stamps			\$7,200.00	
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i>				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Google Suite			11/3/23		<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
1600 Amphitheatre		Mountain View		CA	94043
Purpose of Expenditure (by code)	Description		Event #	Amount	
A-web	Google apps			\$45.94	
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i>				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
<b>SUBTOTAL Section P — This Page</b>				<b>\$8,018.44</b>	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
JOHN GOMES FOR MAYOR			January 10 Filing		
<b>P. Expenses Paid by Committee</b>					
Name of Payee		Date of Payment		Method of Payment:	
Cross Road Pizza		11/3/23		<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City		State	Zip Code
2065 E. Main st		Bridgeport		Ct	06610
Purpose of Expenditure (by code)	Description	Event #		Amount	
Food	HQ Volunteer meeting			\$142.99	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee		Date of Payment		Method of Payment:	
Rick O'Neil		11/6/23		<input checked="" type="radio"/> Check # 2255 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City		State	Zip Code
345 Buckland Hill Dr		Manchester		Ct	6042
Purpose of Expenditure (by code)	Description	Event #		Amount	
Wage	Canvasser			\$370.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee		Date of Payment		Method of Payment:	
Doingtlocal		11/6/23		<input checked="" type="radio"/> Check # 2252 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City		State	Zip Code
229 Jennigns Rd		Fairfield		Ct	6825
Purpose of Expenditure (by code)	Description	Event #		Amount	
A-web	Online banner Ad			\$1,000	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee		Date of Payment		Method of Payment:	
Trans Ad-outdoor		11/6/23		<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City		State	Zip Code
13 Pond View Terrace		Brandford		CT	6405
Purpose of Expenditure (by code)	Description	Event #		Amount	
A-sign	Bus Ad			\$4,108	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
<b>SUBTOTAL Section P — This Page</b>			<b>\$5,620.99</b>		

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**

Name of Payee	Date of Payment	Method of Payment:	
Trans Ad-outdoors	11/6/23	<input type="radio"/> Check # _____	<input checked="" type="radio"/> Debit Card <input type="radio"/> EFT
Street Address	City	State	Zip Code
13 Pond View Terrance	Brandford	Ct	6405

Purpose of Expenditure (by code)	Description	Event #	Amount
A-sign	Bus-ad		\$4,108
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

Name of Payee	Date of Payment	Method of Payment:	
Meta platforms	11/6/23	<input type="radio"/> Check # _____	<input checked="" type="radio"/> Debit Card <input type="radio"/> EFT
Street Address	City	State	Zip Code
1601 Willow Rd	Menlo Park	CA	94025

Purpose of Expenditure (by code)	Description	Event #	Amount
A-web	Facebook Ad		\$400
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

Name of Payee	Date of Payment	Method of Payment:	
BJ's Whole sale	11/6/23	<input type="radio"/> Check # _____	<input checked="" type="radio"/> Debit Card <input type="radio"/> EFT
Street Address	City	State	Zip Code
40 Black Rock TPKE	Fairfield	CT	6825

Purpose of Expenditure (by code)	Description	Event #	Amount
Food	Snacks/water/bath paper for the office		\$186.17
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

Name of Payee	Date of Payment	Method of Payment:	
Meta Platforms	11/7/23	<input type="radio"/> Check # _____	<input checked="" type="radio"/> Debit Card <input type="radio"/> EFT
Street Address	City	State	Zip Code
1601 Willow Rd	Menlo Park	CA	94025

Purpose of Expenditure (by code)	Description	Event #	Amount
A-web	Facebook ad		\$400
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

**SUBTOTAL Section P — This Page \$5,094.17**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
JOHN GOMES FOR MAYOR			January 10 Filing	
<b>P. Expenses Paid by Committee</b>				
Name of Payee		Date of Payment	Method of Payment:	
Minuteman Press		11/7/23	<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City	State	Zip Code
42 Bridgeport Ave		Shelton	Ct	06484
Purpose of Expenditure (by code)	Description	Event #	Amount	
A-sign	Postcard print		\$635.77	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee		Date of Payment	Method of Payment:	
Frances Kulpowich		11/8/23	<input checked="" type="radio"/> Check # <u>2264</u> <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City	State	Zip Code
8 Franklin st		Ansonia	Ct	06401
Purpose of Expenditure (by code)	Description	Event #	Amount	
Wage	Canvasser coordinator		\$1,221	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee		Date of Payment	Method of Payment:	
EZ politix		11/8/23	<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City	State	Zip Code
314 N 115th st		Omaha	NE	68154
Purpose of Expenditure (by code)	Description	Event #	Amount	
A-atm	Automated content advertising		\$1,503.12	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee		Date of Payment	Method of Payment:	
Crossroad Pizza		11/8/23	<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City	State	Zip Code
2065 E.Main st		Bridgeport	Ct	06610
Purpose of Expenditure (by code)	Description	Event #	Amount	
Food	HQ meeting		\$135.47	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
<b>SUBTOTAL Section P — This Page</b>			<b>\$3,495.36</b>	

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**

Name of Payee <b>Frank Castro</b>		Date of Payment <b>11/9/23</b>	Method of Payment: <input checked="" type="radio"/> Check # <u>2263</u> <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address <b>29 Cedar st</b>		City <b>Bridgeport</b>		State <b>Ct</b> Zip Code <b>6608</b>

Purpose of Expenditure (by code) <b>Wage</b>	Description <b>Canvasser</b>	Event #	<b>Amount</b>  <b>\$615.00</b>
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

Name of Payee <b>Direury Saint Preuve</b>		Date of Payment <b>11/10/23</b>	Method of Payment: <input checked="" type="radio"/> Check # <u>2265</u> <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address <b>375 A Trumbull Ave</b>		City <b>Bridgeport</b>		State <b>Ct</b> Zip Code <b>6606</b>

Purpose of Expenditure (by code) <b>Wage</b>	Description <b>Canvasser</b>	Event #	<b>Amount</b>  <b>\$150.00</b>
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

Name of Payee <b>Aida santos</b>		Date of Payment <b>11/13/23</b>	Method of Payment: <input checked="" type="radio"/> Check # <u>2262</u> <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address <b>150 Wheeler Ave</b>		City <b>Bridgeport</b>		State <b>Ct</b> Zip Code <b>6606</b>

Purpose of Expenditure (by code) <b>Wage</b>	Description <b>Canvasser</b>	Event #	<b>Amount</b>  <b>\$285.00</b>
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

Name of Payee <b>Aida santos</b>		Date of Payment <b>11/13/23</b>	Method of Payment: <input checked="" type="radio"/> Check # <u>2260</u> <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address <b>150 Wheeler Ave</b>		City <b>Bridgeport</b>		State <b>Ct</b> Zip Code <b>6606</b>

Purpose of Expenditure (by code) <b>Wage</b>	Description <b>Canvasser</b>	Event #	<b>Amount</b>  <b>\$330.00</b>
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

<b>SUBTOTAL Section P — This Page</b>			<b>\$1,380</b>	
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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**

Name of Payee Dropbox	Date of Payment 11/13/23	Method of Payment: <input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT
Street Address 333 BRANNAN ST	City SAN FRANCISCO	State CA
		Zip Code 94197

Purpose of Expenditure (by code) WEB	Description Web-Cloud Drive sub	Event #	Amount \$95.72
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

Name of Payee TracFone	Date of Payment 11/13/23	Method of Payment: <input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT
Street Address 9700 NW 12th Ave	City Miami	State FL
		Zip Code 33178

Purpose of Expenditure (by code) EFV	Description Phone bill	Event #	Amount \$16.87
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

Name of Payee TracFone	Date of Payment 11/13/23	Method of Payment: <input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT
Street Address 9700 NW 12th Ave	City Miami	State FL
		Zip Code 33178

Purpose of Expenditure (by code) EFV	Description Phone bill	Event #	Amount \$16.87
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input checked="" type="radio"/> Organization <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

Name of Payee TracFone	Date of Payment 11/13/23	Method of Payment: <input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT
Street Address 9700 NW 12th Ave	City Miami	State FL
		Zip Code 33178

Purpose of Expenditure (by code) EFV	Description Phone bill	Event #	Amount \$16.87
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

<b>SUBTOTAL Section P — This Page</b>	<b>\$146.33</b>
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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
JOHN GOMES FOR MAYOR			January 10 Filing		
<b>P. Expenses Paid by Committee</b>					
Name of Payee			Date of Payment		Method of Payment:
Trans Ad-outdoor			11/15/23		<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
13 Pond View Terrace		Brandford		Ct	6405
Purpose of Expenditure (by code)	Description		Event #		Amount
A-SIGN	Bus Ad				\$4,108
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Creative Outdoors			11/15/23		<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
8875 Hidden River PKwy		Tampa		Fl	33637
Purpose of Expenditure (by code)	Description		Event #		Amount
A-sign	Trans Bin ad				\$186.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Creative Outdoor			11/16/23		<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
8875 Hidden River Parkway		Tampa		Fl	33637
Purpose of Expenditure (by code)	Description		Event #		Amount
A-SIGN	Trans Bind ad				\$348
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
USPS P.O.BOX			11/16/23		<input checked="" type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
934 E Main St		Bridgeport		Ct	06608
Purpose of Expenditure (by code)	Description		Event #		Amount
POST	P.O.BOX CHANGE				\$45.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
<b>SUBTOTAL Section P — This Page</b>				<b>\$4,687</b>	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
JOHN GOMES FOR MAYOR			January 10 Filing		
<b>P. Expenses Paid by Committee</b>					
Name of Payee			Date of Payment		Method of Payment:
Joshua Miranda			11/17/23		<input checked="" type="radio"/> Check # 2269 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
537 Wood Ave		Bridgeport		Ct	6604
Purpose of Expenditure (by code)	Description		Event #	<b>Amount</b>	
A	Photo & video				
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				<b>\$675</b>
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Meta Platforms			11/17/23		<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
1601 Willow Rd		Menlo Park		CA	94025
Purpose of Expenditure (by code)	Description		Event #	<b>Amount</b>	
A-web	FaceBK ad				
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				<b>\$220</b>
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Minuteman Press			11/17/23		<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
42 Bridgeport ave		Shelton		Ct	6484
Purpose of Expenditure (by code)	Description		Event #	<b>Amount</b>	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				<b>\$207.02</b>
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Media Hearst			11/20/23		<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
301 Merritt 7 Suite 1		Norwalk		Ct	6851
Purpose of Expenditure (by code)	Description		Event #	<b>Amount</b>	
Web	Ct Post subscription				
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				<b>\$19.96</b>
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
<b>SUBTOTAL Section P — This Page</b>				<b>\$1,121.98</b>	

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**

Name of Payee	Date of Payment	Method of Payment:
Shawntel Dalton	11/21/23	<input checked="" type="radio"/> Check # 2267 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address	City	State Zip Code
205 ANTHONY ST BLD 20 APT 209	Bridgeport	Ct 06605

Purpose of Expenditure (by code)	Description	Event #	Amount
Wage	Election Day worker		\$100
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

Name of Payee	Date of Payment	Method of Payment:
Gina Veloz	11/21/23	<input checked="" type="radio"/> Check # 2261 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address	City	State Zip Code
37 Kent Ave	Bridgeport	ct 06610

Purpose of Expenditure (by code)	Description	Event #	Amount
Wage	Canvasser		\$450
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

Name of Payee	Date of Payment	Method of Payment:
Frances Kulpowich	11/22/23	<input checked="" type="radio"/> Check # 2271 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address	City	State Zip Code
8 Franklin st	Ansonia	Ct 06401

Purpose of Expenditure (by code)	Description	Event #	Amount
Wage	Canvasser coordinator		\$484
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

Name of Payee	Date of Payment	Method of Payment:
Optimum	11/24/23	<input checked="" type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address	City	State Zip Code
P.O.Box 70340	Philadelphia	PA 19176

Purpose of Expenditure (by code)	Description	Event #	Amount
OVHD	Office Internet		\$50
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

SUBTOTAL Section P — This Page		\$1,084
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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
JOHN GOMES FOR MAYOR			January 10 Filing		
<b>P. Expenses Paid by Committee</b>					
Name of Payee		Date of Payment		Method of Payment:	
Aida Santos		11/27/23		<input checked="" type="radio"/> Check # 2275 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City		State	Zip Code
150 Wheeler Ave		Bridgeport		Ct	06606
Purpose of Expenditure (by code)	Description	Event #		Amount	
Wage	Canvasser			\$420	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee		Date of Payment		Method of Payment:	
Maria Águeda		11/28/23		<input checked="" type="radio"/> Check # 2274 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City		State	Zip Code
97A Yaremich Drive		Bridgeport		Ct	06606
Purpose of Expenditure (by code)	Description	Event #		Amount	
Food	Meet & Greet/meal & refreshment			\$235	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee		Date of Payment		Method of Payment:	
Linda Bruce		11/28/23		<input checked="" type="radio"/> Check # 2266 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City		State	Zip Code
174 Louisiana Ave		Bridgeport		Ct	06610
Purpose of Expenditure (by code)	Description	Event #		Amount	
Wage	Election Day worker			\$40	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee		Date of Payment		Method of Payment:	
Blessed Keys Inc		11/29/23		<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		Amount	
ATT	Holiday Luncheon ticket contribution			\$169.02	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
<b>SUBTOTAL Section P — This Page</b>			<b>\$864.02</b>		

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**

Name of Payee	Date of Payment	Method of Payment:
Frank Castro	11/30/23	<input checked="" type="radio"/> Check # 2272 <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address	City	State Zip Code
29 Cedar st	Bridgeport	Ct 06608

Purpose of Expenditure (by code)	Description	Event #	Amount
Wage	Canvasser		\$247.50
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

Name of Payee	Date of Payment	Method of Payment:
Happy Dollar		<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT
Street Address	City	State Zip Code
4581 Main st	Bridgeport	Ct 06606

Purpose of Expenditure (by code)	Description	Event #	Amount
MISC	Balloons weights		\$12.35
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

Name of Payee	Date of Payment	Method of Payment:
Apply Dollar		<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT
Street Address	City	State Zip Code
4581 Main st	Bridgeport	Ct 06606

Purpose of Expenditure (by code)	Description	Event #	Amount
MISC	Balloons for fundraiser	113023A	\$44.44
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

Name of Payee	Date of Payment	Method of Payment:
Google Gsuite	12/1/23	<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT
Street Address	City	State Zip Code
1600 Amphitheatre PKWY	Mountain View	CA 94043

Purpose of Expenditure (by code)	Description	Event #	Amount
A-WEB	Google apps		\$46.28
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

**SUBTOTAL Section P — This Page \$350.57**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
JOHN GOMES FOR MAYOR			January 10 Filing		
<b>P. Expenses Paid by Committee</b>					
Name of Payee			Date of Payment		Method of Payment:
Gina Veloz			12/5/23		<input checked="" type="radio"/> Check # <u>2276</u> <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
37 Kent Ave		Bridgeport		Ct	06610
Purpose of Expenditure (by code)	Description		Event #		Amount
Wage	Canvasser				\$465
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Independent <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)				
Name of Payee			Date of Payment		Method of Payment:
Cell Touch			12/5/23		<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
2127 Boston Ave		Bridgeport		Ct	06610
Purpose of Expenditure (by code)	Description		Event #		Amount
EFV	Office phone				\$107
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Independent <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)				
Name of Payee			Date of Payment		Method of Payment:
Rick O'Neil			12/6/23		<input checked="" type="radio"/> Check # <u>2273</u> <input type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
345 Buckland Hill Dr		Manchester		Ct	6042
Purpose of Expenditure (by code)	Description		Event #		Amount
Wage	Canvasser				\$940
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Independent <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Organization <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)				
Name of Payee			Date of Payment		Method of Payment:
Discountmugs			12/6/23		<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
12610 NW 115th Ave		Miami		Fl	33178
Purpose of Expenditure (by code)	Description		Event #		Amount
MISC	wine gift bags for Christmas give away				\$419.02
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Independent <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)				
<b>SUBTOTAL Section P — This Page</b>				<b>\$1,931.02</b>	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
JOHN GOMES FOR MAYOR			January 10 Filing		
<b>P. Expenses Paid by Committee</b>					
Name of Payee		Date of Payment		Method of Payment:	
BBI		12/6/23		<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City		State	Zip Code
P.O. BOX 3680		Milford		CT	6460
Purpose of Expenditure (by code)	Description	Event #		Amount	
EFV	Copier lease			\$1,993.71	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee		Date of Payment		Method of Payment:	
Minuteman Press		12/8/23		<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City		State	Zip Code
42 Bridgeport Ave		Shelton		CT	6484
Purpose of Expenditure (by code)	Description	Event #		Amount	
A-sign				\$1,486.39	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee		Date of Payment		Method of Payment:	
BJ'S Whole sale		12/11/23		<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City		State	Zip Code
40 Black Rock TPKE		Fairfield		Ct	06825
Purpose of Expenditure (by code)	Description	Event #		Amount	
MISC	Water/copy paper/ snacks			\$306.74	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee		Date of Payment		Method of Payment:	
Dropbox		12/11/23		<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City		State	Zip Code
333 BRANNAN ST		San Francisco		CA	94197
Purpose of Expenditure (by code)	Description	Event #		Amount	
Web	Cloud drive subscription			\$95.72	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
<b>SUBTOTAL Section P — This Page</b>			<b>\$3,882.56</b>		



NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
JOHN GOMES FOR MAYOR				January 10 Filing	
<b>P. Expenses Paid by Committee</b>					
Name of Payee			Date of Payment		Method of Payment:
Tracfone			12/11/23		<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
9700 NW 12th Ave		Miami		FL	33178
Purpose of Expenditure (by code)	Description		Event #		Amount
EFV	Phone bill				\$16.87
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Tracfone			12/11/23		<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
9700 NW 12th Ave		Miami		FL	33178
Purpose of Expenditure (by code)	Description		Event #		Amount
EFV	Phone bill				\$16.87
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Tracfone			12/11/23		<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
9700 NW 12th Ave		Miami		FL	33178
Purpose of Expenditure (by code)	Description		Event #		Amount
EFV	Phone Bill				\$16.87
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
Avenida Restaurant			12/11/12		<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
757 Madison Ave		Bridgeport		Ct	06606
Purpose of Expenditure (by code)	Description		Event #		Amount
Food	Lunch for volunteer				\$46.43
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
<b>SUBTOTAL Section P — This Page</b>					<b>\$97.04</b>

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
JOHN GOMES FOR MAYOR			January 10 Filing		
<b>P. Expenses Paid by Committee</b>					
Name of Payee			Date of Payment		Method of Payment:
Dollar Tree			12/13/23		<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
345 Huntington Turnpike		Bridgeport		Ct	6610
Purpose of Expenditure (by code)	Description		Event #		Amount
Misc	Table cloth /utensils/cups				\$14.62
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
BBI			12/13/23		<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
PO Box 3680		Milford		Ct	6460
Purpose of Expenditure (by code)	Description		Event #		Amount
EFV	Copier Lease				\$2,950.53
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
DataPro			12/13/23		<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
P.O.Box 3324		Bridgeport		Ct	6605
Purpose of Expenditure (by code)	Description		Event #		Amount
PRNT	Print postcards & data processing				\$808.26
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee			Date of Payment		Method of Payment:
BBI			12/15/23		<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT
Street Address		City		State	Zip Code
PO Box 3680		Milford		Ct	6460
Purpose of Expenditure (by code)	Description		Event #		Amount
EFV	Copier lease				\$531.75
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
<b>SUBTOTAL Section P — This Page</b>				<b>\$4,305.16</b>	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
JOHN GOMES FOR MAYOR			January 10 Filing		
<b>P. Expenses Paid by Committee</b>					
Name of Payee		Date of Payment		Method of Payment:	
Miranda Joshua		12/15/23		<input checked="" type="radio"/> Check # 2280 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City		State	Zip Code
537 Wood ave		Bridgeport		Ct	06604
Purpose of Expenditure (by code)	Description	Event #		Amount	
A	Photo & video			\$800	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee		Date of Payment		Method of Payment:	
Postmaster		12/13/23		<input checked="" type="radio"/> Check # 2277 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City		State	Zip Code
50 Austin St		Bridgeport		Ct	06602
Purpose of Expenditure (by code)	Description	Event #		Amount	
POST	Postage			\$265.83	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee		Date of Payment		Method of Payment:	
Meta platform		12/18/23		<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City		State	Zip Code
1601 Willow Rd		Menlo Park		CA	94025
Purpose of Expenditure (by code)	Description	Event #		Amount	
A-web	FaceBK Ads			\$94.98	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Payee		Date of Payment		Method of Payment:	
Hearts CT Media		12/28/23		<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City		State	Zip Code
301 Merritt 7 Suite 1		Norwalk		Ct	6851
Purpose of Expenditure (by code)	Description	Event #		Amount	
Web	CT Post Subscription			\$19.96	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
<b>SUBTOTAL Section P — This Page</b>			<b>\$1,180.77</b>		

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT		
JOHN GOMES FOR MAYOR			January 10 Filing		
<b>P. Expenses Paid by Committee</b>					
Name of Payee		Date of Payment		Method of Payment:	
Creative Outdoors		12/18/23		<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City		State	Zip Code
8875 Hidden River PKWY		Tampa		FL	33637
Purpose of Expenditure (by code)	Description	Event #		Amount	
A-sign	trans bin ads			\$348	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Independent <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)				
Name of Payee		Date of Payment		Method of Payment:	
Creative Outdoors		12/18/23		<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City		State	Zip Code
8875 Hidden River PKWY		Tampa		FL	33637
Purpose of Expenditure (by code)	Description	Event #		Amount	
A-sign	trans bin ads			\$186	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Independent <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)				
Name of Payee		Date of Payment		Method of Payment:	
Minuteman press		12/18/23		<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City		State	Zip Code
42 Bridgeport Ave		Shelton		Ct	6484
Purpose of Expenditure (by code)	Description	Event #		Amount	
A-sign	Palm cards Print			\$161.99	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Independent <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Organization <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)				
Name of Payee		Date of Payment		Method of Payment:	
Elevate Bridgeport		12/15/23		<input checked="" type="radio"/> Check # 2279 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City		State	Zip Code
P.O.Box 5881		Bridgeport		Ct	6610
Purpose of Expenditure (by code)	Description	Event #		Amount	
ATT	Ad-book purchase			\$250.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Independent <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)				
<b>SUBTOTAL Section P — This Page</b>			<b>\$945.99</b>		

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
JOHN GOMES FOR MAYOR			January 10 Filing	
<b>P. Expenses Paid by Committee</b>				
Name of Payee		Date of Payment	Method of Payment:	
Minuteman Press		12/22/23	<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City	State	Zip Code
42 Bridgeport Ave		Shelton	Ct	6484
Purpose of Expenditure (by code)	Description	Event #	Amount	
A-SIGN	Ticket print			
			\$190.23	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee		Date of Payment	Method of Payment:	
Crossroad Pizza		12/26/23	<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City	State	Zip Code
2065 E.Main st		Bridgeport	Ct	6610
Purpose of Expenditure (by code)	Description	Event #	Amount	
FOOD	Christmas event for kids			
			\$103	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee		Date of Payment	Method of Payment:	
Optimum		12/26/23	<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City	State	Zip Code
P.O Box 70340		Philadelphia	PA	19176
Purpose of Expenditure (by code)	Description	Event #	Amount	
OVHD	Office internet			
			\$50	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee		Date of Payment	Method of Payment:	
Aida Santos		12/26/23	<input checked="" type="radio"/> Check # 2281 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City	State	Zip Code
150 Wheeler Ave		Bridgeport	Ct	06606
Purpose of Expenditure (by code)	Description	Event #	Amount	
Wage	Canvasser			
			\$405	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
<b>SUBTOTAL Section P — This Page</b>			<b>\$748.23</b>	

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**

Name of Payee	Date of Payment	Method of Payment:	
Sabrina Smith	11/27/23	<input checked="" type="radio"/> Check # 2270 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address	City	State	Zip Code
48 Williamsburg Rd	Bridgeport	CT	06606

Purpose of Expenditure (by code)	Description	Event #	Amount
RMB	Reimbursement		\$121.42
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

Name of Payee	Date of Payment	Method of Payment:	
Abraham Duque	11/13/23	<input checked="" type="radio"/> Check # 2268 <input type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address	City	State	Zip Code
116 Ohio ave	Bridgeport	Ct	06610

Purpose of Expenditure (by code)	Description	Event #	Amount
RMB	Reimbursement		\$154.17
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

Name of Payee	Date of Payment	Method of Payment:	
Minuteman Press	12/29/23	<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address	City	State	Zip Code
42 Bridgeport Ave	Shelton	CT	06484

Purpose of Expenditure (by code)	Description	Event #	Amount
A-SIGN			\$1,194.52
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

Name of Payee	Date of Payment	Method of Payment:	
ANEDOT	12/31/23	<input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT	
Street Address	City	State	Zip Code
1340 Poydras st Suite 1770	New Orleans	LA	70112

Purpose of Expenditure (by code)	Description	Event #	Amount
CCP	Credit Card Fee Charge		\$1,130.60
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

<b>SUBTOTAL Section P — This Page</b>		<b>\$2,600.71</b>
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### IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
<b>Q. Campaign Expenses Paid by Candidate</b>					
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>			Date of Payment		Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No
Street Address		City		State	Zip Code
Purpose of Expenditure <small>(by code)</small>	Description		Event #		<b>Amount</b>
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>			Date of Payment		Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No
Street Address		City		State	Zip Code
Purpose of Expenditure <small>(by code)</small>	Description		Event #		<b>Amount</b>
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>			Date of Payment		Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No
Street Address		City		State	Zip Code
Purpose of Expenditure <small>(by code)</small>	Description		Event #		<b>Amount</b>
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>			Date of Payment		Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No
Street Address		City		State	Zip Code
Purpose of Expenditure <small>(by code)</small>	Description		Event #		<b>Amount</b>
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>			Date of Payment		Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No
Street Address		City		State	Zip Code
Purpose of Expenditure <small>(by code)</small>	Description		Event #		<b>Amount</b>
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>			Date of Payment		Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No
Street Address		City		State	Zip Code
Purpose of Expenditure <small>(by code)</small>	Description		Event #		<b>Amount</b>
<b>SUBTOTAL Section Q — This Page</b>					
<b>TOTAL of additional Section Q Pages</b>					
<b>TOTAL OF ALL EXPENSES PAID BY CANDIDATE</b> <i>(Enter total on Line 26, Column A of Summary Page Totals)</i>					





### IV. EXPENDITURES (Sections P—T)

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

#### T. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor, Person or Entity
SMITH	SABRINA		11/13/23

Name of Vendor, Person or Entity Paid by Committee Worker/Consultant	Payment to Reimburse Committee Worker/Consultant as reported in Section P:
STOP & SHOP	<input type="radio"/> Check # 2270 <input type="radio"/> Debit Card <input type="radio"/> EFT

Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant	City	State	Zip Code
4531 MAIN ST	BRIDGEPORT	CT	06606

Purpose of Expenditure (by code)	Description	Event #	Amount
FOOD	FOOD		\$41.46
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum T Required unless "None of the below" is checked)</i>		
	<input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)		

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor, Person or Entity
SMITH	SABRINA		11/13/23

Name of Vendor, Person or Entity Paid by Committee Worker/Consultant	Payment to Reimburse Committee Worker/Consultant as reported in Section P:
BRUEGGER'S BAGELS	<input type="radio"/> Check # 2270 <input type="radio"/> Debit Card <input type="radio"/> EFT

Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant	City	State	Zip Code
900 C WHITE PLAINS RD	TRUMBULL	CT	06611

Purpose of Expenditure (by code)	Description	Event #	Amount
FOOD	FOOD		\$35.98
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum T Required unless "None of the below" is checked)</i>		
	<input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)		

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor, Person or Entity
SMITH	SABRINA		11/13/23

Name of Vendor, Person or Entity Paid by Committee Worker/Consultant	Payment to Reimburse Committee Worker/Consultant as reported in Section P:
DUNKIN DONUTS	<input type="radio"/> Check # 2270 <input type="radio"/> Debit Card <input type="radio"/> EFT

Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant	City	State	Zip Code
945 WHITE PLAINS RD	TRUMBULL	CT	06611

Purpose of Expenditure (by code)	Description	Event #	Amount
FOOD	FOOD		\$43.98
Expenditure # (if applicable)	Type of Expenditure <i>(Itemization in Addendum T Required unless "None of the below" is checked)</i>		
	<input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution)		

<b>SUBTOTAL Section T — This Page</b>	<b>\$121.42</b>
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<b>TOTAL of additional Section T Pages</b>	
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<b>TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS</b>	<b>\$121.42</b>
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### IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
<b>T. Itemization of Reimbursements and Secondary Payees</b>				
Last Name of Worker/Consultant <b>DUQUE</b>		First <b>ABRAHAM</b>		MI  
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant <b>Enterprise</b>			Date of Payment to Vendor, Person or Entity <b>11/13/23</b>	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant <b>370 North ave</b>			City <b>Bridgeport</b>	State <b>Ct</b> Zip Code <b>06606</b>
Purpose of Expenditure (by code) <b>TRVL</b>	Description <b>Car rental</b>	Event #		<b>Amount</b>  <b>154.17</b>
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked)			
Last Name of Worker/Consultant		First		MI
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant			Date of Payment to Vendor, Person or Entity	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant			City	State      Zip Code
Purpose of Expenditure (by code)	Description	Event #		<b>Amount</b>
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked)			
Last Name of Worker/Consultant		First		MI
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant			Date of Payment to Vendor, Person or Entity	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant			City	State      Zip Code
Purpose of Expenditure (by code)	Description	Event #		<b>Amount</b>
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked)			
Last Name of Worker/Consultant		First		MI
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant			Date of Payment to Vendor, Person or Entity	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant			City	State      Zip Code
Purpose of Expenditure (by code)	Description	Event #		<b>Amount</b>
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked)			
Last Name of Worker/Consultant		First		MI
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant			Date of Payment to Vendor, Person or Entity	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant			City	State      Zip Code
Purpose of Expenditure (by code)	Description	Event #		<b>Amount</b>
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked)			
<b>SUBTOTAL Section T — This Page</b>				
<b>TOTAL of additional Section T Pages</b>				
<b>TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS</b>				